

"Working Together" Series – Paper #6

**Working together with
HEALTH AUTHORITIES**

**Family and Community Support Services
Association of Alberta**

1999

Family and Community Support Services

Family and Community Support Services (FCSS) is a municipal-provincial program through which a municipality or Métis settlement may provide preventive support and community development services. The province funds up to 80% of the net cost of FCSS programs, while local governments contribute at least 20%.

FCSS is an optional program – municipalities and Métis settlements choose whether or not they wish to participate. Within the broad guidelines of the *Family and Community Support Services Act and Conditional Agreement Regulation*, municipalities determine how they will organize their FCSS program, what community issues they will address, and what FCSS services, if any, will be developed in response to local priorities.

Family and Community Support Services Association of Alberta

The Family and Community Support Services Association of Alberta ("FCSS Association") is a provincial organization of FCSS programs. The Association is private, non-government, not-for-profit and voluntary (that is, membership in the Association is optional). The Association is a registered society operated by and for the member FCSS programs.

The mission of the FCSS Association is to unite and strengthen the FCSS community by representation and advocacy on behalf of member boards. The FCSS Association fosters networking, education and advocacy; investigates issues of common concern to community FCSS programs; and develops critical tools to assist communities and local programs to meet local mandates and needs.

Health Authorities

Regional health authorities receive their mandate from the *Regional Health Authorities Act* proclaimed in 1994. Health regions are required to:

- promote and protect the health of the population,
- assess on an ongoing basis the health needs of the region,
- determine priorities in the provision of health services in the region,
- ensure reasonable access to quality health services;
- promote the provision of health services in a manner that is responsive to needs and supports integration of services

The 17 regional health authorities provide a range of health services including health promotion and disease/injury prevention, health protection, acute care services, rehabilitation services, continuing care and support services. In addition, both the Calgary and Capital Health Authorities providing highly specialized services available to people from across Alberta.

There are also two provincial health authority boards – the Alberta Cancer Board and the Provincial Mental Health Advisory Board.

"Working Together" Series – Paper #6

Working together with HEALTH AUTHORITIES

THANK YOU

- To Alberta Family and Social Services, whose support made the "Working Together" project possible.
- To the Council of Health Authority Chief Executive Officers, who met with FCSS representatives and who arranged for contact with health authority staff persons who have a perspective on working with FCSS.
- To the 31 representatives of 16 health authorities who participated in interviews.
- To the 44 individuals representing FCSS programs, who helped to develop this paper by participating in interviews, and who contributed insights and experiences through phone, fax, and E-mail.
- To the 35 FCSS directors who participated in focus group discussions in September 1998.
- To the 40 individuals in health and FCSS who volunteered to review draft versions of this paper.

Family and Community Support Services Association of Alberta

Box 11054, Edmonton, Alberta T5J 3K4

Phone/fax (780)464-3136

Web site: [http://psn.sas.ab.ca/webboard/\\$webb.exe/~77](http://psn.sas.ab.ca/webboard/$webb.exe/~77)

The FCSS Association "Working Together" project

The FCSS Association's "Working Together" research project grew out of frequent questions and discussions among FCSS programs, about ways to work together within and between municipalities, and with regional authorities that affect communities.

With the support of Alberta Family and Social Services, the FCSS Association conducted a research project to learn the experiences of FCSS programs in working with others, in order to identify models of working together.

The FCSS Association board appointed a "**Working Together**" Committee to oversee the project:

- Sheryl Fricke, Strathcona County
- Colleen Jensen, Red Deer and District
- Greg Pratt, Barons-Eureka-Warner
- Wendy Gregorwich, Camrose and District
- Joe Bath, Wood Buffalo

Assisting the committee was the consulting firm of

Hutchinson Associates.

1002, 10611-98 Avenue, Edmonton, Alberta T5K 2P7

Phone (780)429-3369 , Fax (780)424-4888, E-mail hutch@mrg.ab.ca

Consulting team members for this paper were:

- Bonnie Hutchinson, project manager, writer
- Margaret Holliston, researcher and writer
- Karen Titanich, researcher and lead writer

This is one of six papers developed to assist FCSS programs in working together with others. The papers are:

Theme One: Working together overview

- Paper #1: Working together in FCSS – gifts and challenges

Theme Two: Working together in FCSS communities

- Paper #2: Working together within municipalities and Métis settlements
- Paper #3: Working together between municipalities
- Paper #4: Working together with community organizations

Theme Three: Working together with regional authorities

- Paper #5: Working together with Child and Family Services Authorities
- Paper #6: Working together with Health Authorities (*this paper*)

All papers are available on request from the

Family and Community Support Services Association of Alberta

Box 11054, Edmonton, Alberta T5J 3K4

Phone/fax (780)464-3136

Web site: [http://psn.sas.ab.ca/webboard/\\$webb.exe/~77](http://psn.sas.ab.ca/webboard/$webb.exe/~77)

© Family and Community Support Services Association of Alberta, 1999.

This paper may be reproduced for use in fostering working relationships which benefit communities. Please credit the Family and Community Support Services Association of Alberta.

"Working Together" Series – Paper #6

Working together with HEALTH AUTHORITIES

TABLE OF CONTENTS

A.	A rich history of working together	2
B.	Why Health Authorities and FCSS work together.....	3
	1. Mandate	3
	2. Determinants of health.....	5
	3. Healthy child development	8
C.	A continuum of cooperation between FCSS and Health Authorities	9
D.	Making it work.....	11
E.	Challenges of working together	13
F.	And in the future... ..	16
	1. Opportunities	16
	2. Words of wisdom.....	18
	3. Conclusion	18
	ATTACHMENTS	19
	Attachment #1: Mandates of FCSS and health authorities	20
	Attachment #2: Examples of working together	22
	Attachment #3: People who provided information for this paper	24

“Working Together” Series – Paper #6

Working together with HEALTH AUTHORITIES

A. A RICH HISTORY OF WORKING TOGETHER

Family and Community Support Services (FCSS) and the community-based parts of the health system have a long, rich history of cooperation and collaboration. FCSS works most often with the front-line staff and is less likely to work with the chief executive officers and senior management of health authorities. Over the past decades, many different types of working relationships have evolved between these partners.

With the regionalization of the health system in 1994, these working relationships were strained. Forming and maintaining these relationships has been challenging for both organizations. During the time of health system regionalization, health authorities were charged with reducing expenditures and creating 17 regional and 2 provincial organizations¹ from over 200 separate ones. Meanwhile, FCSS was facing its own reinvention. Both systems are now less in a state of flux, and working together may be easier. This paper explores the relationships that exist between FCSS and health authorities, as described by health authority and FCSS representatives.

The purpose of this paper

The purpose of this paper is to provide information that will assist FCSS programs and health authorities to develop and maintain beneficial working relationships. This paper summarizes:

- Areas of common ground for health authorities and FCSS;
- The ways FCSS and health authorities now work together;
- Factors that enhance working together between health authorities and FCSS;
- Challenges of working together;
- Future possibilities for working together.

Each health authority and each FCSS program is unique, and fosters working relationships with other organizations so as to best fit its own circumstances. This paper summarizes the over-arching patterns of experience in many health regions and FCSS programs, but may not describe the specific experiences of an individual Health Authority or FCSS program.

¹ Alberta created 17 regional health authorities plus two provincial health authorities – the Alberta Cancer Board and the Provincial Mental Health Advisory Board. In this paper, the term "health authority" includes both regional and provincial health authorities.

B. WHY HEALTH AUTHORITIES AND FCSS WORK TOGETHER

1. Mandate

We need to understand each other's mandates and limitations realizing that there is lots of common ground and to work on that. – FCSS Director

Our mandates make it seem that we are in the same business. There are many areas we can work together. – Health Authority CEO

Many FCSS programs and health authority representatives indicated they did not have a clear understanding of the other's mandate. The mandates of FCSS and the health authorities are summarized in Attachment #1.

There are many similarities in the mandates of FCSS and regional health authorities. Both have a responsibility to:

- Be responsive to the needs identified in their communities;
- Enhance the well-being of the people who live in their communities, with FCSS focusing on social well-being and health authorities generally more focused on physical well-being;
- Use promotion, prevention and early intervention strategies;
- Foster citizen participation; and
- Use resources efficiently and effectively.

In addition, both health authorities and FCSS provide services to Albertans of all ages. These similarities in mandate provide common ground in which health authorities and FCSS may work together.

There are also differences in the mandates of FCSS and the regional health authorities. These differences may affect how and when health authorities and FCSS work together.

- **Boundaries**
 - Health authorities are responsible for providing services to all communities within a geographic region.
 - FCSS programs provide services to one or more municipalities or Métis settlements who have agreed to participate in an FCSS agreement with the provincial government.
 - Nearly all FCSS programs are geographically smaller than their health region. Nearly all health regions include more than one FCSS program.

- **Scope of programs and services**
 - FCSS is obligated to provide services "of a preventive nature that enhance the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity." ² Within the broad "prevention" mandate, FCSS may develop programs and services based on local priorities.
 - For health authorities, "prevention" is more related to health promotion, disease/injury prevention and population health. Prevention is only one of the service areas. Health authorities are also required to ensure provision of services which protect health (immunization, communicable disease control, environmental health); acute care services (emergency, hospital-based, out-patient and community-based); rehabilitation services; continuing (long term) care and support services.
 - Both health authorities and FCSS are ultimately working towards better lives for people within their regions. However, FCSS tends to focus on social well-being with physical health as one factor, while health authorities tend to focus on physical health with social well-being as one factor.
- **Volunteerism and community involvement**
 - While health authorities often work with volunteers, fostering volunteerism is not identified in their legislated mandate. Health authorities are required to form community health councils to advise them, which is a form of volunteer community involvement.
 - FCSS is mandated by regulation to foster volunteerism. Local FCSS programs typically incorporate citizen involvement in developing, operating and governing FCSS programs and services.
- **Coordination and cooperation with others**
 - Part of the legislated FCSS mandate is to "encourage and facilitate co-operation and co-ordination with allied service agencies operating within their municipality." FCSS typically works with other community organizations to develop responses to community issues, and also works with other community organizations to develop and operate local FCSS programs and services.
 - Although health authorities are not required by legislation to work with other community organizations, many health authority programs and services (particularly public and population health) are often involved with other community organizations. Some services (for example, long term care and community or home care) work with community or regional coordinating bodies.

² Quote is from the *FCSS Conditional Regulation* regarding the obligations of a municipality or Métis settlement who agrees to participate in the FCSS program.

2. Determinants of health

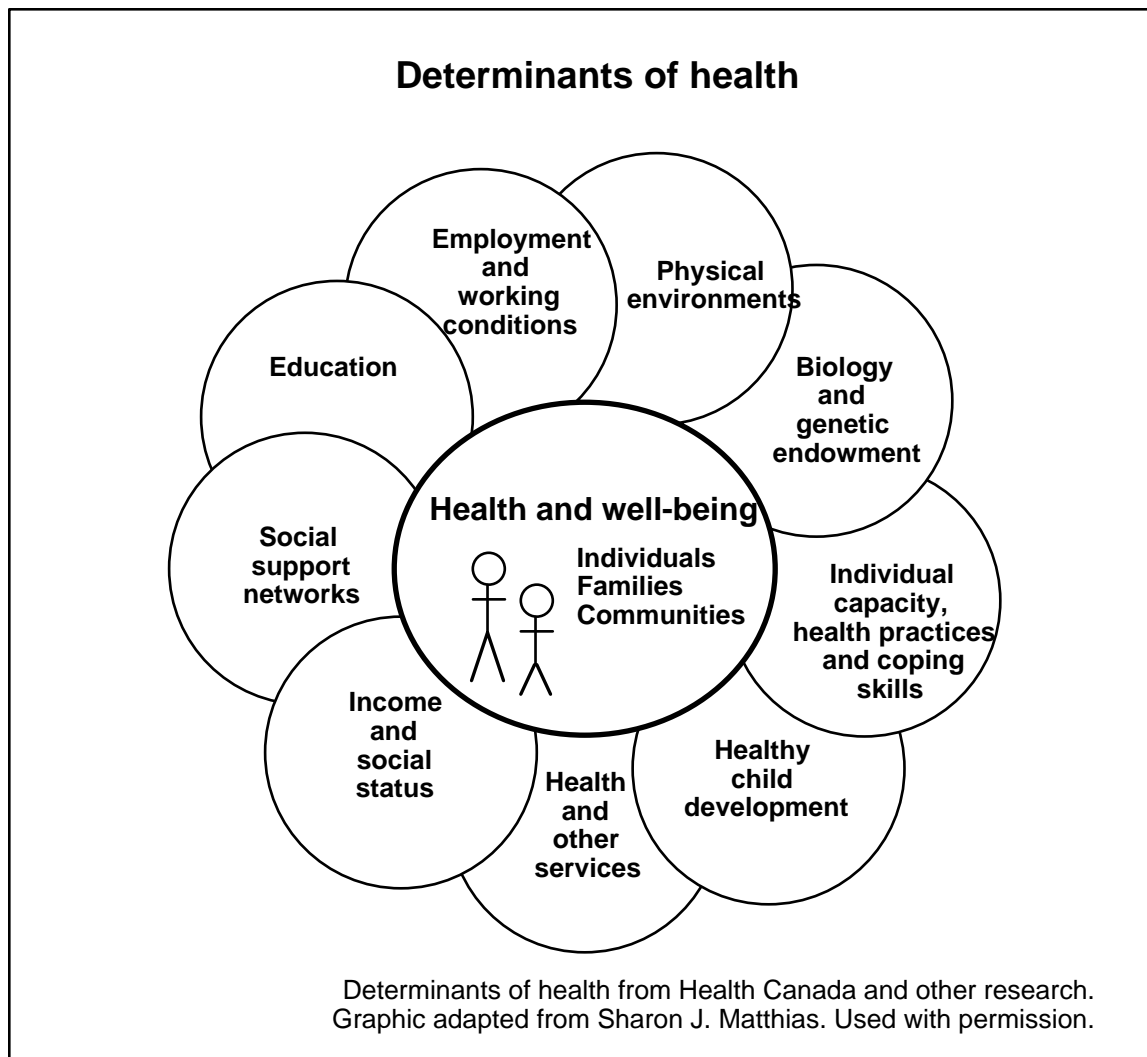
The mandates of both health authorities and FCSS give them an interest in influencing the determinants that affect health and well-being.

Health authorities experience tremendous pressure to provide treatment services. However, treatment services are only one small part of all the factors that have an impact on the health of the population. As a result, promotion and prevention programs operated by health authorities look beneath the patterns of disease and disability to address their root causes: the determinants of health. FCSS also has an interest in helping to strengthen individual, family and community factors that foster health and well-being. Thus, the determinants of health provide common ground for health authorities and FCSS programs to work together.

As illustrated in the diagram on the next page, determinants of health can be depicted as the petals of a daisy contributing to the health and well-being of individuals, families and communities. Nine determinants of health are:³

1. **Income and social status** – Research in Canada and elsewhere consistently shows that health status improves with each step up the income and social hierarchy. 54% who describe their health as poor believe that a more secure income would improve their health. Social status affects health by determining the **degree of control** which individuals perceive they have over life circumstances.
2. **Social support networks** – Support from families, friends and communities is important in assisting individuals to deal with difficult situations and maintain a sense of mastery over life circumstances. Studies show that elderly females with few social contacts are three times more likely to die prematurely than females of the same age with many social contacts.
3. **Education** that is meaningful and relevant equips individuals with knowledge and skills for daily living, increases opportunities for income and job security and an increased sense of control over life. 74% of Canadians with a university education rate their health as very good or excellent. Only 49% of Canadians with less than secondary education describe their health as very good or excellent.

³ Thanks to Chinook Health Region Population Health, for a summary of nine determinants of health, based on documents such as N. Hamilton and T Bhatti, *Population Health Promotion: An Integrated Model of Population Health and Health Promotion*, Ottawa, Ontario: Health Promotion Division, 1997, and other Health Canada documents identified later in this paper.



4. **Employment and working conditions** – Meaningful employment, economic stability and a healthy work environment are associated with good health. Among work-related factors which adversely affect personal health are high stress levels, work overload, physical hazards and lack of decision-making authority. Policies which promote job creation can offset the harmful effects of unemployment. Programs such as work place training and upgrading, and organizational cultures which delegate decision-making authority can foster healthy workplace conditions.
5. **Physical environments** – Physical factors in natural and manmade environments are key health influences. Some examples are air, water and soil quality, housing adequacy, community safety and road and community design.

6. **Biology and genetic endowment** – Recent research in the biological sciences has identified "physiological make-up" as an important health determinant. An individual's genetic endowment, the functioning of various body systems, processes of development and aging along with biological differences between the sexes influence health on an individual and a population basis.
7. **Personal health practices and coping skills** – Environments which promote positive personal health practices and effective individual coping skills allow for healthy lifestyle choices while dealing with the pressures of modern society. Personal health practices promote self-care and help to prevent disease. Individual coping strategies enhance self-reliance, problem-solving, healthy choices, and sense of control and mastery.
8. **Healthy child development** – Positive prenatal and early childhood experiences have a significant effect on later health, well-being, coping skills and competence. Because it is so important, healthy child development is shown as a separate "petal." Each of the other determinants may influence child development.
9. **Health and other services**, especially those designed to promote and maintain health and prevent disease, contribute to the health of a population. Programs designed to meet the specific needs of a community are especially effective because they take into account the community social hierarchy and economic factors.

The determinants of health provide common ground for FCSS programs and health authorities. FCSS programs and health authorities' promotion, prevention and supportive programs may focus on any or all of the health determinants.

FCSS programs may also hear health staff use the term **population health**. *Strategies for Population Health: Investing in the Health of Canadians*⁴ identifies broad population health strategies which the provincial, territorial and federal governments could collaborate on to influence the determinants of health and achieve significant results in the health of populations.

Strategies for Population Health recognizes that collaboration across many sectors and the active support of the public is essential for success. The framework focuses on health determinants and realizes that health services cannot work alone since most of the determinants fall outside the purview of the health system. While people in health services recognize the importance of partnering, for many, working together requires a different set of skills for staff as well as changes in planning, policy development and organizational arrangements.

⁴ *Strategies for Population Health: Investing in the Health of Canadians* was prepared for the Meeting of the Ministers of Health in Halifax, Nova Scotia in 1994. Available from Publications, Health Canada, in Ottawa.

3. Healthy child development

The health determinant of healthy child development is the focus of *Building a National Strategy for Healthy Child Development*, released in March 1998.⁵ This document explains how the environments of children profoundly influence their development. Early childhood experiences influence overall health, competence and well-being for the rest of a person's life. In turn, good health enables adults to lead productive and fulfilling lives. For the country as a whole, high levels of health contribute to increased prosperity and overall social stability. From the point of view of health authorities and FCSS programs, the report may provide a basis for shared programming.

The report identifies six challenges as the foundation for a national strategy:

1. Investing in early childhood development: an effective place to begin;
2. Supporting families: strengthening the major influence on child development;
3. Reducing inequities: achieving health for all;
4. Reporting on outcomes and impacts;
5. Investing in research: the foundation for analysis and action; and
6. Working in partnership and across sectors.

Each of these six challenges could be of interest to FCSS and health authorities.

The report recommends two policies for working together:

1. Collaborate with various sectors regarding the impact of what they do on healthy childhood development; and
2. Build inter-sectoral alliances that will establish and coordinate policies and programs to improve opportunities for healthy child development.

The report says the need for comprehensive policies not only within sectors but across sectors requires a broad, conscious and collective effort to engage multiple stakeholders. Stakeholders need to be aware of how their sector relates to healthy child development, and to be encouraged to actively consider the impacts of their policies on child health outcomes. This suggests productive work for health authorities and FCSS to pursue together.

⁵ *Building a National Strategy for Healthy Child Development: Report of the Federal-Provincial-Territorial Advisory Committee on Population Health*, prepared by the Working Group on the National Strategy on Healthy Child Development, March 1998. Available from the Minister of Public Works and Government Services Canada.

C. A CONTINUUM OF COOPERATION BETWEEN FCSS AND HEALTH AUTHORITIES

Our relationships with the health authority tend to be at the community level with the front-line staff rather than at the administration or Board level.

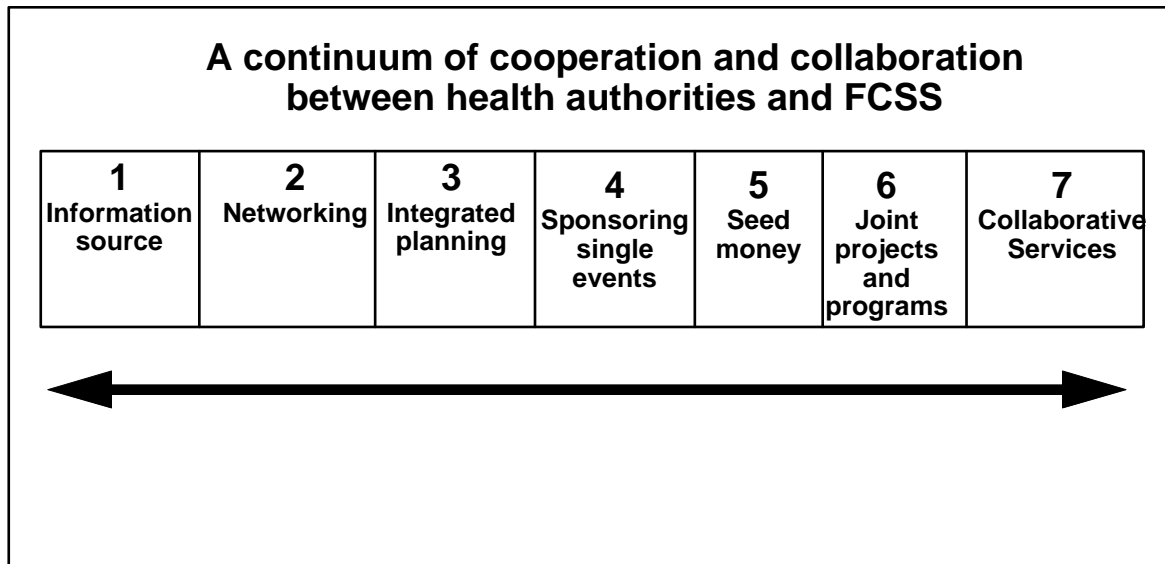
– FCSS Director

FCSS people are very committed, caring individuals that run terrific programs of terrific benefit to society, particularly those in need. The programs are also of great benefit to health by decreasing risk. Otherwise more people would be admitted to hospitals.

– Health Authority Senior Manager

The respective program mandates and the determinants of health suggest **content** areas in which health authorities and FCSS can work together. Interviews conducted during the Working Together project provide information about the **methods** that FCSS and health authorities now use to work together. As illustrated in the diagram on the next page, FCSS programs and health authorities now work together in at least seven ways, with varying degrees of formalization and commitment.

- 1. Source of information:** Many health authorities recognize FCSS programs as “being in touch with the community” and therefore invaluable sources of grassroots information about community concerns and aspirations as well as what is happening in the community.
- 2. Networking:** FCSS programs and health authorities exchange program information informally, share community resource lists and community service directories, and sit on interagency meetings with other agencies where the primary purpose is information exchange. In some cases, FCSS directors and staff sit on health authority boards. In others, health authority staff sit on FCSS boards.
- 3. Integrated Planning:** In some cases FCSS programs, health authorities and others come together to plan on a regular basis. Partnership and service agreements are struck so common goals are established and resources are used wisely to benefit the joint customers. Each agency takes the lead when contributing what it does best and the other partners provide support. For example, FCSS may provide its exemplary knowledge of the community along with the capacity to approach and engage the community.



4. **Sponsoring single events:** FCSS, health authorities, and other community groups work together to sponsor workshops, speaker visits, community forums, conferences and other single-event projects. Each agency contributes what they have to offer to the event: time, energy, credibility, space, funding, resources, content expertise, organizing abilities, community mobilization. Examples include community education about parenting, menopause and addictions awareness; family fair days. Several make use of the local cable channels to get their messages out.

5. **Seed money:** Several health authorities have community grants programs and have provided funding for specific projects to partnerships organized by FCSS programs. Some FCSS programs provide community grants as well and have provided funding for projects and programs offered by health authorities and other community agencies.

6. **Joint projects and programs:** FCSS, health authorities and others work together on ongoing initiatives such as the prevention of family violence, recycling programs, community gardens, collective kitchens, Brighter Futures, car safety seat promotion programs, crisis lines, PARTY programs, Nobody’s Perfect, Home Alone, women’s wellness, respite programs, Alzheimer day programs, supporting families in need and volunteer recruitment.

FCSS programs and health authorities also cooperate on community and regional assessments. A thorough assessment is useful to all providing services so it makes sense to join forces to carry them out.

- 7. Collaborative services:** Several FCSS programs and health authorities collaborate to provide home help and personal care services. In some cases, support workers work for both the FCSS program and the Home Care or Continuing Care program. These circumstances make it easier to share clients and provide seamless services as clients' needs change. For example, clients requiring home care are transferred to the home care program and keep the same worker. When clients no longer require home care, they are transferred back to the FCSS program with the same support worker.

In some situations, health authorities contract home help and personal care services from FCSS. In others, the FCSS program contracts these services from the health authority. Continuing education opportunities for support workers organized by health authorities are often open to FCSS support workers.

D. MAKING IT WORK

It helps to express views in terms of the needs of the clients. Discussing clients helps to avoid charges and counter-charges of what agencies do or don't do.

– FCSS Director

FCSS has the freedom to tackle issues health couldn't tackle on its own. For example, in one community a really needy family was put in touch with a variety of helpful services through FCSS, health and the family sitting down together and figuring it out.

– Health Authority Senior Manager

What factors make health authority and FCSS cooperation and partnerships work? Health authority staff and FCSS program directors and staff identified several factors that enhance FCSS and health authorities working together.

- **Positive history:** Despite the turmoil caused by regionalization, health representatives in many areas of the province report continued positive working relationships with FCSS. In those areas where the working relationship was disrupted, health authorities look forward to re-establishing the positive working relationships they experienced previously with FCSS. (In areas where there has not been a positive history of good will, working together may have been even more difficult during turbulent times.)
- **Clarify roles and mandates:** Many health authority staff members expressed a need to learn more about what FCSS is all about, and they believe FCSS programs might want to learn more about health authorities. Health authorities thought it would be helpful for them to understand the FCSS mandate, the programs and services offered by the FCSS programs within their regions, the tool kit of the FCSS program staff and any limitations facing the FCSS programs. FCSS programs may find it helpful to understand the health authority mandate, priorities and pressures.

- **Communication and relationship-building:** For both FCSS and health authorities, getting to know each other helps increase the likelihood of entering into cooperative partnerships. Successful partnerships are grounded in trust and respect. Health authorities and FCSS programs have a joint responsibility to build relationships.

Health authorities can help by providing information about their organizational structure, chains of command, and identifying the best point for contact and designating a linkage. FCSS programs can do the same for the health authority. The health authority may find it time-consuming to deal with several FCSS programs in the region. FCSS can find it daunting to identify which person(s) in the health authority to contact about a particular community process. Knowing whom to contact makes it easier for both partners.

Both FCSS and health can benefit from learning more about one another's operating styles and requirements, and have patience for the different degrees of flexibility or structure that are seen as desirable or possible within each program.

- **Philosophies:** In many ways the philosophies of FCSS programs and the population health and prevention-oriented programs of the health authority are similar. Both recognize the importance of working with community, capacity-building and the health determinants. Health authority representatives who participated in this project were quick to recognize and applaud the community mobilization skills many FCSS programs offer. FCSS programs may find a warm reception when they reach out to population health and prevention-oriented programs in the health authority.

Like FCSS programs, different health authorities operate in different ways when it comes to implementing their "prevention/promotion" responsibilities. For example, one health authority may encourage "healthy communities" projects that strengthen social support or enhance housing, while other health authorities may encourage "healthy communities" projects that encourage health habits to lower blood pressure.

To enhance the possibility of working together, it is useful to learn more about each other's philosophy and interpretation of concepts such as "prevention."

- **Network:** Increased opportunities by the FCSS programs and the health authorities to get together on a regional basis enhance cooperation and partnerships between agencies. In addition, networking opportunities are available at community and program levels. Health authorities can increase networking opportunities by inviting FCSS board members, directors and staff to health region events. FCSS can reciprocate by inviting health authority board members, management and staff to FCSS events. Both can participate in community inter-agency events.
- **Invite all the partners to the table:** When a new project is initiated, both health authorities and FCSS programs can look around the room and make certain everyone who needs to be represented is represented.

- **Start at the beginning.** Taking time to establish the meaning of terms commonly used is an important step when entering a new partnership. FCSS and health authorities use many of the same terms but the meaning or perspective may vary. Examples include "community development" and "health determinants." Having a common language supports the development of common goals and expectations so each partner can contribute their best.
- **Listen!** Sometimes health authorities and FCSS programs can get carried away with their own agendas and forget to listen to each other. Working together will be easier by taking the time to ensure everyone understands.
- **Flexibility:** Flexibility was mentioned as a crucial characteristic by more people interviewed than any other factor. How flexible people are willing to be can make or break a partnership!
- **Share your plans:** When FCSS and Health work with each other's plans, they have the opportunity to identify common goals and client groups as well as clarify hand-offs, referrals and priorities.

E. CHALLENGES OF WORKING TOGETHER

Competition and turf sometimes get in the way on both sides. However, everyone wins when there is a real partnership mentality.

– Health Authority CEO

The differences in size, new responsibilities and the huge mandate of health regions sometimes create barriers. Something that seems very important in our community may hardly register in the health authority's many pressures. We can build bridges by having some empathy for their position.

– FCSS Director

What factors make working together challenging for FCSS and health authorities? Health authority staff and FCSS program directors and staff identified five factors during interviews – culture, size, boundaries, region-wide programs and services, and territoriality.

1. Culture

Paper #1 of this "Working Together" series⁶ identifies challenges and strategies to enhance working relationships across diverse organizational cultures. Many of these are relevant to working relationships across the diverse organizational cultures of health authorities and FCSS.

Some health authority staff say they are still learning skills and language familiar to FCSS programs such as empowering people and communities, capacity-building, community mobilization and community development. After all, that is what FCSS programs do and have always done, recognizing that the expertise among FCSS program staff varies.

To an FCSS program, "community involvement" may mean including the target group and other community partners even before a project is started, and involving them throughout development and operation of a project. To a health program, "community involvement" may mean holding discussions with the target group and potential partners early in a process, and then informing them after the health authority has developed a program in response to the early discussions.

Health representatives suggest they are gradually shifting their culture from an expert, "doing for" philosophy to a more client-empowering, collaborative, "doing with" philosophy. However, since many traditional health services are highly dependent on the expert knowledge and skill of health personnel, this may not be an easy shift. What FCSS might perceive as "empowerment" could feel like "abdicating responsibility" to a health person.

Sometimes health's limited experience and understanding of a client- and community-empowering philosophy can make FCSS programs think health hasn't made much of a shift at all! From an FCSS perspective, health sometimes has a tendency to fall back into their "expert" role during community processes, and forget to include partners in a meaningful way.

Another aspect of "different cultures" is the approach to flexibility in program and process. FCSS often wants to encourage maximum flexibility to respond to local conditions, and is reluctant to limit the possibilities early in a process. Health on the other hand may sometimes perceive some forms of FCSS flexibility as lacking in structure, focus and accountability.

The difference in cultures can be seen in the approach to home support services. FCSS programs may encourage home support workers to value relationship-building and provide social support as well as personal care during their contacts with clients. The short visits required by health authorities can make this problematic. Health authorities are choosing to provide more limited services to as many clients as possible rather than having more clients receive no home support services at all. Working together, FCSS and health authorities may be able to provide a broader base of support to more clients. Understanding each other's perspective will help to make working together possible.

⁶ *Working Together in Family and Community Support Services – gifts and challenges*. Available from Family and Community Support Services Association of Alberta, 1999.

2. Size

There is a significant difference in size between most health authorities and the local FCSS programs. FCSS programs can find the bureaucracy of one or more health authorities a bit daunting. Health authorities can be challenged by the need to deal with so many different FCSS programs.

The different sizes of the two programs can affect networking at a local level. For example, FCSS may expect that anyone who participates in a community meeting with several organizations will be able to speak for and communicate back to his or her organization. With a smaller FCSS organization, this is usually possible for FCSS representatives. However, a representative of a health authority may not be able to speak on behalf of the health authority, or ensure that information is communicated to all the potentially relevant people within the authority.

Sometimes an FCSS program is not sure who has authority to negotiate a community agreement on behalf of a health authority. Similarly, a health authority may be uncertain who has authority to negotiate on behalf of an FCSS project, program or municipality.

3. Boundaries

Few of the boundaries between FCSS and health authorities are coterminous. An FCSS program may deal with several health authorities and health authority boundaries almost always include several FCSS programs. For both programs, it might be easier if they could cultivate one set of working relationships with the other program.

4. Region-wide programs and services

Both FCSS and health authorities provide programs and services based on the identified needs of their communities and regions. Health authorities can find it disconcerting when an excellent program from one FCSS program is not available from a neighboring FCSS program. On the other hand, FCSS programs do not always understand a health authority's desire to provide consistent and equitable programs and services to residents throughout their region.

5. Territoriality

At times, there may be conflict due to the territoriality of staff in the health authorities and FCSS. Some professional health service providers are learning the importance of volunteers and community involvement, both key components of FCSS.

Understanding what each partner means when they use these terms can improve communication and reduce misunderstandings.

Despite the challenges of culture, size, boundaries, differences in programs and services, and territoriality, many health authority representatives still wondered why all municipalities do not have FCSS programs. From the health authorities' perspectives, it would be better if they did!

F. AND IN THE FUTURE...

1. Opportunities

a. Shared processes that could enhance the whole community

Both health authority and FCSS representatives suggested that cooperating in shared planning, research and advocacy processes would benefit the entire community. Examples included:

- Joint business planning by FCSS, health authorities, and Child and Family Services Authorities.
- Community assessments: complete one thorough community assessment that can be used by all the partners including the Child and Family Services Authorities.
- Cooperating to facilitate community development initiatives.
- Advocacy for healthy communities (where this is not already underway).
- Health promotion and injury prevention in the broadest sense.
- Health authority, FCSS and other community agencies cooperating to present united messages to provincial or federal government departments. If any community or regional agency is putting forward a brief to another level of government, that agency could share their material in draft form, to increase other agencies' ability to support the brief.
- Shared development and reporting of outcome measures.
- FCSS help to support Community Health Councils.

b. Cooperating to influence determinants of health

Many factors that can affect health and well-being – poverty, literacy, housing, transportation – are outside the immediate purview of both health and FCSS. However, both FCSS and health authorities can participate in collecting and distributing relevant information, and developing joint programs and services with other agencies. FCSS in particular can have a role in mobilizing community interest in strengthening conditions that foster health.

- **Income and social status** – A key variable is that income and social status affect the degree of control which individuals perceive they have over their life circumstances. Greater sense of control contributes to better health. FCSS can work with health authorities to increase public awareness of the impact of income and social status on health. FCSS can also encourage communities and municipalities to ensure that all citizens have opportunities for healthy recreation, parks or other ways to be in nature, cultural experiences and so on. Because FCSS frequently encourages people to be involved in developing responses to issues that affect them, this too may contribute to people's increased sense of control over life circumstances.

- **Social support networks** – FCSS provides numerous programs and services that strengthen support networks for communities as a whole, and that also provide specific social support for target groups such as teens and youth, parents, seniors, persons with disabilities. Sometimes FCSS and health authorities jointly develop such programs; sometimes they contract with one another to provide support services. These opportunities will no doubt increase.
- **Education** – FCSS and health, along with other community partners, can cooperate in projects which helped to increase the proportion of young people who finish high school and continue their education. As well, FCSS and other community organizations can foster adult education opportunities that increase knowledge and skills for daily living, and contribute to people's sense of being knowledgeable about things that affect them.
- **Employment and working conditions** – FCSS can work with health authorities and other agencies to encourage municipalities, employers and others to create policies that promote job creation, and workplace environments that are healthy. Several FCSS programs are involved in workplace training and upgrading programs.
- **Physical environments** – FCSS can work with health and other community partners to foster quality housing, community safety, and road and community design that fosters safety as well as creating gathering places for social interaction.
- **Biology and genetic endowment** – Health, FCSS and other community agencies can cooperate to provide community education about phases of child and adult development, aging and so on, to increase people's ability to understand how to foster health during the entire life cycle.
- **Personal health practices and coping skills** – FCSS and health can sponsor educational and social events that increase individual self-reliance, problem-solving and other coping skills. Both programs can work together to help influence community attitudes that support healthy choices.
- **Healthy child development** – With increased national and provincial interest in healthy child development, there may be even more opportunities for FCSS and health authorities to cooperate in prenatal, parenting, preschool and school programs that increase the proportion of children who experience the conditions that foster their healthy development.
- **Health and other services** – FCSS, health authorities and others can cooperate to ensure that appropriate services are available and accessible to residents, and that services are coordinated.

Given the complementary mandates of health authorities, FCSS and the recently created Child and Family Services Authorities, there is a lot of scope for working together.

2. Words of wisdom

Based on comments from interviews and focus groups, the consulting team adds these reflections about FCSS and health authorities working together.

- **New ways of working:** Both sides need to move away from their traditional focus and boundaries and explore new ways of working together. Flexibility in partnerships, tolerance of each other, and recognition that it takes time to establish processes is essential to working together. Stay open to the possibilities.
- **Make the call.** The regions may seem big and complex but many of the units FCSS was used to working with still exist. Also, most of the turbulence created by restructuring into regions is subsiding. Health authority representatives recognized that they, too, have not always reached out and made the call. Both sides need to reach out by connecting with people in the other organization.
- **Work together to address the gaps:** FCSS, health authorities and other partners such as the new Child and Family Services Authorities can take every opportunity to explore what is happening in community before making decisions about what to do. It was suggested this approach would help to address the gaps, make the best use of limited resources and avoid duplication when meeting community needs.
- **Co-location:** Several health authority representatives suggested that co-location would benefit both the formation and maintenance of partnerships among community-based organizations including local health service providers. Co-locations could involve FCSS, health authorities including mental health, Child and Family Services Authorities, and other community agencies.
- **Stewards for good of the whole:** FCSS is the glue that works for the normalization and capacity-building of families and communities. FCSS tends to work quietly in the background. In fact, it can be so woven into the fabric of the community that people don't realize FCSS is there. FCSS needs to make certain that decision-makers know FCSS is there and that FCSS is a major partner in community and regional initiatives. Remember to blow your own horn!

3. Conclusion

While neighbors sometimes find it challenging to work together, they frequently find that if they persevere they usually find they accomplish more together. FCSS and the community-based part of the health authorities have a rich history of working together. Recent turbulent times have strained and even broken some of these established working relationships. However, the good news is there is common ground, much work to be done and good will on both sides.

“Working Together” Series – Paper #6

**Working together with
HEALTH AUTHORITIES**

ATTACHMENTS

- 1. Mandates of FCSS and health authorities**
- 2. Examples of working together**
- 3. People who participated in developing this paper.**

Attachment #1: Mandates of FCSS and health authorities

Family and Community Support Services

Provincially, the FCSS Program receives its mandate from the **Family and Community Support Services Act** and the **Conditional Agreement Regulation** pursuant to the Act. At the local level, the municipal or Métis Settlement council chooses whether to establish a program and enters into an agreement with the province to jointly fund the program. The province contributes up to 80% and the municipality or Métis Settlement contributes at least 20%.

Section 2 of the **Conditional Agreement Regulation** outlines the obligations of municipalities in providing for the establishment, administration and operation of a program:

- (a) promote, encourage and facilitate the involvement of volunteers,
- (b) promote efficient and effective use of resources,
- (c) encourage and facilitate co-operation and co-ordination with allied services agencies operating within the municipality,
- (d) promote, encourage and facilitate the development of stronger communities, and
- (e) promote citizen participation in planning, delivery and the governance of the program and of services provided under the program.

Services provided under a program must:

- (a) be of a preventive nature that enhances the social well-being of individuals and families through promotion or intervention strategies provided at the earliest opportunity, and
- (b) do one or more of the following:
 - (i) help people to develop independence, strengthen coping skills and become more resistant to crisis;
 - (ii) help people to develop an awareness of social needs;
 - (iii) help people to develop interpersonal and group skills which enhance constructive relationships among people;
 - (iv) help people and communities to assume responsibility for decisions and actions which affect them; and
 - (v) provide supports that help sustain people as active participants in the community,

Services provided under a program must not:

- (a) provide primarily for the recreational needs or leisure time pursuits of individuals,
- (b) offer direct financial assistance to sustain an individual or family,
- (c) be primarily rehabilitative in nature, or
- (d) duplicate services that are ordinarily provided by a government or government agency.

Health authorities

Regional health authorities receive their mandate from the *Regional Health Authorities Act* proclaimed in 1994. Health regions are required to:

- (a) promote and protect the health of the population in the health region and work towards the prevention of disease and injury,
- (b) assess on an ongoing basis the health needs of the region,
- (c) determine priorities in the provision of health services in the region and allocate resources accordingly,
- (d) ensure that reasonable access to quality health services is provided in and through the region, and
- (e) promote the provision of health services in a manner that is responsive to the needs of individuals and communities and supports the integration of services and facilities in the region.

The regional health authorities provide a range of health services including:

- (a) health promotion and disease/injury prevention,
- (b) health protection including immunization programs, communicable disease control and environmental health,
- (c) acute care services including emergency services; hospital-based, ambulatory and community-based services,
- (d) rehabilitation services,
- (e) continuing care including home care and residential long-term care services, and
- (f) support services.

In addition, both the Calgary Regional Health Authority and the Capital Health Authority are responsible for providing provincial programs: highly specialized services required by small numbers of Albertans.

The legislation also requires regional health authorities to establish community health councils. Health authorities receive public funds from the provincial government to carry out their responsibilities.

There are also two provincial health authority boards – the Alberta Cancer Board and the Provincial Mental Health Advisory Board.

In addition to the cancer centres in Edmonton and Calgary, the Alberta Cancer Board has regional cancer centres in Grande Prairie, Red Deer, Medicine Hat and Lethbridge. Community cancer centres are located in Fort McMurray, Peace River, Barrhead, Hinton, Bonnyville, Camrose, Drumheller and High River.

The Provincial Mental Health Advisory Board has over 60 community mental health clinics in addition to hospital facilities. FCSS has the most contact with the community-based programs and services run by these two provincial health authorities.

Attachment #2: Examples of working together

Working together not only helps to meet community and regional needs, it also provides social benefit to those involved. Many examples of enthusiastic, productive cooperation were described during interviews for this project. Here are a few examples:

- **The Healthy Okotoks Coalition:** In 1996, the Town of Okotoks and the Headwaters Regional Health Authority formed a partnership related to a Healthy Communities project. The Healthy Okotoks Coalition was formed and is committed to promoting and facilitating community wellness through collaborative partnerships. With a mailing list membership of about fifty people and a core working group of fifteen, the coalition has developed its own community identity.

Some issues addressed by the coalition which are of mutual interest to the founding partners include: establishing a community garden, Youth Wellness Forums, Fetal Alcohol Syndrome awareness, family violence prevention education and researching accessibility for people with impaired mobility.

Success is credited to enthusiastic, inclusive involvement of local residents, and twice-monthly meetings, which give people time to get to know one another and share ideas. The great working relationship between the FCSS coordinator and the health authority representative has also contributed to this success story.

- **St. Paul Heart, Health and Tobacco Reduction** – The County of St. Paul FCSS in partnership with the Lakeland Regional Health Authority formed a program called Heart Health and Tobacco Reduction. FCSS was involved in the development, promotion and data gathering while looking at healthy lifestyles in rural Alberta. The municipality wrote the grant applications and served as the legal entity for the federal dollars after successfully securing funds for a three-year project.

During the Heart, Health and Tobacco Reduction program, the County of St. Paul FCSS and Lakeland Regional Health Authority played a lead role supported by many agencies and volunteers from the community. FCSS initially provided the administrative duties; however, this role was shifted to the health authority after three years. Once the three-year project was complete, the Lakeland Regional Health Authority hired a worker to take primary responsibility for the program. St. Paul FCSS continues to be part of the committee.

- **Breton Bicycle Safety Program:** In the spring of 1998, Breton FCSS started the planning process for a Bike Safety Program that also included a Bike Rodeo as the finale to the program. It was decided that a starting point would be to gather information from the Regional Injury Control Coordinator with the Regional Health Authority. Together the partners were able to look at the different bicycle safety programs available and adapt them to local communities needs.

Although the program was organized and administered by FCSS, it was also able to help fill a mandate of the Regional Health Authority. The injury control coordinator was part of the Bike Rodeo by supplying low cost, high quality bike helmets for sale. She also helped to properly fit the helmets children brought with them that day. This program was a great partnership for both agencies in the community.

- **Red Deer Adult Day Program for People with Alzheimer's Disease:** The David Thompson Health Region and the Red Deer Family Service Bureau work in partnership to provide a day program for people with Alzheimer's disease. The David Thompson Health Region has assigned both a recreation therapist and a recreation assistant to the activity program, and the Red Deer Family Service Bureau provides other support services. The program includes research and evaluation components.

Red Deer and District FCSS participates as a funder of the Family Service Bureau.

- **Wetaskiwin Children's Initiative** is a collaborative school-based initiative to provide early intervention services to high-risk families. The partners include FCSS, Family and Social Services and Crossroads Health Region.
- The Mistahia Health Region and the Grande Prairie City and County FCSS Programs hold an annual joint **Home Support Aid Appreciation Event** that includes a full day workshop with lunch and presentations of interest to home support.

Attachment #3: People who provided information for this paper

Information sources

Between April and November of 1998, the "Working Together" consulting team had contact with 60 representatives of FCSS programs and municipalities to learn their experiences in working with others. Of the 60 people, 45 commented on working relationships between health regions and FCSS programs. As well, in September 1998, about 35 FCSS directors participated in focus group discussions about working together. One of the discussion questions related to working with health authorities.

In September, 1998, representatives of the FCSS "Working Together" project met with the Council of Chief Executive Officers of health authorities, to highlight the FCSS mandate, explain the "Working Together" project and ask for assistance in contacting representatives of health authorities. In September and October, 1998, 31 representatives of 16 health authorities participated in interviews about health authorities working together with FCSS.

The consulting team also reviewed business plans of the 17 regional and 2 provincial health authorities, and other background documents, to identify possible areas of common ground for health authorities and FCSS.

Information from all sources was analyzed to identify the range of ways FCSS and health authorities work together, and what they have learned. A draft paper was circulated for review to about 30 FCSS representatives and 12 Health representatives. The draft paper was then revised based on feedback.

Health Authority Participants:

The following people participated in interviews about health authorities working with FCSS. In addition, representatives of the FCSS "Working Together" project met with the health authorities' Council of Chief Executive Officers. This listing does not include names of those who were in attendance at that meeting.

Palliser #2:

- Linda Bandura
- Barb Cameron

Headwaters #3:

- Lori Anderson

Health Authority #5:

- Trish Hutchinson
- Bonnie Porat

David Thompson #6:

- Sheryl Froelich,
- Anna May Jasonson
- Denise McBain
- Anne Sims

East Central #7:

- Steve Petz

West View #8:

- Barb Rocchio

Crossroads #9:

- Gladys Procyshen
- Linda Whalley

Capital # 10:

- Marianne Stewart

Aspen #11:

- Linda Killick

Lakeland #12:

- Betty Gray
- Phyllis Melsness
- Rosemary Seaman
- Doris Werstiuk

Mistahia #13:

- Jane Manning
- Donna Radbourne
- Lindsay Stark

Peace #14:

- Joyce Holliday
- Donna Hardacre
- Barb Mulcahy
- Sandi Primeau

Keeweenok #15:

- Daria Wallsten

Northwestern #17:

- Sherri Ross

Alberta Cancer Board:

- Wendy Mackenzie
- Patti Kindrat

Provincial Mental Health Advisory Board:

- Don Schurman

Family and Community Support Services participants:

The following people commented on working with health authorities while participating in interviews about FCSS working together with others.

As well, about 35 FCSS Directors participated in focus group discussions, one topic of which was working with health authorities. Some focus group participants may not be included in this list.

Athabasca FCSS

- Alan Taylor

Barons-Eureka-Warner FCSS

- Greg Pratt

Beaverlodge FCSS

- Betty Miller

Big Lakes FCSS

- Vivian Torrens

Breton and M.D. of Brazeau FCSS

- Deanne Young

Buffalo Lake Métis Settlement FCSS

- Terry Burke

Calgary FCSS

- Frank Hoebarth

Camrose and District Support Services (CDSS)

- Wendy Gregorwich

Claresholm FCSS

- Randy Ell

Coronation and District FCSS

- Linda Bunbury

Edmonton FCSS

- Kathy Barnhart

Fort Saskatchewan FCSS

- John Bruijn

Gibbons FCSS

- Marg Clark

City of Grande Prairie FCSS

- Lana Wells

County of Grande Prairie FCSS

- Mary Ann Eckstrom

Hanna FCSS

- Kim Neil

Hinton FCSS

- Betty Osmond

Innisfail FCSS

- Valaine Vienneau

Jasper FCSS

- Kathlene Waxer

County of Kneehill FCSS

- Shelley Jackson

Lacombe and District FCSS

- Trish Maynor

Lac Ste. Anne FCSS

- Donna Geiger

City of Leduc FCSS

- Ted Tymchuk

County of Leduc FCSS

- Betty Ann Nemish

Lethbridge FCSS

- Rosalind Annis

Morinville FCSS

- Cathy Clarke

Okotoks FCSS

- Linda Blasetti

Paddle Prairie Métis Settlement FCSS

- Joanne Ducharme

Provost and District FCSS

- Cindy Morrow

Red Deer and District FCSS

- Colleen Jensen

County of St. Paul FCSS

- Linnette Newby

Town of St. Paul FCSS

- Cheryl Snider

Stettler and District FCSS

- Faye Blakely

County of Strathcona FCSS

- Sheryl Fricke
- Catriona Gunn-Graham
- Jackie Winter

Sylvan Lake FCSS

- Carman McKee

Tofield-Ryley-Beaver FCSS

- Yvonne Allan

Village of Trochu

(County of Kneehill FCSS)

- Maureen Makala

Viking-Beaver FCSS

- Joanne Stewart

County of Wheatland FCSS

- Sharon Thibeau

Standard

(County of Wheatland FCSS)

- Ken Larson

Wood Buffalo Regional Municipality FCSS

(Fort McMurray and district)

- Joe Bath

Yellowhead FCSS

- Debbie Charest