



# TABLE OF CONTENTS

Acknowledgements _____	3
Purpose _____	4
Rural Neighbourhoods in Grey and Bruce _____	5
What is Community Engagement? _____	7
Why Practice Community Engagement? _____	8
Community Engagement Concepts from the Literature _____	9
Impact of Community Engagement _____	12
Asset-Based Community Development _____	13
Deepening Community _____	14
Community Engagement in Grey and Bruce _____	15
Alpha Family Resource Centre _____	17
Victoria Village _____	21
Wilsondale Common _____	26
Considerations for Community Engagement in Neighbourhoods _____	30
Future Directions _____	32
Appendix A: Community Conversations Project Highlights _____	33
Appendix B: Literature Search Strategy _____	38
Appendix C: Terms of Reference Community Building for Families _____	39
References _____	40

# ACKNOWLEDGEMENTS

This progress report was a joint project of the Grey Bruce Health Unit, Grey County and the County of Bruce.

## **Authors:**

Allison Murray

Health Promoter, Grey Bruce Health Unit

Kelsey Mighton

Public Health Nurse, Grey Bruce Health Unit

Lee Fawcett

Public Health Nurse, Grey Bruce Health Unit

Lesley Summers

Tenant Coordinator, Human Services, Corporation of the County of Bruce

Lisa Alguire

Public Health Nurse, Grey Bruce Health Unit

Lisa Campbell

Tenant Services Manager, Grey County Housing

Nadia Ellis

Community Relations Worker, Grey County Housing

Tania Dickson

Housing Services Manager, Human Services, Corporation of the County of Bruce

## **Development of the Resource**

We gratefully acknowledge the contributions of:

Amy Faulkner (Research)

Librarian, Simcoe Muskoka District Health Unit

Heather Smith (Layout & Design)

Program Assistant, Grey Bruce Health Unit

# PURPOSE

The purpose of this document is to explore community engagement as it applies specifically to low-income tenants living in County-owned rent-gear-to-income neighbourhoods. The document outlines foundational components of community engagement with marginalized populations and makes recommendations for future community engagement initiatives. The successes, challenges, and lessons learned from local initiatives involving rent-gear-to-income neighbourhoods in Grey and Bruce Counties are highlighted. While this document is intended to provide guidance in building healthier and safer communities, the local context and expertise of all partners should always shape engagement efforts.

# RURAL NEIGHBOURHOODS IN GREY AND BRUCE

Grey County and Bruce County are two distinct upper-tier municipalities that contain a total of 17 local municipalities. While there is diversity between each of these municipalities, they all share a rural or small population center context. The total population of the counties totaled 161,977 in 2016 and is spread across 8,592 km<sup>2</sup>. Average after-tax household income levels across Grey County and Bruce County are below the provincial average, \$56,458 and \$62,926 respectively (Grey Bruce Health Unit, 2017). While income is widely considered to be the most important social determinant of health in Canada (Mikkonen & Raphael, 2010), social support mechanisms, such as trust and social integration, provide some protection against the negative health implications associated with poverty (Uphoff, Pickett, Cabieses, Small, & Wright, 2013).

To build social capital and community support systems, community engagement approaches are valuable. Community engagement is integral to shaping effective policy and practice in organizations such as public health and social services, including those initiatives aimed at addressing social disparities that impact health

(Attree et al., 2011). In 2010, collaborative efforts between the Grey Bruce Health Unit, Grey County Housing and several other community agencies came together with one rent-geared-to-income (RGI) neighbourhood to share a vision to create a healthier, safer neighbourhood for families. This partnership has since expanded and now includes Bruce County Housing and two additional RGI neighbourhoods, all of which share the same collective vision (See Figure 1: RGI Neighbourhoods).

In 2014, the Grey Bruce Health Unit partnered with the Tamarack Institute to conduct a local *Deepening Community* initiative. There were 47 community conversations held across the two counties, in which 407 residents shared their perspectives on community assets and priorities. Participants reported that simply being a part of the conversation increased their sense of connection to other participants, awareness of the experiences and perspectives of others, and willingness to work together to strengthen community. The results of the community conversations, as well demonstrated disparities in health outcomes, provided the impetus for supporting collaborative efforts to create healthy environments and deepen communities. A



concerted effort to support and prioritize community engagement initiatives in County-operated RGI neighbourhoods has continued since the *Deepening Community* initiative. Refer to Appendix A: Community Conversations Project Highlights.

The following section of this document contain the findings of a literature scan, conducted to examine community engagement as a strategy for forming effective partnerships and building safer, stronger and healthier neighborhoods with marginalized populations. In the sections following the literature scan, this document provides a living history of three community engagement initiatives supported by collaborative partnerships between Bruce County, Grey County, and Grey Bruce Health Unit. Refer to Appendix B: Literature Search Strategy for the literature scan methods.



# WHAT IS COMMUNITY ENGAGEMENT?

Community engagement is a research, policy, and practice approach that brings together connected individuals for the purpose of strengthening their shared community. While community engagement has been conceptualized in many ways, this document understands it as “a process of working collaboratively with groups of people affiliated by geographic proximity, special interests, or similar situations, with respect to issues affecting their wellbeing” (Cyril, Smith, Possamai-Inesedy, & Renzaho, 2015, pp.1). As this definition suggests, community engagement approaches can take many forms and may be applied broadly. However, community engagement initiatives often have the greatest potential for positive impact when implemented with marginalized groups (Cyril et al., 2015; Brunton, O’Mara-Eves, & Thomas, 2014).

People living with limited social and financial resources routinely face barriers that interfere with their ability to achieve optimal health. Over time the constant need to address these day-to-day challenges can become exhausting, reducing resilience and ultimately contributing to poor health and family breakdown. Community engagement is an opportunity for community members to exert control over their circumstances through approaches that range from participating in consultation to controlling initiatives of their own inception (Mason, Carr Hill, Myers & Street, 2008). As community engagement becomes more robust, so too does the opportunity to rebuild resilience and foster better health outcomes among participants as they become more active in shaping their own world (Cyril et al., 2015; Kenny, Farmer, Dickson-Swift & Hyett, 2014).



# WHY PRACTICE COMMUNITY ENGAGEMENT?

Community engagement is an effective tool for capacity building that relies on and simultaneously fosters self-determination within communities. This approach is rooted in self-efficacy and instills in community members that their strengths and skills are valuable in the creation of positive change, thereby reducing both actual and perceived dependence on external service providers. Through reciprocal partnership building, community members and those in traditional service provider roles become equal stakeholders, improving initiative quality at all stages. Acknowledging that no one knows the community better than the community members themselves enables the practitioner to appreciate diverse knowledge, skills, and solutions. While the community engagement approach is not without its own costs and challenges, these are generally believed to be outweighed by its many benefits (Centre for Disease Control [CDC], 2011).





# COMMUNITY ENGAGEMENT CONCEPTS FROM THE LITERATURE

The community engagement process begins when individuals come together to work toward accomplishing a shared goal (Kenny et al., 2014). If the person suggesting a community engagement initiative is not a member of that community (e.g., is a service provider, researcher, or charitable service worker), they must ensure that the project is well aligned with community priorities. To build shared understanding of what priorities are, community members and external partners should collaborate from the beginning of the project (Kenny et al., 2014). Organizations participating in the community engagement process must “clearly understand that participatory processes might not lead to solutions that fit with directions of the organization, locally responsive health care or improved health outcomes” (Kenny et al., 2014, pp.1914). Governance models and practical applications of the community engagement approach may be challenging for those accustomed to working within rigid institutional structures.

Applying strategies to support participation by engaging community champions from marginalized groups can aid in overcoming challenges and strengthen a governance environment (Kenny et al., 2014). Community engagement in the planning, design and delivery of health and social services helps embed community participation in a meaningful way (Kenny et al., 2014). Individuals are more likely to participate in community engagement initiatives if they perceive the issues or goals being addressed as important (Attree et al., 2010). Conflicting interests and interpersonal conflicts between community members may determine who volunteers to represent the community. Therefore, intentionally reaching out to community members who might hold perspectives different from those of their peers, and not only those who self-elect, are available, or have the capacity to participate in a power-compromised social setting will give a better picture of community outlooks overall (Kenny et al., 2014). Engaging people with different backgrounds, beliefs, and experiences can also enrich the community engagement process. Moreover, children and youth are often overlooked but are important to engage

*“Authentic community engagement is the intentional process of co-creating solutions in partnership with people who know best, through their own experiences, the barriers to opportunity” (Attygalle, 2017)*

Consider;

- Who are the experts on this topic? Who wants to be involved? Who has unique skills or insights to offer?
- How will the influencers and connectors in the community be identified and engaged?
- Which decisions are we inviting the community to engage about?
- How will the process represent authentic engagement in shaping decisions?
- How will engagement activities be structured for optimum community learning, dialogue and creativity?
- What structures will we use to leverage as much input from and interaction among as many people as possible?
- What success indicators will be used to assess the value of the effort?

(Attygalle, 2017)

because they hold their own perspectives on community needs and priorities that differ from those of adults and are uniquely valuable in building community. (Goodwin & Young, 2013).

When project ownership by community members is the desired outcome, the strongest community engagement initiatives are those in which community members have real control. While a variety of methods to involve communities in health improvement initiatives, such as neighbourhood committees, community forums, community champions, and citizen juries have been applied and evaluated in the literature (Attree et al., 2011), Kenny et al. (2014) critique these methods as exclusionary to community members that are most marginalized. To engage community members that are hard to reach, peer-led participation strategies, the use of social media, and creative engagement approaches are recommended (Kenny et al., 2014). Different approaches to community engagement may also have positive or negative impacts on outcomes for those involved. Although not well evaluated in the literature, it is often presumed that supporting community members to take control in community engagement initiatives increases the likelihood of improved health outcomes (Attree et al., 2011).

Mutual trust and collaborative partnerships are foundational to building strong community engagement. In order to sustain community change it is important that partnerships go beyond existing relationships between traditional leaders and organizations to include all voices from the community (Born, 2016). To sustain trust, agency partners and community champions running programs must be reliable. Openness, sensitivity and community-led priority setting are also crucial. As trust levels within community partnerships increase so too does the potential for an initiative to make a strong and sustained impact within the community (Kenny et al., 2014). Community engagement initiatives must be tailored to and tailored by the intended population. For example, one review found health interventions that were peer delivered and involved community members in planning processes produced effective outcomes in disadvantaged new and expectant mothers and their children (Brunton, 2014).

Community engagement necessitates ***patient urgency***. Patience is required as it takes time to establish and strengthen relationships, agree upon effort objectives, resolve tensions, and to develop a plan and distribute responsibilities. Urgency is simultaneously important, as evidence of forward movement must be provided to keep partners, the community, and funders engaged and supportive of the work. Striking a balance between patience and urgency is difficult but possible. If patient urgency is realized, strong partnerships built on a shared vision for change will be achieved.

(Schmitz, 2017).

Community engagement can be a useful strategy to reduce health inequities that effect marginalized populations (O'Mara-Eves et al., 2015; Brunton et al., 2014; Cyril et al., 2015). Health inequities refer to differences in health outcomes that are attributable to modifiable factors, including housing, employment, education, income, and access to public services (O'Mara-Eves et al., 2015). Community engagement can be credited with improving both the quality of health promotion initiatives and some population health outcomes (Centers for Disease Control [CDC], 2011; Mason, 2008). Uptake of social and health programs is beneficial to the health of individuals and families, especially among those living with low-income. Community engagement is particularly effective in improving health behaviours and enhancing health program participation among marginalized groups, including Indigenous and racialized communities, when these populations are engaged in research, needs assessment and innovative programming (Cyril et al., 2015). Psychological benefits reported by community members include decreased feelings of depression, stress, loneliness, and anxiety. Participants in community engagement efforts also report greater feelings of happiness and higher self-esteem (Attree et al., 2010). A broad range of indirect health-improving social factors, such as increased social capital and self-efficacy, are also associated with community engagement (Cyril et al., 2015).

While community engagement has been associated with positive health and social outcomes at the community level, individual experiences can vary. Community engagement can lead to unintended negative consequences including participation fatigue and disappointment, and may be especially onerous on older people and people with disabilities (Attree et al., 2010). Participation fatigue may also be of particular concern in rural neighbourhoods, where there are ongoing demands and pressure to participate in activities (Kenny et al., 2014). To sustain relationships and mitigate negative impacts in ongoing engagement projects, organizations and partners may discontinue a project once issues of concern have been considered (Kenny et al., 2014).

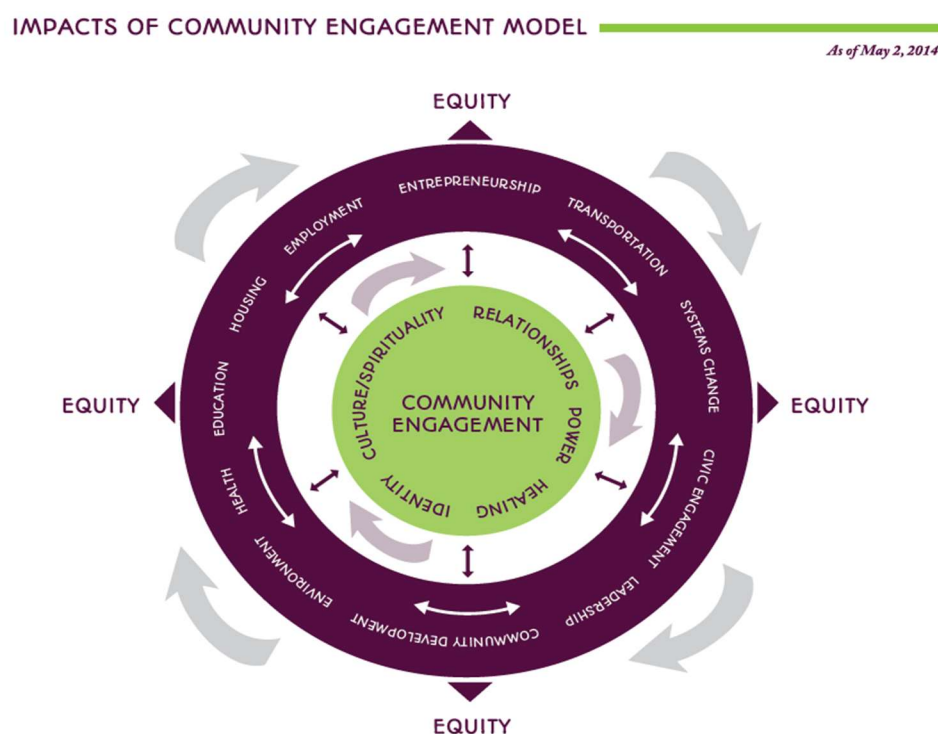
Properly designed community engagement efforts and effective consultation with marginalized populations have been associated with improved health behaviours and health outcomes (Cyril et al., 2015; O'Mara-Eves, Brunton, Oliver, Kavanagh, Jamal, & Thomas 2015). Community participation can be seen as a process that leads to citizen control, however meaningful participation in rural communities is not easy, homogenous, or linear. Rural communities are comprised of diverse groups with different social structures, cultural understandings and value systems (CDC, 2011; Kenny et al., 2014). Methods and models of evaluation specific to community engagement efforts were identified as a gap throughout the literature reviewed (Brunton et al., 2014; Mason et al., 2008; Cyril et al., 2015). A lack of evaluative tools specific to community engagement has led to difficulty analyzing and drawing conclusions about its impact, and warrants future research.

# IMPACT OF COMMUNITY ENGAGEMENT

In order to provide clarity and understanding in the practice of community engagement, a model or framework may be considered. A model can describe factors contributing to poor health, approaches to engage communities, outcomes of community engagement and the potential for sustained change. As an example, the social ecological model of health focuses on influencing factors that may affect health, such as social welfare, housing conditions, and security of living arrangements. Rather than modifying only individual health behaviours, this approach focuses on integrating approaches to change the physical and social environments. The social ecological model not only helps to better understand the multiple domains of influence on behavior, but can help guide targeted interventions to effectively influence health behaviours (CDC, 2011; Barnett et al., 2016).

The inner circle of the *Impacts of Community Engagement Model* similarly describes interconnected elements that are often overlooked and under-resourced, but are foundational to influencing health in a given community (see Figure 2). It is these elements that when focused on or strengthened over time support positive change to occur in all areas of the outer circle. The model describes activities that produce visible outcomes as a result of collective work by community members, as well as outcomes that are achieved as part of the community engagement process. This particular model demonstrates the potential to create sustained change as community engagement has the power to impact multiple levels and systems. This sustained change has the potential to last beyond projects or campaigns (Nexus Community Partners, 2014).

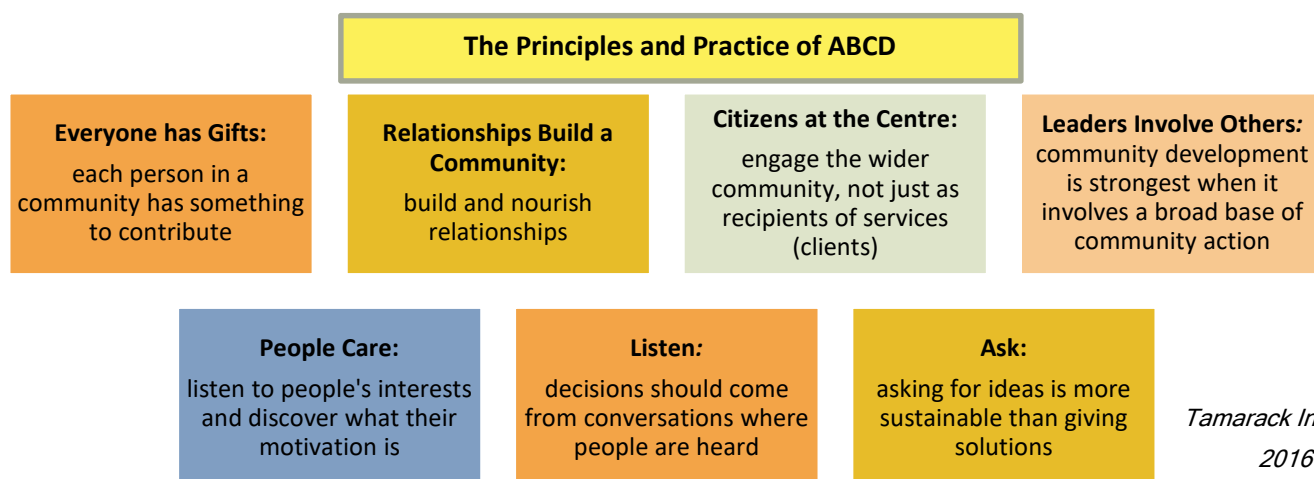
Figure 2: Impacts of Community Engagement Model, 2014. Reprinted with Permission from Nexus Community Partners and Building the Field of Community Engagement Partners.



# ASSET-BASED COMMUNITY DEVELOPMENT

*Asset-Based Community Development* (ABCD) is an approach to community building that focuses on people and their gifts, social relationships and associations. The principles and practices of ABCD are based upon three decades of research and community work. Rather than focusing on the needs of the community, ABCD builds on community assets and mobilizes individuals, associations and institutions to build on existing, but often unrecognized assets (Tamarack Institute, 2016). Assets are something of value that communities already have that add quality to life such as: local knowledge and skills, respected leaders, a sense of togetherness and physical assets such as land, water and buildings. Identifying assets allows communities to appreciate and take stock of the assets they have to build on rather than what assets they need or don't have. Discovering assets involves asking residents to share their gifts and connect with people who share similar passions. Community-led development allows residents to be involved as co-producers of their own health and the community's well-being. Community members have clarity, creativity and wisdom to work together towards ideas and goals for a shared vision (Tamarack Institute, 2016). McKnight (2013) suggests functions that were once performed by local communities, neighbours, groups, and associations are now dominated by institutions. Moreover, communities have become dependent on professionals and institutions for their overall well-being. This notion of '*institutional invasion*' raises the key issue of how to reconnect ourselves so that neighborhoods can be powerfully connected to one another (McKnight, 2013). In order for sustainable community change to occur, everyone in a community must be engaged, not just the organizations and traditional leaders associated with the issue (Tamarack Institute, 2016).

Three questions that can help residents distinguish between when they have a productive role as neighbours and when they require institutional support are as follows; 1) *What can we do with our neighbourhood resources?* 2) *What can we do with our neighbourhood resources if we get some outside help?* and 3) *What can't we do with our resources and therefore must be done by outsiders?* It is important that these questions be asked in this sequence to ensure the functions of local people are explored first without increasing institutional power (McKnight, 2013).





# DEEPENING COMMUNITY

*Community is “mutual acts of kindness or caring happening often” (Paul Born, Tamarack Workshop 2017)*

Paul Born identifies actions to help deepen the experience of community:



## Share Stories

Sharing stories deepens community by allowing individuals to open themselves up to one another, build mutual trust and establish relationships.

## Enjoy One Another

Enjoying one another is at the root of deep community. Engaging with people builds social bonds, increases capacity to learn from others, and creates a sense of belonging.



## Care for One Another

Being intentional about being cared for and taking care of one another is key to the survival of all living things.

## Work Together to Build a Better World

By trusting and caring for one another, we reach out naturally and build a community together.



*Cheuy, S., 2015.*

# COMMUNITY ENGAGEMENT IN GREY AND BRUCE

This section of the report describes community engagement efforts at the following RGI neighbourhoods; Alpha Street in Owen Sound, Victoria Village in Meaford and Wilsondale Common in Walkerton. All three sites have dedicated space for “*Family Resource Centres*” allowing on-site service delivery and programming to meet the needs of tenants. Programming is continually growing and changing with the priorities of the communities, but has for example included early learning play groups, skill development programs, social assistance, and educational support programs. This has helped to reduce barriers such as transportation and access to affordable food. The Resource Centres also provide a space for partnership



meetings, social programs and event planning. Each neighbourhood has a *Collaborative Committee* made up of community agencies and tenants. It is with the support of County Councils and partnering agencies from a variety of sectors that these neighbourhoods continue to establish and strengthen relationships, identify opportunities for shared action, and foster leadership among tenants in order to address complex issues. The committees meet regularly to discuss neighbourhood issues, needs, activities, assets, projects and opportunities. Key agency representatives from all three neighbourhood sites then meet throughout the year to learn from one another, share successes, challenges and strategies for community engagement. Refer to Appendix C: Terms of Reference Community Building for Families – All Sites.



Developing trusting partnerships within these neighbourhoods has taken a significant commitment of time and resources, but continues to be paramount in building community capacity and mobilizing community assets. Communication with tenants at all three sites has also been a vital component in establishing trust between community members and organizations. Communication strategies that have been employed include:

community bulletin boards, monthly calendars, mail, and different types of electronic communication including social media. Consulting with tenants and ensuring they are engaged in community initiatives has supported shared leadership and a sense of ownership within the communities.



While each of the three neighbourhoods share similar successes in community engagement efforts, challenges also exist. Involving community organizations and maintaining partnerships has been difficult with staff turnover and competing priorities. Tenants living in RGI neighbourhoods are often transient and this can be a barrier to sustaining local leadership, relationship building and moving along the continuum of community engagement. Many of the tenants know and care for one another, but there can be a lack of connectedness across the entire neighbourhood. As indicated by McKnight (2013), organizations and systems can provide quality services, but cannot provide the care that is required for neighbourhoods to be principal producers of their own vision for community building. The question remains, how do we create and build the capacity of neighbours to work together in order to improve social relationships?

Measuring outcomes and impact within neighbourhoods has also presented challenges. Although there are examples of individuals, families and groups that have benefitted from programs, services and initiatives, there continues to be a need to better understand neighbourhood change, identify methods of evaluation and achieve more visible outcomes of improved health, better educational attainment, and more. Lastly, sustainable funding for community engagement activities has not been secured, and therefore is an ongoing consideration.





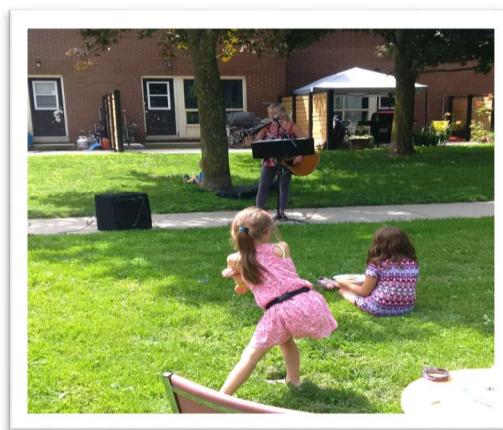
## Alpha Family Resource Centre

### Why did it start?

In 2010, Grey County Housing partnered with eleven community agencies to address resident concerns such as safety and access to community resources. Since then, community agencies have been working with residents as part of the “*Collaborative Partners Committee*” to pursue a shared interest “*Together We Are Better*” in building community capacity and creating a healthier, safer community for families. A pilot site was introduced to the community during the summer of 2010 that was well received by neighbourhood tenants.

As a result, a request was granted in 2011 from Grey County Council to renovate and reserve a housing unit in the Alpha Street neighborhood which later became known as the “*Alpha Family Resource Centre*” (AFRC). Since then, the space has been used by in-kind donations of time from partnering agencies to deliver services and/or programs on-site to residents. These include early learning play groups, skill development programs to improve school readiness and early literacy development, social assistance supports through Ontario Works, financial literacy through United Way of Bruce Grey, Y Employment Services to engage youth, and Georgian College for continuing education supports.

*Annual Summer BBQ Event*



In addition, community programs have been implemented at the AFRC to support the needs of residents including: *PLAY Grey Bruce* to promote active living and healthy lifestyle choices, *The Good Food Box* to support the purchase of affordable fresh fruits and vegetables, a *Community Garden* that included a “*Cooking Healthy on a Budget*” course, and a music program for youth run by a local volunteer. Residents also join together at the AFRC to network, plan and coordinate community events that include summer day trips such as Story Book Park, Keady Market and the Hanover Pool.



In 2013-2014, residents of Grey County Housing, Owen Sound Police Services and students of Georgian College's Police Foundations program, collaborated on a "*Community Mobilization Project*" to assess environmental landscaping, develop recommendations to support a safe community such as tree trimming, increasing the number and placement of security cameras, increasing lighting in public areas and walkways, and conducting community clean-up. Since then, Grey County Housing has been implementing the project recommendations in their capital planning making improvements within the community. In addition, a new youth pavilion was built collaboratively with Community Partners and the general public using grant funding received from *Community Foundation Grey Bruce* that was generously donated by United Way Bruce-Grey. This Pavilion provides children and youth more opportunities to engage in outdoor activities such as outdoor movies, and sports activities.



### Who are the key players?

The "*Together We Are Better: A Community Partnership to Duplicate*" (January, 2015) document was written in partnership with Keystone, Child, Youth & Family Services – Ontario Early Years Centre, to highlight the history, vision and value of the "*Alpha Family Resource Centre*" as a community engagement initiative. There have been many benefits for the residents of the housing neighbourhood and improvements to the community since the development of the AFRC. Engaging the residents in social action and bringing community agencies together to pursue a shared interest helped to build community capacity and create a healthier, safer community for families.

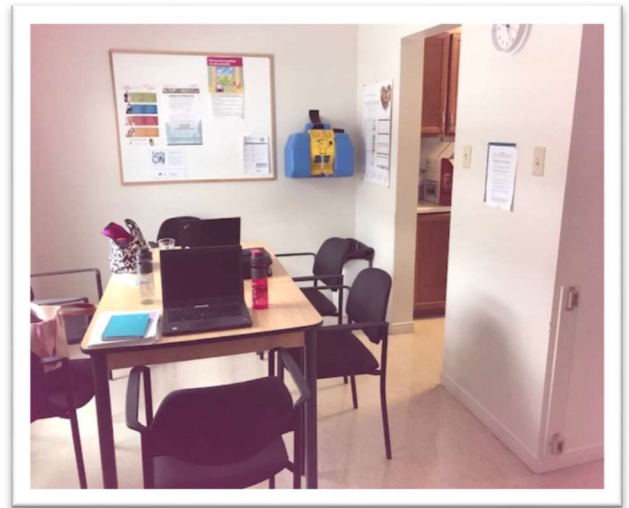


*Building a New Pavilion, 2016*



## What makes it work?

Fundamental principles such as trust, participation, self-advocacy and empowerment helped to strengthen relationships between residents and community agencies, create social support networks among residents and create opportunities to build and support community growth in a positive way. Having services and/or resources more accessible for residents has shown positive outcomes such as forming social support networks, strengthening relationships between residents and agencies, achieving educational goals, seeking employment, developing financial literacy and other skills, creating leadership and volunteer opportunities, and increasing access to good food.



In 2017, Grey County Housing hired a tenant who resides at the Alpha Street Neighbourhood as an *Events Coordinator*.

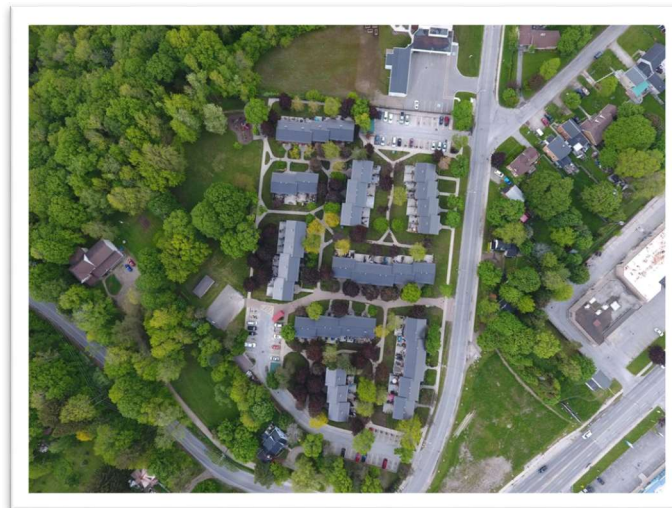
This position highlights the progress that has been made in developing trust and rapport amongst Grey County Housing staff and tenants.

**Our philosophy remains, “Together We Are Better”.**



## What makes this site unique?

The Alpha Street housing neighbourhood is located on the west side of Owen Sound, ON and comprised of 9 housing blocks hosting 68 single family units with a total of approximately 210 people residing in this area as of 2017. Residents of the neighbourhood are eligible to receive RGI subsidy under the Housing Services Act 2011.



In a 2017 Neighbourhood Survey, tenants were asked to comment on **things they like about living in the neighbourhood**. Here are a few of the responses:

Playground, green space to play, backyard and play area for kids

Nearby grocery store and bus stops

Walkable distance to schools

Garbage removal

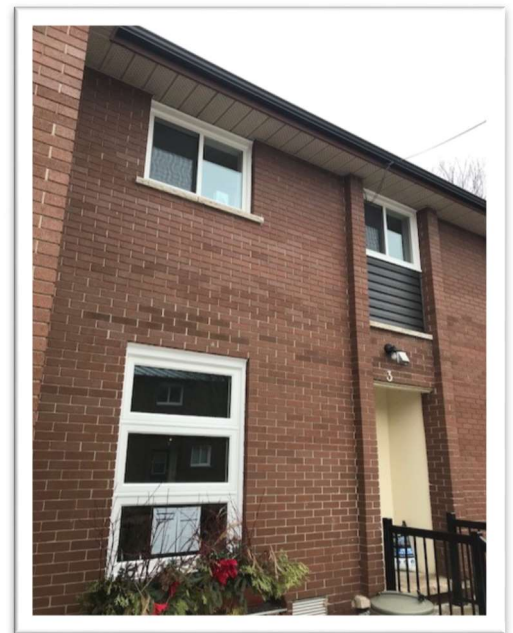
Programs for school aged kids

### What are the challenges?

Developing trust and building relationships has been the primary goal of the Collaborative Partners and Grey County Housing since before the AFRC opened. Countless hours have been spent to identify and understand the needs of the community. The AFRC has been successful in obtaining community grants to assist with programming and building a Youth Pavilion however, most supports provided to the Centre are in-kind. Time commitment has always been a challenge for the AFRC. A survey was completed in 2017 and tenants offered suggestions for programming at the AFRC (i.e. Community watch, affordable quality childcare, play equipment for older children, and more programs for men). We will be looking at implementing some of the suggested programs in the coming years.

### What are the plans for sustainability moving forward?

The AFRC continues to evolve with community partnerships and collaboration, and residents who feel a sense of ownership and demonstrate leadership within the community. In 2015, Grey County committed over \$800,000 to the revitalization of Alpha Street Family Housing over three years. This includes: insulation, waterproofing foundations, new extended patios and dividers, improved lighting, security system, landscaping, windows, painting and free internet. Grey County Housing and Information Technology (IT) departments worked together to provide free WI-FI internet to the resource center. Additionally, working with local service agencies to access affordable computers and connectivity to ensure all children in the neighbourhood have the same opportunities and tools as their peers (Grey County, 2015).



*The Alpha Family Resource Centre*

## Victoria Village

### Why did it start?

Victoria Village is a family-friendly neighbourhood located in Meaford, with 63 units. In March of 2014 the home visiting public health nurse and Ontario works case worker met to acknowledge barriers faced by

tenants in the Village. Key resources available to young families such as obtaining their high school education were not being utilized.

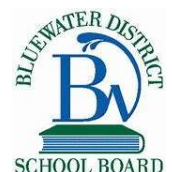
Mikkonen & Raphael (2010) state that higher education helps people move up the socio-economic ladder and access better paying jobs.

This is beneficial for families and for communities as it enables young parents to achieve financial independence. This reduces the reliance on social services and they are able to become contributing members of their community.



### What makes it work?

In 2015, the manager of Victoria Village for Golden Town Residential Community, a non-profit housing development, saw the possibility of opening a hub site similar to the Alpha Family Resource Center. Golden Town Residential Community agreed to cover the cost of the rental unit and utilities for the first two years. After introductory letters were sent out to several community members and agencies, meetings were held at the local high school. Many agencies agreed to be a part of this emerging service and an interagency collaborative called the Meaford Stakeholders was formed. An introductory barbeque was arranged to engage tenants of the Village and agencies. The aim was to identify and address the needs within the community. The Meaford Mayor and a councilor were aware of this group and regularly attended meetings.



## Who are the key players?

Currently the centre is jointly run and new programming and services are introduced as tenants request them. The Meaford Stakeholders meet quarterly. Some agencies provide services for free while others pay rent to the Golden Town Residential Community. This helps recoup some of the monthly rent. Several agencies and community services identified by the tenants deliver their programs out of the hub site. Speech and Language, the Good Food Box, the Adult Learning Centre, Keystone Child Youth and Family Services, Ontario Works, Ontario Disability Support Program, YMCA Employment Services, Grey Bruce Health Unit, Meaford Library, Fire Department, Police Services, Grey County Housing, community garden and the conversation café occur to name a few. This list is constantly evolving according to the tenants' identified needs. The group brainstormed and devised a *Terms of Reference* as a guide for the meetings.



*Social services, Ontario Works Case Worker*

### Terms of Reference Meaford Stakeholders:

1. Residents are engaged in the programs and services such as: the conversation café, garden project, etc.
2. Foster clear communication within the membership and the community at large about programs and services offered and support.
3. Nurture a sense of healthy community and fellowship between the membership and community at large.
4. Continue to foster partnerships within the community for planning, implementation and evaluation of programs that meet the needs of the residents.
5. Plan and implement strategies that include policy and community development and building capacity.
6. Collect, track, analyze and report progress at meetings.

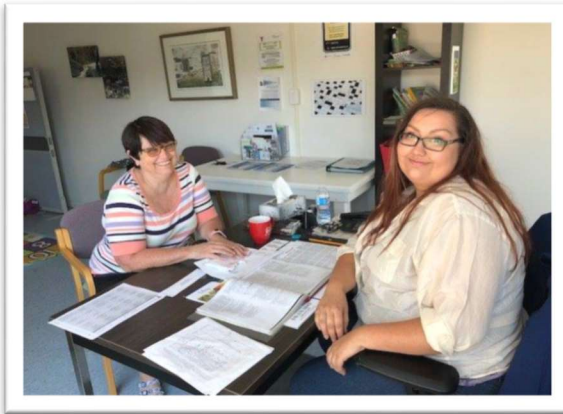
*Dental Screening,  
Grey Bruce Health Unit,  
2017*





## What makes this site unique?

The Meaford Resource Centre does not have a paid service coordinator position. This role is shared by service providers who regularly utilize the center, so collaboration is crucial. We are also constantly opening our door to new suggestions and work together to offer comprehensive services at the Center.



Ontario Works provides a receptionist on a voluntary basis for six months through their Community Placement Program. The position is advertised by the Case Workers and is available to local tenants who are interested in gaining experience through the program. To date, three tenants have completed their placements at the Centre and have gone on to either college or paid jobs as a result of their gleaned work experience.

## What are the challenges?

Identifying and recruiting tenants to take the lead or attend activities is challenging because of transiency moves or life situations simply getting in the way. Being consistent and reliable remains out of reach for many. As one tenant responded on the survey “in the beginning it is very challenging to get people to attend to activities and that can be an obstacle.”

A sense of ownership has also been something that we are trying to promote. We will continue to encourage tenants to be leaders and support anyone who has an idea for a group or an activity that builds on community involvement. It is hoped that once there is a group of engaged tenants who can regularly work together to plan, the process will seem less daunting and more encouraging. With these strong community leaders the community will continue to come together to achieve goals.

Although initially transportation was a barrier, in 2016 Ontario Works relocated from Owen Sound to the Meaford site. This enabled clients to be able to walk a short distance to access their services all year round enhancing their relationship with their case worker and providing financial security for them. From July 2016 to May 2017 the volume of clients increased due to this change in location.





*Victoria Village Yard Clean-Up, 2018*

### What has been the impact?

A paper and online survey was completed with 63 units asking for feedback and input from tenants.

Feedback and suggestions were acted upon for future programming, activities and events. Feedback is regularly sought out during community events like our annual barbeque and Coffee Times. Tenants will also approach staff at the center to put forward suggestions. By offering several programs at one time it increases attendance of the residents.



*Canadian Mental Health Association, FAN (Friends And Neighbours) Club, 2016*

## What are the plans for sustainability?

In the Spring of 2017, there was interest put forward by a few of the tenants of Victoria Village and the Community Placement Worker with regards to a more age-appropriate playground for families with toddlers, preschool and school-aged children. This request was made so that families that were home all day with young children would benefit the most from having an accessible age appropriate playground. There was also interest in putting in a bench for the parents to sit at so that they could watch their children play and socialize with other parents. The current playground was installed over 25 years ago and despite being in good shape, it needed some repairs. Several playground providers were consulted with to give their opinion on options for the playground and report their findings. These findings were summarized along with plans on how the tenants were going to fundraise the money for the new addition and a report was presented to the Board of Directors, who gave their full support for the initiative.



*Many tenants and children thought of creative ways to fundraise for the new playground which ranged from Tupperware sales at the Hub Site to Popsicle sales at the annual BBQ, and some wonderful children were even selling handmade bracelets!*

The great news is not only did the Board agree to the new playground, they had agreed to fully cover the cost of the playground! Any contributions made by the tenants have gone towards the cost of the bench and the Board agreed to cover the rest of the cost if their fundraising effort was shy of its goal. It is currently scheduled to be installed in the summer of 2018! It is these collaborative plans that bring a community together. It was a request made by the Village for the Village. Tenants and children were consulted every step of the way and their feedback shaped the final product.

With respect to the plans for sustainability of the Hub site we hope to continue to facilitate these tenant driven ventures. We are also at the point where we have so many agencies wanting space at the center to provide service and we are rapidly running out of space! However, these are the problems we are happy to have.

## Wilsondale Common

### Why did it start?

Wilsondale Common is located in the northeast corner of Walkerton on Old Durham Road within a few blocks of the downtown core. This community offers 30 units for eligible single individuals, families, and seniors, with units also available for persons with disabilities. It includes access to laundry facilities, parking, a playground, and a common room equipped with a full kitchen to be used by community members for private gatherings and by community agencies and organizations to provide on-site services.

In 2012, Wilsondale Common was involved in frequent interactions with law enforcement due to vandalism and concerns related to community safety. Additionally, many tenants were unemployed, living in poverty, with mental health issues, chronic diseases, and limited access to nutritious foods. Bruce Power provided funding to Bruce County Housing and the Grey Bruce Health Unit (GBHU) to partner with the residents to design and implement a community engagement initiative to address these issues and foster a healthy, safe neighborhood with reduced crime and increased social cohesion and resident resilience. Community identified needs were elicited through completion of door-to-door interviews conducted by a well-known and trusted resident. This feedback was used to shape initiative planning and to identify specific effort objectives, which included increasing skills and knowledge related to healthy eating and access to activities for children and youth. The lead organizations developed partnerships with other community agencies to support the objectives, and project activities included tenant-led Good Food Box (GFB) cooking groups and a summer camp, at no cost to the community.



### What makes it work?

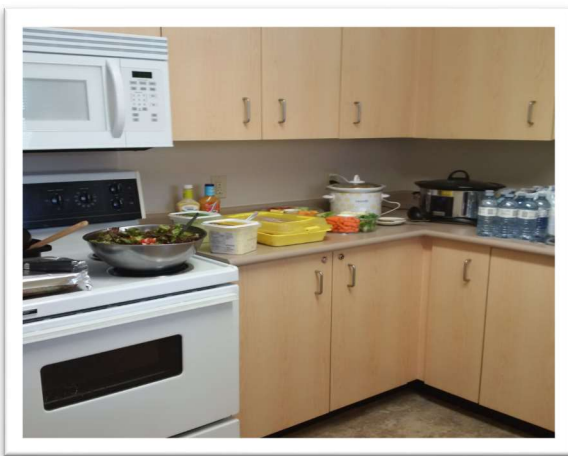
This community engagement initiative was successful in numerous ways. Several community agencies and organizations collaborated with Wilsondale Common community members to identify and respond to neighborhood-identified priorities. The effort increased tenants' awareness of the GFB program and healthy eating, offered opportunities for child and youth activities, and fostered capacity building in the community. During the focus group evaluation, it was evident that social cohesion was enhanced as residents expressed that they would like to continue to connect socially and agreed to meet to plan events such as birthday parties.

## What are the challenges?

One challenge associated with this initiative has been finances. Once funding was depleted, programming was discontinued. This conflicts with evidence highlighted in the literature that indicates that community engagement should, where possible, aim to be long-term, with sustainability features incorporated into planning from the outset. While difficulties have been encountered, it is clear that people living in the Wilsondale Common neighborhood have experienced an increased sense of belonging and an enriched quality of life as a result of this initiative. The challenges and successes comprise lessons learned to inform and refine future community engagement efforts.

In 2016, another Wilsondale Common community engagement effort was initiated, as residents were frequently approaching GBHU staff to inquire if activities were going to be implemented in the community again. Community members expressed that they require neighborhood-based activities and events, as most lack resources to participate in activities offered in the wider community. Public Health again collaborated with Bruce County Housing to determine how to meet this request. In the absence of formal funding, it was decided that activities should again be based on community strengths, non-resource intensive, and resident-driven in order to foster participation, build capacity, and empower community members to eventually implement activities with minimal assistance from outside agencies or independently, when possible.

The two organizations planned and facilitated a lunch at Wilsondale Common where surveys were distributed and informal conversations were held to gather feedback on community assets and the various activities and services tenants would like to see in their community. Many residents indicated that they would be willing to facilitate activities and the most popular response was the request for a community potluck. The GBHU and Bruce County Housing then collaborated with a long-time tenant to organize the potluck. The potluck was a success with many community members attending and contributing. At the gathering, a community member volunteered to lead a cooking group and several people indicated that they would participate.



*Community Kitchen*



*Monthly Potluck*



Bruce County Housing and the GBHU worked with this community member to organize a cooking group, as this activity was another popular item identified in the community feedback. It was decided that the community member would lead the group in the neighborhood common room, one morning per month, using contents of the GFB, with the support of GBHU. This group would be a pilot running from September 2016 to June 2017, at which time the Walkerton GFB Program goes on hiatus for the summer, providing an opportunity for evaluation and to determine next steps. As finances were restricted, the organizations covered the cost of the GFBs and kitchen staples, such as flour. The community champion along with a Public Health Nurse walked around the neighborhood to invite community members to the first session, and following this, all residents were mailed posters with the group information monthly.

### **What makes this site unique?**

The pilot was successful in many ways. The involved organizations partnered with community members throughout the project's design and delivery. The community dictated the components of the pilot and a resident acted as a co-leader. This allowed the resident to develop and strengthen leadership skills and to increase her self-confidence. The group was well received, with an average of 7 community members consistently in attendance. The mix of attendees varied every month and participants ranged in age from youth to older adults. Community members provided personal recipes for use at the group and worked together to set up, prepare food, and clean up. One hour of the group was spent relaxing, eating, and socializing. Community members indicated that the cooking groups offered an opportunity to expand and strengthen social networks, to get out of the house, and to learn about cooking with nutritious foods. It was evident that the cooking groups fostered community cohesion, as residents frequently delivered leftovers to community members in need. Residents also began planning their own neighborhood-wide summer activities during the final sessions of the cooking group, in the absence of professional support, indicating that capacity building and empowerment also occurred.

Similar to the 2012 project, one difficulty associated with the current pilot was related to finances; limited funds resulted in the project relying on small, in-kind contributions from the community champion and GBHU. These individuals used their personal cooking equipment and, at times, ingredients to supplement the common room kitchen supplies and staples. In addition, while a formal pilot evaluation was planned with the use of paper surveys, informal feedback collected through conversations with community members proved to be a more appropriate data collection method for this project. Despite these challenges, the pilot was a success, as many community members reported that they would like the group to continue and suggested transitioning to an evening session to enable more community members, including children and youth, to participate.



## What are the plans for sustainability?

As result of the lessons learned, the evaluation feedback, and the success of the pilot, Bruce County Housing and the GBHU will continue to support this project, with the switch to the evening time, beginning in September 2017. To address the challenges encountered, the organizations purchased extra cooking equipment for the common room and secured food donations from a local grocery store. A cooking recipe book has also been developed as a kitchen resource in collaboration with the tenants. The organizations are also in the process of reaching out to partner agencies to inquire about the possibility of on-site service provision at Wilsondale Common.

# CONSIDERATIONS FOR COMMUNITY ENGAGEMENT IN NEIGHBOURHOODS

The following considerations were developed as a synthesis of learnings from both literature and practice. They are intended to be used by the reader as an opportunity to reflect prior to implementing a community engagement initiative. Applying practice informed considerations will ultimately support both community engagement efforts and policy making at the local level in order to build safer, stronger and healthier neighbourhoods.

## *1. Work Together*

Working together with community members towards a shared vision builds a foundation for community engagement and strengthens relationships between service providers and members. Designated neighbourhood spaces, for Family Resource Centres and collaborative committees are examples of initiatives that facilitate shared action. Within these spaces, long-term relationships are developed and ultimately foster community member willingness to identify priorities and engage with service providers as needed. Community members should be engaged in all stages of strategies to support their interest and/or potential to lead change in their community.

## *2. Embrace Diversity*

Involving individuals with different backgrounds, beliefs and experiences ensures a broader representation of the population, and allows for a more holistic approach when looking at the needs of the community. Marginalized, isolated and disadvantaged populations that can offer valuable insight into their lived experiences should not be overlooked or excluded. Seeking input from children and youth is also vital. Diversity needs to be celebrated allowing individuals to feel respected and a sense of belonging regardless of their income level, religious beliefs, gender or sexual orientation, and ethnic, cultural, and racial inheritance.

## *3. Consider a Strategy*

Every community is unique, and so too are the strengths, skills, and needs of those who are part of it. Choosing a targeted community engagement strategy that aligns with the intended population can improve health and well-being, and support everyone to reach their full potential. For example, a strategy for recently housed older adults will look different than a strategy for young low-income mothers balancing parenting and high school.

Community engagement strategies in Grey and Bruce aim to invigorate neighbourhoods that have been negatively impacted by long-term social and economic circumstances. Scheduled activities, planned events and weekly programming at Family Resource Centres have brought tenants and families together to build relationships, share stories, recognize assets and raise concerns.

#### *4. Foster Community Action*

When community ownership of an initiative is the goal, bottom-up participatory engagement approaches are more effective than agency-based planning and decision-making (O'Mara; Cyril). For those new to engaging community, applying one of the many practical toolkits or resources available can help to ensure that community focus permeates all stages of an initiative. Recruiting champions to liaise between members and non-members of the community early in the initiative fosters community action. Champions are members of the community who have both social clout among their peers and enthusiasm to contribute to the initiative. Recruiting and retaining local champions has been integral to the successes of each of the three hub sites in Grey and Bruce Counties.

#### *5. Reduce Barriers*

Developing cost effective service-delivery policies and practices that reduce barriers to linkages between low-income families and services should be considered. In a rural context, lack of transportation, affordable childcare, and time can pose a significant barrier to individuals seeking to access the resources to which they are entitled. Facing such barriers not only inhibits access to services, but can lead to negative family outcomes as well (Drummond, 2014). In Grey and Bruce Counties, bringing services and programs into neighbourhoods, has had dual benefits. It has allowed community members to access services without facing barriers such as transportation or childcare, while also building familiarity in the resource centres and trusting relationships with service providers. This type of service integration approach not only increases access to services for families, but it may also improve health and social outcomes as it is direct and sustainable (Drummond, 2016).

## FUTURE DIRECTIONS

This progress report was written for those who, like the authors, are occupying traditional service provider roles but are interested in community engagement as a tool for supporting the clients with whom they work with. While the context of the examples given in this paper are related to neighbourhoods comprised predominantly of rent-geared-to-income, the strategies discussed are adaptable to work with marginalized communities more broadly. Engaging communities in Grey and Bruce has been a journey that began with a vision to build community capacity and improve the health of vulnerable neighbourhoods. Sharing the vision with community partners and aligning community resources has supported neighbourhood infrastructures that include tenant participation, service delivery, and social programs.

Moving forward, collaborative committees in Grey and Bruce will build on existing infrastructures and continue to seek opportunities for shared action. Additionally, efforts to achieve more inclusive and welcoming neighbourhoods where individuals and families feel connected to one another and a stronger sense of belonging will remain a priority. Ideally, community engagement efforts will be expanded to meet the needs of additional neighbourhoods.

## **APPENDIX A: COMMUNITY CONVERSATIONS PROJECT HIGHLIGHTS**



# Grey Bruce 2014-15 Community Conversations Project

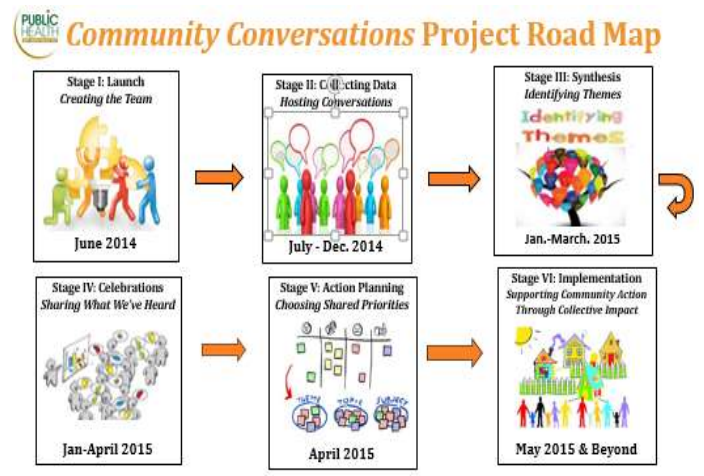
## Highlights

### Why A Community Conversations Project?

In the spring of 2014, Grey Bruce Public Health began a partnership with the Tamarack Institute to launch a Community Conversations Project. This project creates an opportunity to think and act differently together: recognizing that no one sector, working alone, can effectively address complex community issues.

The goals of this project were:

1. To reveal and strengthen community connections;
2. To increase community engagement;
3. To build consensus on opportunities for shared action; and
4. To nurture diverse community leadership.



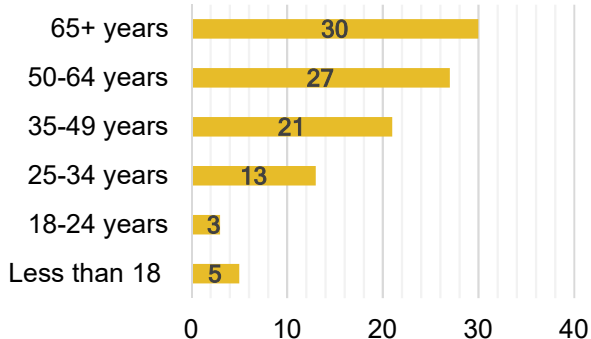
As part of a national Community Conversation campaign with the Tamarack Institute, a team of Public Health staff hosted a series of conversations with different groups across the region over a period of six months. These conversations explored: the meaning of community; community strengths; challenges; future hopes; and, priorities for shared action. Highlights from this process are shared here and through a series of six local celebrations hosted in the spring of 2015.

### Who Did We Hear From?

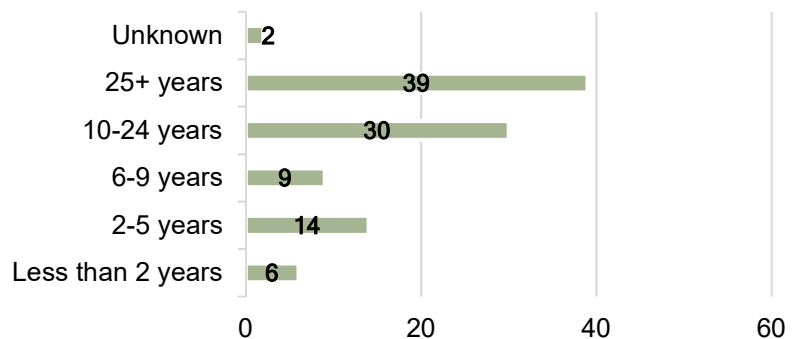
A total of **47** different Community Conversations were hosted across the region. These conversations:

- Involved a total of **407** individuals
- 72% of participants were female and 27% were male
- **10 Sectors/Perspectives were engaged** (People with disabilities, youth, faith communities, citizens' groups, seniors, non-profits, municipalities, new moms/young families, business sector/local economy, arts and culture)

**Age of Participants by %**



**Length of Time Living in the Region by %**



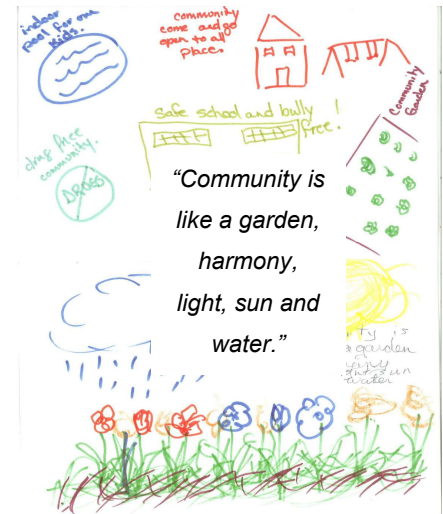
## What Did We Learn?

Each conversation began by inviting participants to remember a time when they felt a strong sense of community and to share those stories with one another. Common themes were generated from these experiences and were used to help define community.

### What Is Community?

Participants described community in a variety of different ways. These included:

- **A Physical Space** – parks, trails, beaches, public spaces, natural features
- **A Gathering of People** – family, friends, neighbours, a common voice or identity
- **An Activity** – getting things done, working together, raising children, infrastructure, volunteering, caring for each other, having fun
- **A Describing Word** – safety, belonging, caring and being cared for, diversity, multi-generational, inclusion/exclusion
- **A Purpose or Benefit** – a healthy social and economic climate, mutual support, new ideas, honouring history and traditions.



### The Challenges & Benefits of Community

Participants recognized the following as “benefits of community”:

- **Reciprocity:** Giving and receiving from others; “helping each other in times of difficulty”
- **A Sense of Trust:** Friendship and support; knowing neighbours...and who needs help; watching out for each other
- **The Whole is Greater:** Together we are stronger and can do more; infrastructure; public services etc.
- **Working Towards Common Goals:** Working together towards mutual aims and goals.

The following were identified by participants as “challenges of community”:

- **Lack of Privacy:** Rumours, gossip, everyone knowing each other’s business
- **Lack of Common Sense:** Sometimes “common sense” isn’t so common
- **Too Few Engaged:** How do we “sow new seeds” and attract new volunteers?
- **Lack of Empathy:** Being willing/able to think beyond your own experiences

### Strengths of Grey Bruce Communities

- Community festivals and celebrations
- Green space and natural environment
- Caring for one another
- Willingness to help each other
- “Small Town” friendliness
- Community groups and networks
- Interfaith and church community
- Collaboration amongst community agencies and services
- Vibrant arts, music and theatre

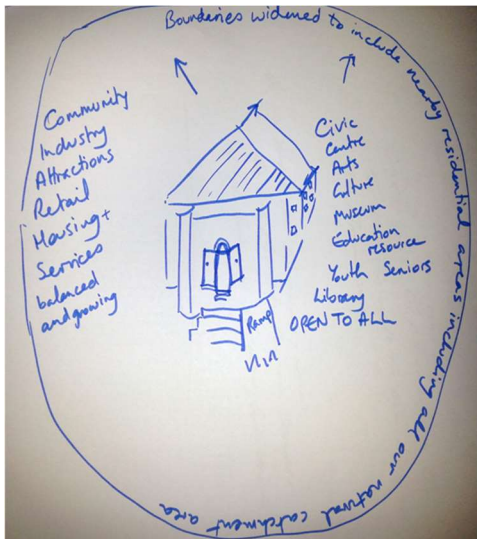
#### Participant Quotes

*Community is... “Dedicated people from different backgrounds committed to improve our community.”*

*“Friends go in different directions but community, whether large or*

## Challenges Facing Grey Bruce Communities and Opportunities for Shared Action

The following challenges/opportunities for shared action were identified by participants:



- **Local Economic Development** –growth and prosperity, stable jobs, vibrant downtowns
- **Affordable Housing** – safe, accessible, affordable housing options for all
- **Enhanced Local Resources/Services** – coordinated services, community hubs, education and training opportunities, high-speed internet, public transportation
- **Youth Retention** –recreation, education, employment, sense of belonging
- **Attracting Young Families** –communities that are welcoming to young families, employment, recreation and services
- **Increased Social & Leisure Opportunities** – activities for all ages, trails and parks, theatre and arts, festivals and celebrations, cultural opportunities

### Opportunities for Shared Action: THE HOW

**Improve Communication:** How can we keep citizens informed and involved in projects and opportunities?

**Enhance Community Connection:** How do we value and support formal and informal opportunities to connect with each other?

**Increase Citizen Engagement/Leadership:** How can citizens participate and contribute to creating our shared vision?

**Greater Collaboration:** How do citizens, governments and sectors learn to work better together on shared community opportunities?

### What Can You Do to Build Community?

- Focus on what is possible
- Notice and celebrate positive progress
- Be friendly and help make connections
- Offer enthusiasm and encouragement
- Be willing and able to participate
- Ask for what you need and contribute what you can



#### Participant Quotes

*"Good community takes work and participation."*

*"Gratitude to be living among such creative, intelligent, caring people"*

*"Strengthening connections is important."*

## How have Conversations Changed Participants' Perceptions?

Participant perceptions were assessed both before and after having participated in a Community Conversation to determine what, if any, changes may have occurred. Here are the results:

Question	Average Score Before Gathering (from 1-5)	Average Score After Gathering (from 1-5)	Percentage Change
How connected do you feel to the people in this gathering?	3.7	4.1	↑ 11%
How aware are you of the different experiences & perspectives of people in this gathering?	3.2	3.9	↑ 22%
How interested are you in working together to strengthen your community?	4.2	4.4	↑ 5%
<b>9 out of 10 participants indicated they were interested in working together to strengthen community after being part of a Community Conversation.</b>			

## Community Gatherings

A series of 6 community conversation gathering events were held across Grey Bruce. These celebration events aimed to:

- Connect people to each other
- Share highlights from the **Community Conversations Project**
- Offer training in community engagement and how to contribute to positive community change.



## Thanks!

Thank-you to the residents of Grey Bruce who participated in these conversations, shared their thoughts and ideas and helped us reconnect to the power and possibility of community.

## The Community Conversations Project Team

Lynda Bumstead  
Karen Croker  
Jason Weppner  
Sarah Milne

Amber Schieck  
Staci Ollerton  
Sylvia Cheuy, Tamarack Institute

## Project Sponsors:



Learn more at: [www.seekingcommunity.ca](http://www.seekingcommunity.ca)



## APPENDIX B: LITERATURE SEARCH STRATEGY

A literature scan was conducted by a public health librarian to compile the evidence on the topic of community engagement involving marginalized populations. Medline, EMBASE, PsycINFO, and CINAHL Plus databases were accessed. Several key words were used to locate resources related to the population of interest including but not limited to disadvantaged, marginalized, vulnerable, poverty, and low-income. These key words were combined with additional search terms including community building, community development, community engagement, capacity building, rural capacity building, community mobilization, community empowerment, community participation, etc. to acquire works based on the desired intervention. Multiple phrases were incorporated because many terms are used interchangeably when discussing community engagement. A filter was applied to restrict results to systematic reviews and guidelines published in the English language, from 2005 onwards.

The original search yielded over 700 results, after duplicates were removed. Three public health nurses (PHNs) reviewed the titles and abstracts of these articles and as a result, 43 were deemed potentially relevant and were identified for full article retrieval. The team included sources that discussed community engagement strategies and frameworks and evidence of outcomes resulting from these efforts. As this information is being used to inform and evaluate local, non-research based community engagement approaches, works based on grass roots initiatives were included whereas community-based participatory research (CBPR) and studies set in developing countries were removed. Internet searches for grey literature were also completed, in addition to manual searches for resources identified or referenced in included works that appeared pertinent. These searches provided resources that were deemed particularly relevant and practical.

After reading the selected peer-reviewed studies, a total of 9 were identified to inform the creation of this document. Each of the included articles were critically appraised using a tool appropriate to specific article type (i.e. AMSTAR, CASP). Of the 9 peer-reviewed articles included, 3 rated high, and 6 rated moderate. Article quality was considered in forming recommendations. Grey literature was also included in the creation of the document.

# APPENDIX C: TERMS OF REFERENCE COMMUNITY BUILDING FOR FAMILIES

## TERMS OF REFERENCE COMMUNITY BUILDING FOR FAMILIES – ALL SITES

### PURPOSE

To enhance the capacity of the community engagement efforts in order to address the population health needs of neighbourhoods in Grey Bruce.

### MEMBERSHIP

Representation from Alpha Family Resource Centre

Representation from Victoria Village Family Centre

Representation from Wilsondale Common

### CHAIR

A representative from each community engagement site will rotate as chair at each meeting or appoint a chair person when unable to attend a meeting.

### COMMITTEE RESPONSIBILITIES

- Share knowledge and resources on local community engagement strategies
- Assist in community engagement planning, implementation and evaluation
- Assist in the development and dissemination of a collaborative report highlighting community engagement efforts within Grey Bruce
- Plan and implement strategies to reduce health inequities and improve health outcomes for rent-geared-to-income neighbourhoods
- Ensure alignment of health equity principles in project planning and service delivery
- Participate in training and skill building opportunities related to community engagement

### BENEFITS OF MEMBERSHIP

- Build and strengthen leadership skills
- Increase knowledge on community engagement strategies
- Increase awareness of the impact of community engagement for priority populations (i.e. Rent-Geared-to-Income Neighbourhoods, Social Housing Complexes)
- Mentor others in the community to better understand community engagement
- Influence policy work aimed at reducing barriers to positive health outcomes for priority populations

### MEETINGS

The committee shall meet three times a year or at the discretion of committee members.

### MINUTES

Notes are to be recorded by a designated member and circulated to committee members.

**Date:** April 2018. The Terms of Reference shall be reviewed annually or as needed.

## REFERENCES

- Attree, P., French, B., Milton, B., Povall, S., Whitehead, M., & Popay, J. (2010). The experience of community engagement for individuals: A rapid review of evidence. *Health and Social Care in the Community*, 19(3), 250-260.
- Attygalle, L. (2017). The Content Experts. Kitchener, Ontario: Tamarack Institute. Retrieved from <https://www.tamarackcommunity.ca/hubfs/Resources/Publications/The%20Context%20Experts.pdf>
- Barnett, L.M., Lai, S.K., Veldman, S.L.C., Hardy, L.L., Cliff, D.P., Morgan, P.J., ... Okely, A.D. (2016). Correlates of Gross Motor Competence in Children and Adolescents: A Systematic Review and Meta-Analysis. *Sports Medicine*, 46(11), 1663-1688.
- Born, P. (2016). Our Community Can Change When We Work Together Well. Kitchener, Ontario: Tamarack Institute. Retrieved from [https://cdn2.hubspot.net/hubfs/316071/Events/Multi-Day%20Events/Community%20Change%20Institute%20-%20CCI/2016%20CCI%20Toronto/CCI\\_Publications/Our\\_Community\\_Can\\_Change\\_FINAL-1.pdf](https://cdn2.hubspot.net/hubfs/316071/Events/Multi-Day%20Events/Community%20Change%20Institute%20-%20CCI/2016%20CCI%20Toronto/CCI_Publications/Our_Community_Can_Change_FINAL-1.pdf)
- Brunton, G., O'Mara-Eves, A., & Thomas, J. (2014). The 'active ingredients' for successful community engagement with disadvantaged expectant and new mothers: A qualitative comparative analysis. *Journal of Advanced Nutrition*, 70(12) 2847-2860.
- Center for Disease Control. (2011). *Principles of Community Engagement* (2<sup>nd</sup> ed.). National Institute of Health. Retrieved from [https://www.atsdr.cdc.gov/communityengagement/pdf/PCE\\_Report\\_508\\_FINAL.pdf](https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf)
- Cheuy, S. (2015). Deepening community: Realizing the potential of citizen leadership. Engage, 16-20.
- Cyril, S., Smith, B., Possamai-Inesedy, A. & Renzaho, A. (2015). Exploring the role of community engagement in improving the health of disadvantaged populations: A systematic review. *Global Health Action*, 8.
- Goodwin S. & Young, A. (2013). Ensuring Children and Young People Have a Voice in Neighborhood Community Development. *Australian Social Work*, 66(3), 344-357.
- Grey Bruce Health Unit (2017). Census Release IV: Income. Owen Sound, Ontario: Grey Bruce Health Unit.

- Grey County (2015). Housing and Homelessness Report: Down with Homelessness - Up with Housing. Owen Sound, Ontario: Grey County.
- Kenny, A., Farmer, J., Dickson-Swift, V. & Hyett, N. (2014). Community participation for rural health: a review of challenges. *Health Expectations*, 18, 1906-1917.
- Mason, A., Carr Hill, R., Myers, L. & Street, A. (2008). Establishing the economics of engaging communities in health promotion: what is desirable, what is feasible? *Critical Public Health*, 18 (3), 285-297.
- McKnight, J. (2013). Neighborhood Necessities, Seven Functions that Only Effectively Organized Neighborhoods Can Provide. *National Civic League*, 22-24.
- Mikkonen, J., & Raphael, D. (2010). Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management.
- Nexus Community Partners and the Building Field of Community Engagement Partners. (2014). Impacts of Community Engagement Model. Retrieved from <https://static1.squarespace.com/static/54317469e4b056843fc6796c/t/55301634e4b0fbdc0bcb32e8/1429214772325/BTF-ImpactsofCEGraphic.pdf>
- O'Mara-Eves, A., Brunton, G., Oliver, S., Kavanagh, J., Jamal, F. & Thomas J. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. *BMC Public Health*, 15:129.
- Tamarack Institute. (2016a). ABCD Canada: Asset-Based Community Development Website. The Principles and Practices of ABCD, Video. Retrieved from <http://www.deepeningcommunity.org/abcdcanada-home>
- Tamarack Institute. (2016b). ABCD Canada: Asset-Based Community Development Website. Retrieved from [http://www.deepeningcommunity.org/ABCD\\_Resources?\\_hstc=193841970.827d832dac6de4b1c03d35a24ebd3c85.1490379154468.1492019510699.1492806028401.7&\\_hssc=193841970.5.1493039971751&\\_hsfp=1252342678&hsCtaTracking=c011a4f4-8bfa-4f23-b947-98925b97c574%7C66d48c01-338e-49f2-94a4-1508842d0e8e](http://www.deepeningcommunity.org/ABCD_Resources?_hstc=193841970.827d832dac6de4b1c03d35a24ebd3c85.1490379154468.1492019510699.1492806028401.7&_hssc=193841970.5.1493039971751&_hsfp=1252342678&hsCtaTracking=c011a4f4-8bfa-4f23-b947-98925b97c574%7C66d48c01-338e-49f2-94a4-1508842d0e8e)
- Schmitz, P. (2017). Community Engagement Toolkit Version 2.2. Retrieved from: <https://collectiveimpactforum.org/resources/community-engagement-toolkit>
- Uphoff, E.P., Pickett, K.E., Cabieses, B., Small, N. & Wright, J. (2013). A Systematic Review of the relationships between social capital and socioeconomic inequalities in health: a contribution to understanding the psychosocial pathway of health inequalities. *International Journal for Equity in Health*, 12(54).