

Notes from Regional Table Discussions

Fundy Region

Confirmed: Community is our client

- Sometimes forget that we have a common goal

Aligning

- intentionally identifying areas where we can be mutually supportive to maximize our resources (\$, people, contacts, etc)
- while mandates may differ, how can we work from CLIENT experience
- CMHA (supportive services ~ MH&A (diagnostic /clinical services)

Bridging

- Working together to help people and organizations to navigate the system, and or to link people to resources before a crisis happens, Ideally, we would restructure/reorganize the system

Inclusive and Trusting Relationships

- End User focus – examine issues from different perspectives to ensure needs of many are met

Learn Collaboratively About Community

- Data sets are common to all of us
- Individual information that organization hold is also important (experiential and evidentiary)
- ECONSULT – gerontology, psychology, 7 day response

Engage Others

- Gives and gets
- Action oriented
- Communicate (communication tools aligned)

Monitor/Surveillance?

- Community Health Needs Assessment and NBSWS and internationally share information/projects/ideas between assessment / reporting phases
- Multiple provincial consultations that have same respondents, similar underlying goals. Can we do this more efficiently?
- Use the data to direct actions – indicators of our work should be aligning
- Strategic plans based on need, supported by data (qualitative and quantitative)
- How does the lived experience align with the data?

Kent/Miramichi

- Make a list of all partners and resources (update and upload)
 - Bring new partners to open space meeting where everyone can connect and share
 - Looking for our online platform to share
 - Creating safe places – without prejudices, open
 - Seek where we can contribute and contribute – individuals, group and GNB
 - Connect both wellness networks – phone and face to face
 - Share work plans
 - Invites people who are not at Be Alive, Open Space
 - Thinking together to create or enhance programs
 - Looking for who's missing
 - Bring all partners at the table (ask the question – who is missing?)
 - Youth – bring youth to the table and make a place for them
 - Bring the table to the schools (or where youth are)
 - Getting feedback from community
 - Thinking together for programs
 - Bump in place – creating a sense of community (Caouteh/Serafin)
 - Creating an online platform (facebook sharing group or others, google documents) where we can share between us
 - Creating a safe place for meeting (without judgment) individuals seek where we can contribute and contribute
 - Example: suicide prevention, emotions anonymous, alcoholics anonymous, poverty
 - Choose the name of the groups
 - Connect two networks in one or start by sharing
 - Gathering with all partners just to share (once every three months or so / non-obligatory)
 - Lunch meeting with everyone bringing their own lunch and we chat
1. Make a list of everyone
 2. Open communications
 3. Meet

Western Valley

Yes – Community is our client

Community

- By Definition – works for us, network table may be slightly more limited – VFRC and Carleton Manor
- Broader – incorporate/coordinate – definition, diverse representation, network

Building and Strengthening Trusting and Inclusive Communities

- Focus a little time on listening
- So what now what
- Plan – implement the strategic plan
- Using trust – what would it take to get us there
- Create transparency within network – with collective goals and common agenda
- Collaborate

Collaboratively learn about Community

- CNHA
- Forum Results
- Population Health
- Social Determinants of Health

Research Based Stats

Asset Based Building for our “Client”

Community Assets

- Directory – website – lists
- Resources
- Wellness network members
- Regional website
- FS coordinator, 2 summer students

Presentations to Key Partners

Goal common to wellness network

- Create a new goal that creates a collaborative approach to our network plan

Priorities

1. Moving from the what to the so what and then now what
2. What would it take to get to collaboration?
3. Develop a common vision and goal

Capital Region

How do we collectively serve them better?

- Understanding everyone's role / mandate at the table to better help / direct our client
- We are missing NGOs – focused too much on government NGOs at times has a better rep
- Breaking down silos. But we need to be aware of others that are doing the same work
- We need to get to follow – up / implementation
- **Setting common goals and/or identifying existing common goals across groups**
- **Support from all levels of government (ie directors, managers, staff, etc)**
- Break the mold
- Identifying best practices (integrated service delivery)
- We are utilizing the same approach in urban as rural – things tend to break down as you travel more rurally
- Understanding the needs of each task undertaken. Not all regional body is required – so we need to be intentional about who is involved
- Education on social determinants of health
- Build on existing work instead of redoing or duplicating
- Asset map (programming)

