Healthy Families BC Communities

Evaluation report: Summary

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Summary

Background

Launched in May 2011, Healthy Families BC Communities (HFBC-C) is a key initiative of the Healthy Families BC Strategy. HFBC-C involves fostering successes and building stronger relationships between the health sector and local governments to effectively implement healthy community actions focused primarily on physical activity, healthy eating, reducing tobacco use, healthy built environments and serving priority populations. Since the release of the Healthy Families BC Policy Framework in May 2014, the focus areas have expanded to also include healthy early childhood development, positive mental health, a culture of moderation for alcohol use, injury prevention and age-friendly communities. The initiative is a partnership between the Ministry of Health, Provincial Health Services Authority (PHSA), regional health authorities, BC Healthy Communities (BCHC) Society, the Union of BC Municipalities (UBCM), and other key stakeholders.

Recognizing that most factors that impact individual health lie outside the influence of the health care system (e.g., the physical environment and socio-economic conditions), helping communities to support healthy choices is a sensible approach within population health. Accordingly, the goal of the HFBC-C initiative is to promote partnership between the health system and the local government sector to create community conditions to facilitate lifestyle changes.

The following five core components form the foundation of the HFBC-C initiative:

1. Establish partnerships for healthy community action.
2. Access expertise and support within the health sector.
3. Develop effective assessment, planning and implementation tools and resources.
4. Build capacity through training and knowledge exchange.
5. Provide opportunities for community recognition and celebration.

HFBC-C implementation is supported by PlanH, a program of BC Healthy Communities Society that provides local government grants, workshops, webinars and training resources to enhance capacity, healthy community planning and partnerships. Within HFBC-C, regional health authorities are responsible for working collaboratively with local governments, providing them with advice and expertise on health, acting as a resource to develop healthy public policy, providing and assisting with the interpretation of community health profiles, and facilitating opportunities and partnerships to work together on joint healthy living actions at the community level. PHSA supports HFBC-C by providing coordination for evaluation, contributing to the development and use of community health profiles and provincial community health indicators, and reporting on the progress of HFBC-C.

Evaluation overview

The HFBC-C Evaluation Project explored the implementation of HFBC-C between 2011 and 2016.The evaluation was implemented by R.A. Malatest & Associates Ltd., managed by PHSA, and guided by an Evaluation Advisory Team that included PHSA, the Ministry of Health, BCHC, UBCM, and representatives from the regional health authorities. Evaluation activities were conducted between February 2014 and June 2016, over three cycles as indicated in Table A.

This evaluation was primarily an examination of the process and associated outputs of implementing HFBC-C. Given the long term nature of impacts associated with healthy living interventions at the community level, there were few impacts that could be examined over the rather short timeframe of implementation to date. This report is the final report of the HFBC-C evaluation, and provides an overview of the HFBC-C evaluation methods and results, focusing on the third cycle of evaluation. It is based on the HFBC-C final technical evaluation report finalized in November 2016. The report includes comparisons to results from previous evaluation cycles where possible.

Table A. Overview of HFBC-C evaluation activities by evaluation cycle.

Method	Source	Cycle 1 February – October 2014	Cycle 2 November 2014 – November 2015	Cycle 3 December 2015 – June 2016
Administrative data review	Health Authority Quarterly Progress Reports	•	•	•
	BCHC Society Administrative Data	•	•	•
Online surveys	Health authority staff		• (N=190)	• (N=124)
	Local government staff and elected officials		• (N=217)	• (N=261)
Focus groups	Health authority (6 focus groups)			•
	Local government (6 focus groups)			•

Evaluation findings

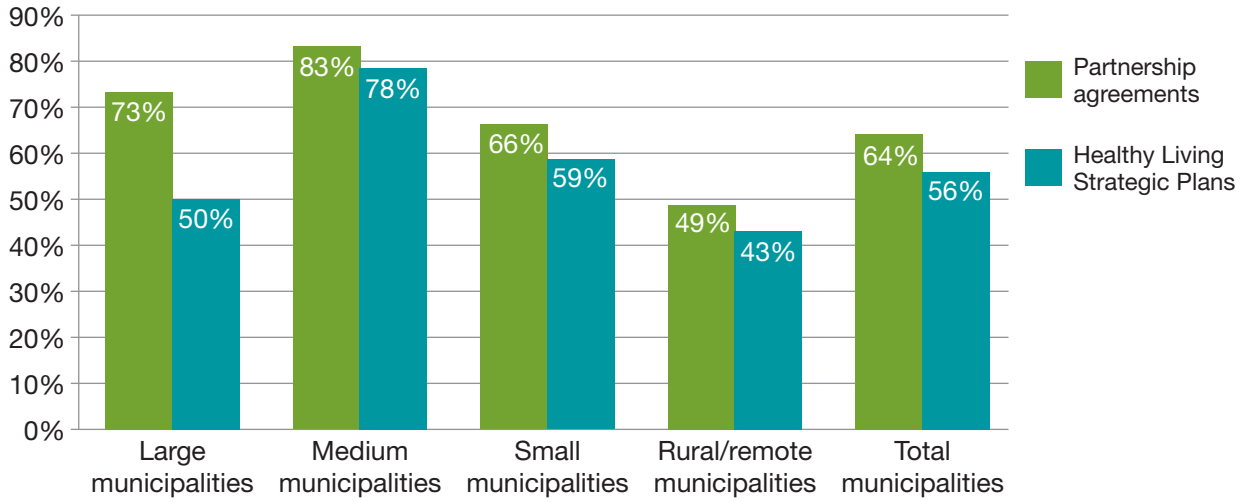
Key findings from the three evaluation cycles are presented within each of the HFBC-C core component areas, accompanied by a short set of considerations for future healthy communities work.

Partnership development

Strengthening partnerships between local governments and health authorities was foundational to all other HFBC-C work. HFBC-C aimed to increase partnerships for community action by fostering existing relationships, building new ones, and pursuing collaborative actions with local governments. Two indicators of partnership development within this evaluation were partnership agreements (i.e., formation of "official partnerships") and collaborative creation of Healthy Living Strategic Plans (HLSPs). The evaluation assessed these indicators in communities categorized by size and remoteness.

As of March 2016, health authorities formed official partnerships with 65% of incorporated municipalities (105 of 162), and of these, 18 were with rural/remote communities, 56 were with small communities, 15 were with medium communities, and 16 were with large communities (Figure A). Partnership agreements increased over the evaluation timeline, from 48% of communities in 2014. The largest increase was in the most recent year of evaluation (2015-2016), when 17 new partnership agreements were formed across health authority regions (4 in regional districts and 13 in incorporated municipalities (12 of which were in rural/remote and small communities)). Given this receptivity to partnering in rural/remote and small communities, partnering efforts should certainly continue in these communities that have identified capacity issues due to limited resources. Over half (56%) of incorporated municipalities in BC developed a Healthy Living Strategic Plan by March 2016, up from 41% in 2014. This exceeds the target of 45% set out in 2011, and is indicative of collaborative work with the health authority region.

Figure A: Percent of incorporated municipalities with partnership agreements and healthy living strategic plans (2015/2016).



Health authorities and local governments developed strong relationships within HFBC-C. The majority of health authority survey respondents (70%) and half of local government respondents (50%) believed their relationships to be strong or very strong. Similar proportions believed that their relationships with each other and with community organizations improved in the past year, evidence that the relationships were continuing to strengthen over time. Respondents more familiar with the initiative were more likely to perceive their relationship as strong and effective. Both health authority and local government survey respondents, and many focus group participants, agreed that enhanced and more frequent communication would help strengthen relationships.

Grants available through the PlanH Healthy Communities Capacity Building (HCCB) Fund aimed to support local governments to develop healthy community partnerships, learn how to support health and well-being, identify and plan for local priorities, and later, engage in collaborative actions to address identified priorities. The HCCB Fund is in demand and has seen increased collaboration over the years. Over the three rounds of funding, 74 incorporated municipalities, 16 regional districts and 21 First Nations communities were funded. In the latest round, all grant recipients (100%) listed health authority involvement in their applications. Collaboration between local government and health authorities to implement HCCB funded projects increased over the years, as did cross-sector collaboration between local government and community members, business representatives and non-profit representatives. The HCCB Fund should be continued to further support partnerships and collaboration.

"We used to sit at different tables, and now we are at the same table. Much more positive tone to the relationship."

Health authority focus group participant

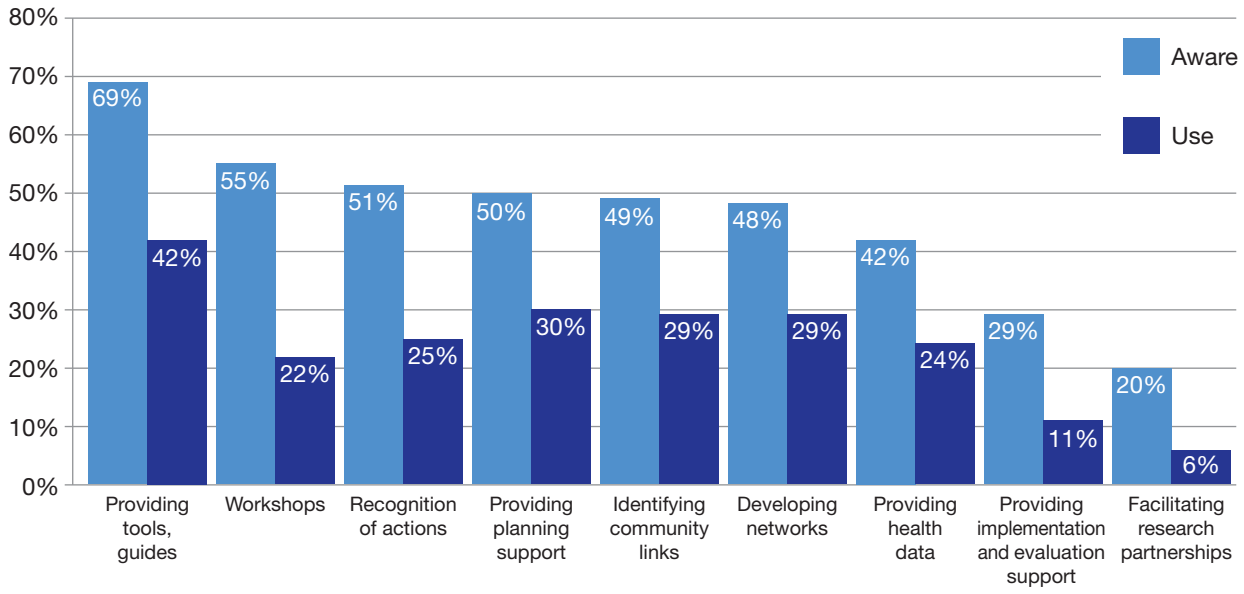
Future considerations

- Continue to support formal community partnership agreements because they are valued by local governments and health authorities, and appear to support healthy community policies and actions.
- Continue to focus on supporting partnership development with rural, remote and small communities, as these communities have the smallest proportion of agreements in place and demonstrated that they are keen to partner with health.
- Continue the Healthy Community Capacity Building Fund to support partnership development and address funding needs for healthy community initiatives.
- Support improved and ongoing communication between health authorities and local governments to further strengthen relationships and overcome barriers.

Expertise and supports

HFBC-C aimed to provide health expertise and support to local governments in the planning and implementation of healthy community actions. Supports offered to local governments included workshops, webinars, and collaborative efforts to facilitate partnerships and support planning processes. In cycle 3, the majority (86%) of local government respondents were aware of at least one support available through the HFBC-C initiative. Local government respondents were most aware of the provision of healthy community tools, guides and resources (69%), and training and educational workshops (55%) (Figure B); these results were similar in the previous evaluation cycle. In the range of 25% of local government representatives used the supports available, which is positive considering the broad range of supports and needs across the full spectrum of respondents engaged in the survey. Notably, 'provision of tools, guides and resources' was used by nearly half of respondents (Figure B). Local government representatives were quite satisfied with the supports (>70% of those who used the expertise and supports were satisfied). Respondents suggested that sustained funding and adequate staffing would help them use the supports available, as would enhancing the population-specific aspects of supports towards working with priority populations such as seniors, youth, Aboriginal people, and persons with disabilities.

Figure B. Local government respondents' awareness and use of HFBC-C supports (2015/2016).



Future considerations

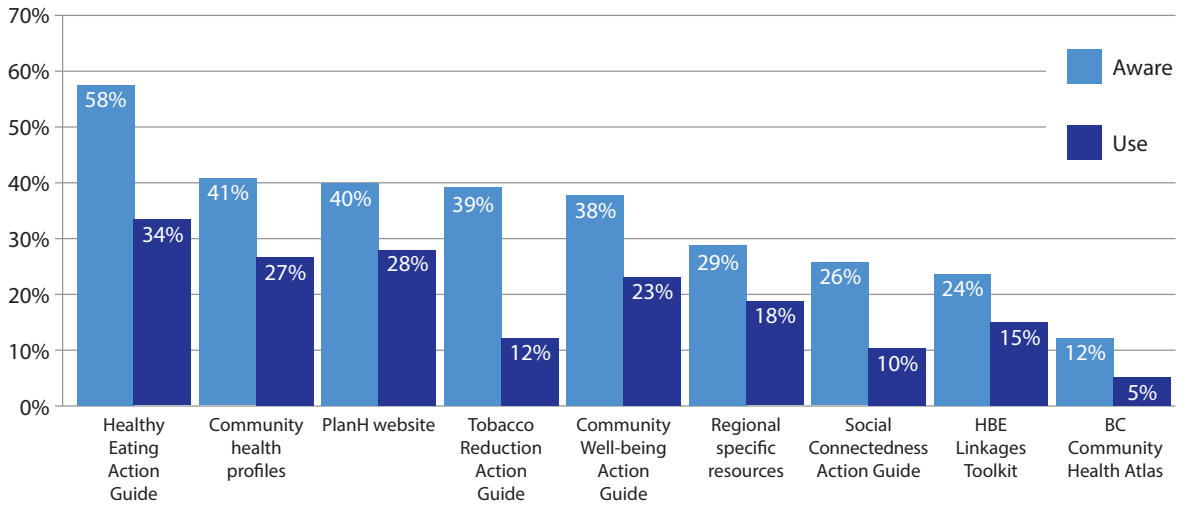
- Build awareness of HFBC-C supports that are available to local governments.
- Enhance HFBC-C supports and resources to address the unique needs of priority populations.

Assessment, planning and implementation tools and resources

HFBC-C aimed to develop and enhance provincial tools and resources to support local governments and key stakeholders to more effectively assess, plan, implement, and evaluate healthy community actions. HFBC-C made a broad range of tools available including action guides, data products such as BC Community Health Profiles, the PlanH website, and regional specific resources including health authority websites and social media.

In cycle 3, local government respondents were most commonly aware of action guides on healthy eating/food security and tobacco reduction, community health profiles, and the PlanH website. These results were similar in the previous evaluation cycle. The Healthy Eating Action Guide had the most use (34%), followed by the PlanH website (28%) and the community health profiles (27%) (Figure C). Of local government representatives who used the provided tools and resources, the majority (over 70% for all tools and resources) were satisfied or very satisfied. Although community health profiles were highly valued by local government respondents that used them, the overall low awareness and identified need for more local data indicate that these data pieces need to be promoted and enhanced with local data when it becomes available. Going forward, the HFBC-C initiative should prioritize increasing local governments' awareness of available HFBC-C tools.

Figure C. Local government respondents' awareness and use of HFBC-C tools and resources (2015/2016).



Future considerations

- Streamline the promotion of HFBC-C tools and resources to expand local governments' healthy community policy and action toolbox, and provide effective communication to reduce information overload.
- Continue providing community health profiles as they were highly used and valued, and explore opportunities to provide more localized community health data.

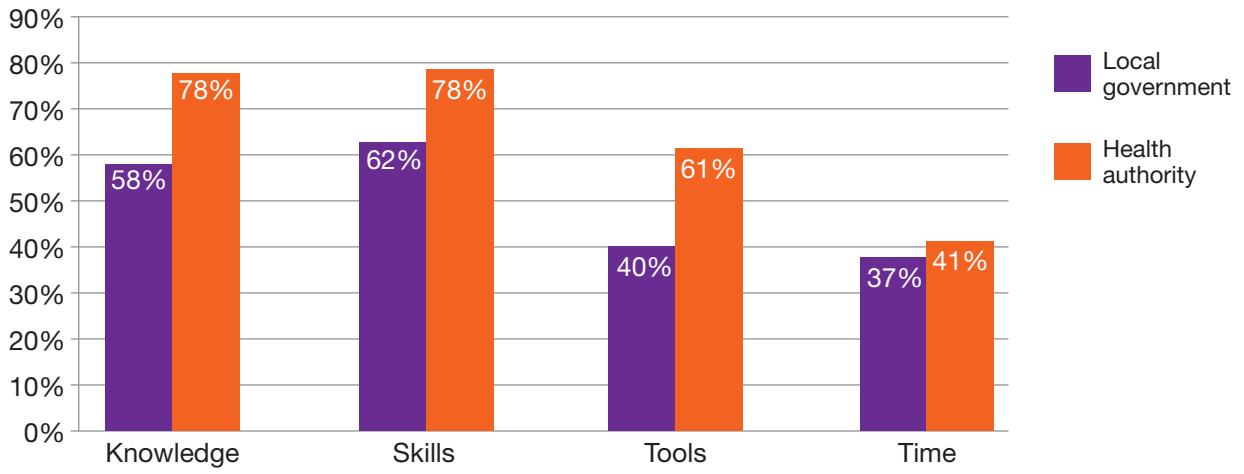
Capacity building

HFBC-C aimed to build capacity of health authority and local government representatives to ensure they have the skills, knowledge, and tools to support healthy community actions. The evaluation assessed stakeholders' perspectives on individual and organizational capacity to support healthy community actions.

Individual capacity was strong for health authorities, while local governments had less capacity to support healthy community actions. Health authority respondents reported that they have the skills, knowledge and tools to support healthy community actions. Fewer health authority respondents felt that they had adequate time to work on HFBC-C. Most local government respondents indicated they had skills and knowledge for this work, but fewer reported that they had the necessary tools and time to support healthy community action (Figure D). The differences between health authorities and local governments on skills, knowledge and tools were statistically significant, which is in keeping with the original reason for the partnering emphasis within HFBC-C. There was no difference in capacity ratings for health authority staff between evaluation cycles 2 and 3. Fewer local government respondents indicated they had the knowledge and skills to support healthy community policies and actions in cycle 3 than cycle 2. This was likely due to a higher proportion of elected officials in the sample in cycle 3, and is discussed further in the full version of the final report. Time was commonly discussed as a barrier to the development and implementation of healthy community policies and actions.

> "I don't have the time available to use for this work. It takes time for relationships and trust building."
>
> Health authority focus group participant

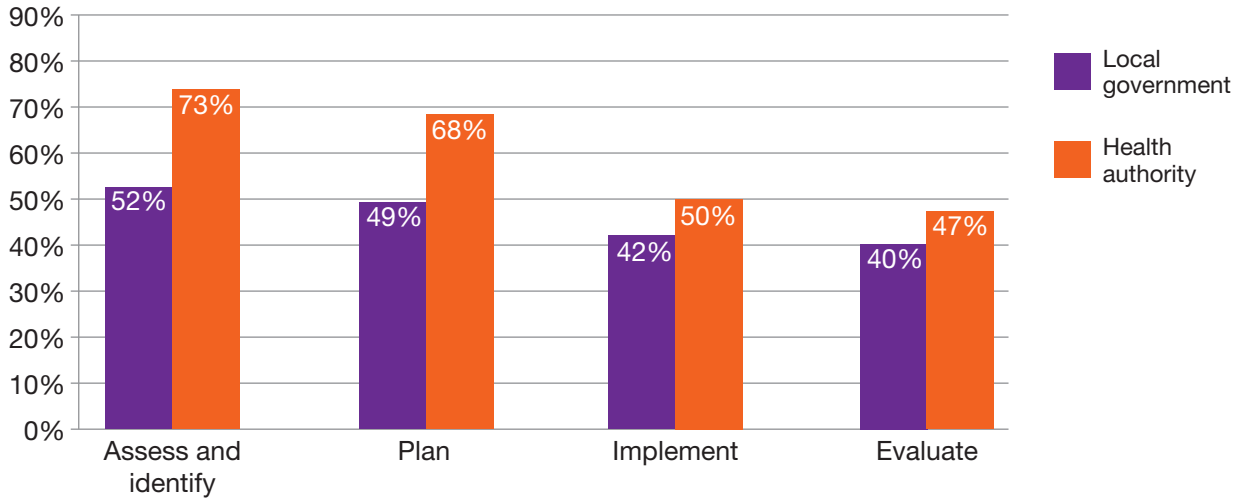
Figure D. Proportion of health authority and local government respondents that agreed/strongly agreed they have the personal capacity to support healthy community policies and actions (2015/2016).



At the organizational level, a greater proportion of health authority respondents than local government respondents indicated their organization had the capacity to assess and identify, plan, implement, and evaluate healthy community policies and actions (Figure E). Both groups were stronger in assessing/identifying and planning, than implementing and evaluating. Implementation and evaluation capacity-building should be supported to ensure ongoing momentum of healthy community policies and programs, and to measure success. Limited time, inadequate staffing, competing priorities and a lack of funds were commonly reported gaps in

organizational capacity. Both local government and health authorities discussed the need for augmented support from senior management and multiple levels of government.

Figure E. Proportion of health authority and local government respondents who agreed/strongly agreed that they had the organizational capacity to support healthy community policies and actions (2015/2016).



Future considerations

- Explore options to increase local government and health authority capacity to partner on healthy community initiatives.
- Increase the priority for healthy community initiatives and staffing within local governments, health authorities, and the Ministry of Health.

Recognition and celebration

The HFBC-C initiative recognized innovative community actions, and promoted success stories through partner newsletters, social media or media outlets, as well as print materials, video, and presentations to local governments. The PlanH website also featured stories on local governments and communities advancing healthy communities actions throughout BC.

The majority of local government respondents (55%) indicated that their local government was recognized for their healthy community actions. The most common forms of recognition reported by local governments were media outlets (29%), partner newsletters and social media (24%), and regional community forums (20%). Local government respondents were highly satisfied with the recognition received, especially that conferred through healthy community awards (89%) and the PlanH program (84%). There was a preference for more detailed accounts within success stories, to facilitate greater learning from other communities' examples.

Future considerations

- Continue to recognize and celebrate local governments' successes across health authority regions to encourage continued healthy community actions, and expand on PlanH and community awards recognition.
- Enhance usability of shared success stories by including more detailed accounts of project processes.

Outcomes and impacts

HFBC-C supported the five regional health authorities to work with local governments in developing healthy community policies and programs. Outcomes and impacts of the initiative related to the effectiveness of HFBC-C in establishing stronger partnerships between health authorities, local government and community partners. Over the long term, these partnerships are expected to translate to improved coordination of healthy community policies and actions, and movement towards the 2023 provincial goals for healthy eating, physical activity and tobacco use.

Half of those local government respondents who were most familiar with the HFBC-C initiative indicated that their partnerships with the local health authority increased or enhanced coordination of health community policies and actions (52%). A majority of health authority respondents who were most involved in the initiative indicated the same (78%). Approximately one-third (36%) of local government respondents, and half of health authority respondents (52%) who were most involved/familiar with HFBC-C reported that PlanH increased or enhanced coordination of healthy community policies and actions.

At the provincial level, a majority of local government respondents who were most familiar with HFBC-C indicated that the supports helped their local government assess (63%) and plan (62%) healthy community policies and programs. Respondents were less likely to agree that the supports and tools provided helped their local government implement (58%) or evaluate (54%) programs and policies. Going forward, tools that are specific to assisting with implementation and evaluation would be most helpful to local governments. The supports and tools appeared to be most effective with enhancing partnerships: the majority of local government respondents who were most familiar with HFBC-C indicated that the supports and tools helped enhance their partnerships with both health authorities and community partners (68% and 64%, respectively).

With the many other Healthy Families BC initiatives, HFBC-C is contributing to reaching provincial healthy living 2023 targets. In particular, the healthy communities work supports reaching the targets in physical activity, healthy eating, and tobacco use, and the emphasis on partnerships and capacity-building in the early stages of HFBC-C is foundational to reaching these health outcomes at the population level. Longer term healthy living outcomes are important to monitor over time. It is too early to assess these outcomes as an impact of the HFBC-C initiative, which has focused on partnership development and planning.

The time- and resource-intensive nature of building partnerships was identified as an unintended consequence of the initiative, and limiting to the success of HFBC-C. Both health authority and local government focus group participants noted capacity issues due to competing priorities, limited staff and inadequate budgets. Due to both the complex nature of healthy community policies and actions and the difficulty in achieving provincial results from action that occurs quite locally, further efforts to define meaningful measures of success – especially with the use of local level health data - are warranted.

Future considerations

- Support implementation and evaluation expertise at the local level to ensure that healthy community policies and programs are sustained and effective.
- Continue to explore how to best measure the impact of HFBC-C, both provincially and regionally, with measures that are reflective of the complex nature of healthy communities work.
- Continue to promote healthy community policies and programs to support conditions for long term improvements in provincial health.

Conclusion

The evidence collected within the evaluation of HFBC-C indicates that the initiative contributed to achieving identified short and medium term outcomes across BC by increasing partnerships between health authorities, local governments and community partners, by enhancing the capacity of health authorities and local governments to develop healthy community actions, and by supporting the coordination of healthy community policies and programs. Gaps in partnership development and capacity have been identified, and recommendations have been made about how to enhance these aspects of the initiative – especially towards increasing the priority of healthy communities work at all levels within health authorities and local governments. Over time, the substantial progress within these short and medium term outcomes may lead to the achievement of longer term goals, including improved community health.