

A Healthy Vancouver for All:

a Healthy City Partnership MOU between
the City of Vancouver and Vancouver Coastal Health

8th March 2013



Purpose of the Partnership Agreement:

Vancouver Coastal Health and the City of Vancouver (referred to as the “partners”) have a long history of working together in collaboration with other government organizations, civil society groups, the private sector, community organizations, and citizens to create the conditions for healthy communities. This Partnership Agreement is intended to reinforce this collaboration by committing the partners to a set of principles and processes to facilitate the on-going effort to improve the health, well-being and quality of life for all residents throughout Vancouver. The implementation of the Partnership Agreement will provide opportunities to:

1. Identify priorities for collaborative initiatives
2. Develop and advocate for policies that support health and well-being within Vancouver’s neighbourhoods and across the city
3. Support new partnerships that increase community capacity to create the conditions that promote health and well-being
4. Improve coordination of services between the two organizations.

Ultimately the partnership will contribute to an improvement in measurable outcomes related to the health and well-being of all citizens and reduce gaps in health status between those who are healthiest and those who are least healthy.

Vision:

A Healthy City for All: a city where together we are creating and continually improving the conditions that enable all of us to enjoy the highest level of health and well-being possible.

Partnership Principles:

In fulfilling the purpose of this agreement, and to guide the relationship between the partners, the City of Vancouver and Vancouver Coastal Health commit to a set of principles for collaboration. These principles reflect both the population health approach guiding Vancouver Coastal Health and the City of Vancouver’s approach to sustainability which promotes integrated decision-making that takes into account the social, economic, and ecological needs of our residents, our neighbourhoods, and our environment.

- **Collaboration:** we are entering into this agreement based on our mutual belief that we can accomplish something more significant together, than we could do on our own. Working together for a common purpose will require us to not only change *what* we do, but also *how* we do it. We commit to creating space for making each other uncomfortable in the pursuit of innovation, and to trusting each other to get there.

Partnership Principles (cont.):

- **Health:** we are committed to using a broad understanding of health¹
- **People First:** our efforts are directed at serving the people of Vancouver
- **Balanced:** we will pursue collaborative initiatives that are both universal for all citizens and targeted at specific populations who may be most vulnerable to health inequities
- **Comprehensive View of Health Determinants:** we recognize that health and well-being are created by a range of determinants that are influenced by the services and policies of the partners
- **Whole Systems Approach:** we are committed to “connecting the dots” at all levels which requires us to think and act in “joined-up” ways²
- **Prevention and Upstream Oriented:** priority is given to addressing determinants of health early and not waiting for problems to emerge³
- **Evidence-based:** collaborative initiatives will be guided by the best evidence on their effectiveness
- **Culturally Competent:** collaborative initiatives will be respectful and responsive to diverse cultures and needs
- **Strengths-based :** our collaboration will build on existing organizational strengths and successes
- **Sustainability:** collaborative efforts will integrate social, economic and environmental sustainability objectives, and be developed with a view to their on-going integration into the work of the partner organizations
- **Mutual Benefit:** we will leverage each other’s capacity to meet mutual goals
- **Accountable:** we will jointly evaluate and report on collaborative efforts while respecting each partner’s distinct mandate and accountabilities
- **Communication:** will be regular and timely
- **Evaluation:** we will evaluate and measure our success

Planning and Engagement:

The partners commit to a twice yearly meeting of the City Manager (CoV), the Vancouver Community of Care Chief Operating Officer (VCH) and Chief Medical Health Officer (VCH) to:

- review the effectiveness of the collaboration set out in this partnership agreement
- review and establish priorities for collaborative efforts
- identify outcomes and performance indicators for the partnership and
- identify the form of reporting on the impacts of the partnership.

The partners will assign staff to a Healthy City Steering Committee jointly chaired by a senior staff member of the partners to coordinate collaborative efforts established under the Partnership Agreement.

The partners will occasionally organize public meetings or forums to showcase the collaborative initiatives arising from this Partnership Agreement.

Data and Information Sharing:

The partners commit to pursue the sharing of Non-Personal Aggregate Data in support of Priority Collaborative Initiatives and the formalization of a data sharing agreement. Data sharing will enable the partners to better assess social, economic, environmental and health conditions in Vancouver, and to facilitate timely responses to emerging issues and trends. Partners will also explore potential collaborations on joint acquisitions, collection and/or provision of new qualitative and quantitative data that is of common interest.

Focus Areas for Enhanced Collaboration:

During the term of this agreement the partners agree to focus collaborative efforts on a number of priority areas listed below, whilst recognizing the systemic and interconnected nature of these. These focus areas (and possible actions) are described more fully in the Appendix.

1. Early Care and Learning (e.g. a pilot project to secure accessible child care spaces for children aging out of VCH's Nurse/Family Partnership (0-2)).
2. Healthy Housing Options (e.g. collaborate with other government partners to build a plan for the prevention of homelessness through release from government institutions)
3. Food Security and Sustainable Food Systems (e.g. pilot a range of "healthy food retail programs " through the community planning processes taking place in the DTES, Marpole, Grandview-Woodland, and the West End)
4. Active Living (e.g. collaborate on the review of the Leisure Access Card program with a view to increasing access to recreation through improvements in the program);
5. Healthy Human Services (e.g. develop municipal alcohol policy)
6. Social Cohesion (e.g. jointly support, track and demonstrate the impact of funded programs on inclusion, belonging, connectedness and engagement)
7. Healthy Built Environment (e.g. engage early on significant planning and development projects)

Term

The Agreement is for a period ending December 2016 with an annual review, the nature of which will be determined by the Healthy City Steering Committee. An independent, external review will be conducted at the end of this first term.


Resource Commitment:

Each party will assign staff to support the priority collaborative efforts and will share in the costs of hosting any jointly planned open meetings or forums to showcase work under the Partnership Agreement.

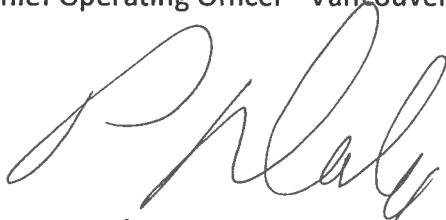
Measures of Success:

The partners agree to develop and report on measureable indicators of the collaborative priority areas on an annual basis. One of the first tasks of the Healthy City Steering Committee will be to develop a work plan for each of the 7 priority areas.

Signatures:


for

Mary Ackenhusen
Chief Operating Officer - Vancouver, Vancouver Coastal Health



Patricia Daly
Chief Medical Health Officer, Vancouver Coastal Health



Penny Ballem
City Manager, City of Vancouver

Date: *March 8, 2013*

Endnotes

¹ That is, as both "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (World Health Organization), and as "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities" (Ottawa Charter for Health Promotion).

² This not only means seeing and acting upon health and well-being as a whole system - resisting the pressure to treat issues in isolation from the bigger picture - but also entails a more holistic approach to health and well-being that re-integrates the mind and body, and a more holistic approach to change that recognizes the need for individual, cultural and systemic transformation.

³ We are committed to focusing more of our attention upstream knowing that the human and economic costs of dealing with the health of people downstream - that is after the fact - has become unsustainable and unaffordable.