

**Grey Bruce Healthy Communities Partnership**  
**Terms of Reference**

**Name:**

Grey Bruce Healthy Communities Partnership

**Members:** Membership is voluntary and continues to evolve to include community leaders and decision makers from all communities within Grey Bruce and a variety of sectors. The expectation is that members annually identify their level of engagement (Tamarack, 2015) as outlined below.

Level	Designation	Definition	Expectations
1	Core	Stakeholders or individuals who are interested in being actively involved in the functioning and development of a collective impact effort to enhance community well-being in Grey Bruce.	Attend monthly meetings regularly; actively participate in discussions; share information both within your organization and/or with external partners; participate in working groups when required
2	Involved	Stakeholders or individuals who want to be frequently consulted and given opportunities to provide in-depth feedback	Attend monthly meetings often (at least quarterly) and participate in discussions when possible Share information within your organization and/or external partners when possible
3	Supportive	Stakeholders or individuals who provided some sort of support and input	Attend community forums, answer surveys, provide input online
4	Interested	Stakeholders or individuals who want to be kept informed of the progress of the initiatives but not directly involved in the work	Receive minutes of meetings to keep informed of opportunities

**Goals:**

1. Through networking and knowledge exchange enhance the capacity of community leaders to work together to create and sustain a culture that makes it easier for Grey Bruce residents to be healthier where they live, learn, work and play.
2. Promote a *Health in All Policies* approach for program/services planning and policy development.
3. Support the development of a Grey Bruce Data Information Collaborative to enhance collective impact evaluation.
4. Support education and awareness opportunities, knowledge exchange and joint planning among agencies to enhance collaboration for developing healthy public policies.

**Proposed 2015/16 Deliverables**

1. **Foster the use of a Health in All Policies approach for program/services planning and policy development.**
2. **Review recommendations from the Grey Bruce Healthy Communities Partnership Self-Evaluation Results and develop an action plan**
3. **Support the development of the Grey Bruce Data and Information Sharing Collaborative**
4. **Support a 2016 “Mini Conference”**

**Resources and Budget**

In-kind support from all partners

**Governance**

A collaborative governance model will support the work of the Partnership.

The development of collaborative partnership letters will be determined to be either an:

- a) **Advocacy Letter** that shares the position of the majority of members on issues related to group goals.
- b) **Information Letter** to share the full spectrum of discussion that shows the divergent views rather than consensus on issues related to the group goals.

This model will have a relationship to other Grey Bruce committees/networks/alliances by incorporating a constellation governance component.

**Additional Notes**

- Meetings scheduled 4<sup>th</sup> Friday of the month or by the call of the co-chairs.
- Communications outside of meetings will be conducted by email.
- Shared information, such as plans and contact information, will be stored by the Grey Bruce Health Unit
- Workgroups developed as required

## References:

Level of Engagement adapted from Tamarack an Institute of Community Engagement  
[http://tamarackcci.ca/files/the\\_stakeholder\\_engagement\\_wheel\\_0.pdf](http://tamarackcci.ca/files/the_stakeholder_engagement_wheel_0.pdf)

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