

# **Formation and initial operation of a Regional Okanagan Similkameen Healthy Living Coalition Society**

## **Project Charter**

**June 2012 – May 1, 2014**

**Author:**

**Creation Date:**

**Leadership Team**

**June 2013**

# Project Charter – Okanagan Similkameen Healthy Living Coalition Society

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## Approvals:

	<u>Signature</u>	<u>Date</u>
Coalition Society Chair of BoD	_____	_____

	<u>Signature</u>	<u>Date</u>
Coalition Society Executive Officers	_____	_____
<u>[Names] etc.</u>	_____	_____

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# Project Charter – Okanagan Similkameen Healthy Living Coalition Society

## 1.0 Project Purpose

The purpose of this project is four-fold:

1. Within the Regional District of Okanagan Similkameen (RDOS), to develop a model system for intersectoral collaboration that applies evidence-based methodology to promote healthy lifestyle policies, environments and behaviors among the region’s population;
2. To foster and implement innovative strategies and projects that transfer and apply knowledge to achieve positive changes in healthy lifestyle behaviors.
3. To foster research that develops new knowledge to support and sustain healthy communities in the Okanagan Similkameen.
4. To achieve a measurable improvement in the lifestyle health behaviors of residents of the Okanagan Similkameen region of BC.

## 2.0 Background

### 1. History

March 2008	The Okanagan Similkameen <b>Health Fair</b> was launched. Originally intended as a one-time Centennial celebration, it was so successful that it was continued as an annual event held in March. In 2009 the name was changed to Healthy Living Fair and the organizers formed the <b>Okanagan Similkameen Healthy Living Society</b> (the Society).
October 2011 – February 2013	The Society recognized it had <b>unmet potential</b> to make a sustained and measurable impact on the health of the region through the addition of diverse and continuous programming for which the Fair event would continue as a flagship. The Fair was cancelled in 2012 while planning for this new vision was undertaken. Discussions were held with strategic organizations as potential partners in a new entity, the <b>Okanagan Similkameen Healthy Living Coalition<sup>1</sup></b> (the Coalition).
March 2013	The OS Healthy Living Fair resumed and was, once again, highly successful.
June 2012	<b>A Letter of Understanding</b> to create the Coalition was endorsed by six core partners: Interior Health, RDOS, City of Penticton, School District 67, Penticton Indian Band and the Society stating the “... <i>primary purpose is to collaborate to provide services that will attract, engage and support the people of our community in successful and sustained achievement of healthy lifestyles with a focus on children, youth and high risk populations</i> ”. The vision is seen as a 5-year pilot project to develop a model for successful community engagement in healthy lifestyles.
October – December 2012	<b>Setting the stage for a shared vision:</b> Core partners for the Coalition met to align their vision, identify their mandates for health promotion, their existing health promotion activities, opportunities for collaboration and a framework for program development.
November 2012	The Okanagan Similkameen Healthy Living Society was granted <b>charitable status</b> by CRA
January – April 2013	<b>Formative steps:</b> The core group developed a Vision. Mission and Values (V-M-V) statement, approved a framework for the development of healthy living programs,

<sup>1</sup> It is important to consider changing the legal name of either the Society or the Coalition to avoid confusion and to streamline financial management. The Society is the convening member of the Coalition and will have an important role in managing funding for the Coalition’s work because of its charitable status.

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	adopted a governance model that supports community-driven project development within the framework, and approved a two-step plan to achieve full regional engagement.
May 8, 2013	<b>Step One:</b> Okanagan Similkameen Healthy Living Forum <b>engages</b> representatives from all regional municipalities, Indian bands, school districts and RDOS. The proposed V-M-V and governance model are presented for new member consideration. Final ratification of the V-M-V and governance to be approved by full regional stakeholders at a proposed follow up Fall conference.
May – October 2013	<b>Step two:</b> Community-level work, supported by Coalition leaders, to develop healthy living assets, engage non-profit groups with a healthy-living focus, and identify potential local healthy champions. This work will lay the foundation for a larger regional healthy living conference in October that will launch the Coalition and prepare it to begin operations in January 2014.

Working document

## **2.2 The need for the Okanagan Similkameen healthy Living Coalition Society:**

People living in the Okanagan Similkameen are not as healthy as residents living in other regions in BC. Crude prevalence rates for diabetes, depression and anxiety and COPD are significantly higher than the provincial average. Province wide, approximately 30% of the population with preventable chronic diseases incur approximately 80% of health care costs.

Despite a very high level of programming directed at chronic disease prevention and obesity reduction, the prevalence of obesity, especially in children, has risen relentlessly over the past 30 years and continues to rise. The prevalence of Type 2 diabetes also continues to rise, with a rising incidence rate especially in youth and young adults.

Although the prevalence rate of tobacco use has declined in recent years, chronic diseases and cancers attributable to tobacco use are still the leading cause of premature death and disability. Increasingly, evidence supports the importance of social determinants of health, especially low education and poverty, as mediators of unhealthy lifestyles and related chronic diseases.

“Every system is perfectly designed to get the results it gets” (Dr. Paul Batalden-Dartmouth). If we are to make a significant impact on the burden of chronic disease in the developed world, the system has to change. Currently there is much discussion about the need for inter-disciplinary and cross-sectoral collaboration as a basis for efficiency, innovation and greater effectiveness in improving population health through lifestyle change. We believe there is a need also for research to explore marketing strategies for reward-based health promotion that appeals to individual wants as well as needs, and develops a cultural shift that embeds healthy lifestyles as a community norm.

## **2.3 The purpose of the healthy Living Coalition Society is to:**

1. Lower the prevalence of lifestyle-related chronic diseases in Canada, BC and our region
2. Inform people about the causal relationship of tobacco, obesity, stress, nutrition and physical activity to diabetes, cardiovascular disease, many cancers and other preventable chronic diseases.
3. Reduce the economic impact of preventable chronic diseases as a proportion of our total health care burden
4. Significantly improve the existing level of programming aimed at reducing the burden of preventable chronic disease
5. Encourage healthy public policy and environment level interventions that are sustainable and help make the healthy choice the easy choice.
6. Reverse the relentless upward trend of overweight, obesity and related chronic diseases that continues its rise despite the very high level of programming aimed at reducing the burden of preventable chronic disease
7. Create a model for community-driven collaboration and innovation that is able to achieve measurable improvement in lifestyle behaviors and measurable reduction in the prevalence of preventable chronic diseases.

8. Improve quality of life and the benefits of living in the Okanagan Similkameen region, and to improve the attractiveness of the region to tourists and other visitors..

## **2.4 The beneficiaries of the Coalition are:**

1. In the short and intermediate term, those who will lead longer and more productive lives through the adoption of healthy lifestyles
2. In the longer term, through the development of a transferable community based health promotion model:
  - a. The Provincial government, who will see a decrease in the cost burden of preventable chronic disease
  - b. Other provincial programs that are currently underfunded and will see a shift of tax dollars from health care treatment to promotion and prevention.
  - c. Taxpayers, who will see an overall lessening of the pressure to increase taxes in order to meet basic needs for government funded services

## **3.0 Goals and Objectives**

The goals and objectives of the project are to:

### **1. Recruit & engage authorities and post-secondary education institutions from across the region to collaborate in action to promote healthy living.**

- 1.1 Convene six core agencies to discuss and develop a process to form a Coalition, via an engagement LOU, and meetings by June 2012 and on-going.
- 1.2 Develop a Coalition Vision-Mission and Values statement by January 31, 2013
- 1.3 Convene a Forum in May, 2013 to inform, engage and expand representation to include ten additional authorities within the Okanagan Similkameen.
- 1.4 Facilitate the formation of at least 5 - to a maximum of 10 - Constellations by October 31, 2012.
- 1.5 Host a regional conference in November, 2013 to transfer knowledge, facilitate Constellation development and engage new potential partners.

### **2. Form an Okanagan Similkameen Healthy Living Coalition Society (OSHLCS) by December 31, 2013 to provide governance and operational support to the Coalition activities.**

- 2.1. Convene an Interim Steering Committee (ISC) comprised of a senior representative from each of the six core authorities by March 31, 2013.
- 2.2 Leverage the CRA designation of the Okanagan Similkameen Healthy Living Society (OSHLS) to hold funds for the purposes of Coalition development
- 2.3 Amalgamate the ISC and the OSHLS to become the Okanagan Similkameen Healthy Living Coalition Society by the former Society AGM, June 27<sup>th</sup>, 2013.
- 2.4 Create a new Board of Directors for the new Coalition Society.
- 2.5 Transfer responsibility for management of the Healthy Living Fair to a committee that will operate as a constellation (see below) within the Coalition

**3. Provide practical support to Coalition members by facilitating the formation of innovative Constellations<sup>2</sup>, knowledge exchange, provision of funding and by building community capacity from May 2013 and on-going.**

3.1 Provide on-going regular Coalition news and updates to all forum participants, Constellation members and stakeholders

3.2 Facilitate the formation of innovative constellations via networking, workshops, seminars, conferences, and by brokering partnerships.

3.3 Facilitate intersectoral meetings in seven identified geographic communities<sup>3</sup> by recruiting seven local contacts, provision of a meeting outline, 1-1 meetings and community workshops.

3.4 Encourage consideration and completion of local Community Snap shots<sup>4</sup> by each collaborative community constellation through financial and human resource support.

3.5 recruit seven local IH employees to join the community constellations to support their Community Snapshots.

3.6 Promote knowledge exchange and knowledge transfer opportunities through regular use of social, electronic media, utilization of the future HFBC- C Knowledge Portal, events and workshops.

3.7 Establish an initial and an on-going funding program to support Constellation work.

**3 To develop a Constellation registration process to ensure compliance with Coalition policies and procedures.**

4.1 Establish criteria to guide the formation of emerging Constellations to ensure adherence to the Coalition V-M-V.

4.2 Develop and provide information to communicate the criteria for funding, use of the Coalition brand, and expectations of membership – organization or Constellation.

4.3 Develop and provide a registration package to all prospective Constellations. This will include Coalition general information, a registration form and information about the benefits and services provided by the Coalition – including funding request procedures.

**5 Provide a communication platform to promote constellation activity and facilitate communication within and between constellations, working groups, members and stakeholders.**

5.1 Facilitate communication by developing a Coalition web-site, use of social and traditional media, electronic newsletters, presentations to local government and utilization of the future HFBC- C Knowledge Portal.

5.2 Facilitate numerous and timely recognition opportunities events and celebrations at the individual, organization and community level.

**6 Create a healthy living culture via social marketing, media relations, special promotions and events.**

6.1 Hire a communications consultant to develop a Coalition Social Marketing Plan

6.2 Promote and facilitate citizen engagement – when possible - within the Constellation work.

6.3 Facilitate the development of region wide events, programs and promotions to promote healthy living.

6.4 Implement Social Marketing campaigns, events, and programs

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<sup>2</sup> The proposed Coalition governance model involves various groups – entitled constellations – forming for specific tasks and periods of time. Constellations can form around interests (community of interest) or geographic communities. Geographic communities can be local, sub-regional or regional.

<sup>3</sup> Keremeos, Okanagan Falls, Oliver, Osoyoos, Penticton, Princeton, Summerland

<sup>4</sup> A Community Scan is an inventory of local assets that support – or could support – the achievement of coalition goals to improve health. It can be used as an engagement tool and used in the analysis of gaps and opportunities for project development.

- 6.5 Explore partnerships with Tourism Associations, Marketing Boards, Economic Development, local business and others to promote the Okanagan Similkameen Healthy Living Culture.
- 7 **Support, coordinate and monitor constellation project planning and implementation to optimize and enhance success.**
  - 7.1 Provide on-going contact and engagement with each Constellation via IH's Healthy Communities Initiative (HCI) staff and local IH Healthy Community Local Liaisons and communications tools.
  - 7.2 Establish and implement a regular schedule of on-going communication, reporting and information exchange between the lead (or functional lead) organization of each constellation and the Coalition.
  - 7.3 Prepare a Constellation reporting process to facilitate financial accountability and regular (e.g. quarterly) program monitoring. for the Lead Organization of each Constellation.
- 8 **Encourage and facilitate research opportunities whenever possible within all Coalition activities and apply when appropriate**
  - 8.1 Develop a research working group within the Coalition which includes representatives from IH, UBCO, and Okanagan College
  - 8.2 Leverage research grants to support Coalition activities
  - 8.3 Regularly promote and broker partnerships between academic research organizations and Coalition and Constellation activities.
- 9 **Evaluate (process and outcome) the Coalition function and the constellation projects**
  - 9.1 Work with IH evaluators to align Coalition evaluation frameworks with HFBC-C and Interior Health's HCI.
  - 9.2 Provide guidance and support to all Coalition and Constellation activities to ensure evaluation and sustainability plans are in place
  - 9.3 Explore a partnership with UBCO/OK College to develop a monitoring and data collection framework for for evaluation and research purposes. and to facilitate access to Coalition initiatives. e.g. living laboratory.

### 3.1 Key Principles

The following key principles are fundamental to the development of this project charter and subsequent project charters within this initiative:

1. **Vision** “ *Making the Okanagan Similkameen the healthiest region in BC.* ”
2. **Mission Statements**
  1. Facilitating healthy living policies, plans, programs and services through collaboration.
  2. Inspiring a healthy living culture by engaging coalition members, residents and communities
  3. Supporting children, youth and vulnerable populations by advocating for affordable and accessible programs and services
  4. Fostering a built environment that supports healthy lifestyles.
  5. Contributing to the sustainable health care by promoting the reduction of lifestyle-related chronic disease
  6. Building momentum by celebrating success



## Values and Guiding Principles

### **Inclusion:**

We strive for universal access to healthy living opportunities in order to support and engage all residents and communities in the Okanagan Similkameen

### **Empowerment:**

We embrace that each journey towards lifelong healthy living is unique and needs to be individually supported to sustain a healthy living culture.

### **Collaboration:**

We achieve our collective goals by communicating respectfully and openly, and by sharing resources.

### **Passion:**

We seek inspired, enthusiastic and committed partnerships that celebrate the joy of health and wellness together and seek partners who share this ideal.

### **Accountability:**

We commit to successful partnerships and collective responsibility to those we serve and to those who support us.

**3.1** When unforeseen project impacts occur, the course of action in priority sequence will be to;

1. Reduce Scope;
2. Delay the Project; and/or
3. Increase Resources.

### **3.2 Secondary Principles**

The following secondary principles will serve as guidelines provided that the activity being considered does not compromise a key principle:

- The Coalition will follow the Canadian Revenue Agency (CRA) standards for all business practices and processes.
- The Coalition activities will directly align with the Healthy Families BC - Communities provincial program.

### **3.3 Assumptions**

1. On-going support from Interior Health in the form of *Healthy Communities Initiative* (HCI) staff, CIHS Operations management and local CIHS community support by public health staff.

2. The project will be implemented in a phased-in approach: Formation and initial operations phase [described within this document] followed by a 5 year pilot project. Work will be implemented based upon the availability of adequate resources and on-going commitment and capacity of the Coalition Society leadership.
3. The Coalition will build on the excellent health promoting work already taking place in communities – building upon strengths.
4. Acknowledgment and recognition of the many existing programs and projects that staff and volunteers have implemented to improve health in communities
5. The project aligns with – and is dependent upon - the on-going provincial initiative mandated by the MoH BC Healthy Families – Communities and staffing support from Interior Health’s Healthy Communities Initiative.
6. The project is reliant on adequate funding from grantors, private business and government sources to both administer the Coalition and to implement Constellation healthy living strategic plans.
7. There will be timely and accurate communication to all appropriate stakeholders and staff members
8. Community and volunteer input and feedback will be incorporated into the model

## 4.0 Scope

### 4.1 In Scope

The scope of the project includes:

- Activities that are intended to improve the social and environmental determinants of health in order to facilitate healthy lifestyle choices among all population groups.
- Environmental and policy changes that support sustainable healthy living.
- Activities that implement motivation, education, skills training, coaching, mentoring or other supports that make the “healthy choice the easy choice”
- Activities that focus on the three modifiable risk factors for chronic disease: physical activity, healthy eating and tobacco reduction
- Activities that promote and facilitate a healthy built environment
- Activities that target vulnerable (priority) populations, including but not limited to: First Nations, children and youth, people with mental health needs and seniors
- Activities that study primary prevention or health promotion strategies and methods aimed at improving the health of the regional population
- Mental health as a moderator of lifestyle health behaviors, especially anxiety, depression and stress
- The study of communications and marketing strategies to influence healthy lifestyle behaviors

### 4.2 Out of Scope

The following items are out of scope and provided here to help clarify the scope boundaries of the project:

- 
- Activities that address health behaviors other than lifestyle behaviors (nutrition, physical activity and tobacco use). Examples would be: substance abuse and sexual behavior.
  - Activities that are primarily designed only for people who are already identified with a chronic illness arising from unhealthy lifestyle behavior.
  - Activities that do not have the potential to be sustainable over time.
  - Activities that do not align with the HFBC – Communities and IH’s Healthy Communities Initiative framework

## 5.0 Major Deliverables

The major deliverable products for this project are:

- Formation of an Okanagan Similkameen Healthy Living Coalition Society
- Documentation of governance, operations and accountability systems.
- Coalition Society communication, project management and fund-raising plan
- Tangible support for Coalition activities (Constellations) in the form of facilitation, knowledge transfer workshops, planning, capacity building and communication tools, and funds.
- Community scans with analysis of strengths, gaps and opportunities for development of constellations and projects
- 5 – 10 constellations: Healthy Playground Project<sup>5</sup>, Healthy Living Fair Project<sup>6</sup>, 4 – 7 local community constellations, local Indian Band constellation, etc.
- 5 – 10 Healthy Living Strategic Plans
- Social Marketing campaign to link and support action
- Fall Conference to showcase action to date, facilitate constellation formation and networking and to build capacity of members.
- Regional Healthy Living Strategic Plan – which incorporates all constellation healthy living strategic plans

## 6.0 Stakeholders

- **Interior Health’s Healthy Communities Initiative:** has provided the program framework and model, significant human and financial resources for program start-up. IH Community Integrated Health Services (CIHS) management provide on-going support to the project through participation in Coalition formation and governance committees. IH has a considerable stake in the success of this initiative, as a model to replicate elsewhere in the region, to justify the resource expenditure and to achieve the HCI program aims of improving community health. This initiative represents a mechanism for IH to comply with MoH deliverables of Partnership Agreements and Healthy Living Strategic Plans.

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<sup>5</sup> A collaboration of UBCO, Urban Institute of Planners, and local municipalities aimed at providing education opportunities to improve the design of children’s playgrounds, parks and school yards to promote health and maximize well-being.

<sup>6</sup> See background for history of the Okanagan Similkameen Healthy Living Fair.

- **Ministry of Health – Healthy Families BC – Communities initiative:** has provided the provincial alignment, convening grants and capacity building workshops for participating municipalities. MoH has a stake in the success of the Coalition as a successful model to demonstrate the effectiveness of the HFBC-C approach.
- **Dr. Gerry Karr:** a retired physician and community champion who represents the vision and commitment to create and lead this project. He has spear headed the local action to bring the project to fruition. His considerable credentials and reputation are at stake within the community and with Coalition partners whom he has recruited, engaged and motivated to achieve the common vision of a healthier Okanagan Similkameen.
- **Coalition Core member authorities:** The six<sup>7</sup> founding core authority members of the Coalition have contributed human and in-kind resource support to guide the process of Coalition formation. Each founding partner has endorsed the project via a Letter of Understanding and, despite limited funding, have continued to provide support, time and commitment to the vision. Each has a considerable stake in the project success in order to justify their resource inputs (time, in-kind support) and to achieve their individual organizational goals to improve the health of their constituents.
- **Coalition Leadership – Board of Directors:** The 9 members of the founding Board of Directors will have a significant stake in the project success. Each must justify their volunteer time and ensure they are not held personally liable for inappropriate actions or inadequate accountability practices.
- **Regional authority members (Leadership Council):** The ten<sup>8</sup> additional authority partners within the Okanagan Similkameen region who join the Coalition in May 2013, have been attracted to the project through promises of significant support, opportunities for innovation and improved community health. Partners will likely require early success and demonstrable Coalition support in the start-up phase of the project in order to justify human resource allocation – given the tremendous time demands on these partner authorities.
- **Academic institutions – UBCO & Okanagan College** This project represents significant opportunity for longitudinal and project research. Academic institutions have a stake in the project success to complete research projects and satisfy research funders.
- **Constellation committees:** The Coalition offers significant support to registered constellation groups. The startup time required to help form the both the Coalition and the constellation groups, will be significant. Participants and organizations represented within the constellations have a stake in the project success to justify the allocation of scarce human and financial resources that will be required in the formation phase.

## 7.0 Links and Dependencies

This project is dependent on the following:

- The Ministry of Health HFBC-C initiative
- Interior Health for the *Healthy Communities Initiative*

<sup>7</sup> City of Penticton, Penticton Indian Band, Regional District of Okanagan Similkameen, School District 67, Okanagan Similkameen Healthy Living Society and Interior Health.

<sup>8</sup> Five municipalities, three Indian Bands, two school districts.

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- Adequate financial resources to support Coalition operations
  - Continued support by IH CIHS Operations staff to support local action
  - Continued commitment of the Coalition leadership (Board of Directors)
  - Compliance with CRA Charities Directorate

Projects and initiatives that depend on this project include:

- UBCO – once fully engaged as a partner – will have numerous research projects integrated throughout the activities of the Coalition and will rely on project completion to enable comprehensive research and requisite funding.
- Long term constellation projects will need commitment and support from the authority partners
- Economic development of the region will be positively impacted but are not dependant on the success of this project

## 8.0 Issues and Constraints

Issues and constraints that could impact project success include:

- **Organizational structure and roles:** It is important to redefine the organizational structure and roles of the Okanagan Similkameen Healthy Living Society (OSHLS) and the Okanagan Similkameen Healthy Living Coalition (OSHLC). The new structure must be clear, efficient and appropriate to the mission, and must be acceptable to CRA Charities Directorate. This structure must be in place by June 27, 2013 and leadership positions filled in order to manage Coalition business and remain compliant with CRA rules.
- **Commitment from partner authorities:** Ensure follow through on the verbal commitment given by authority representatives at the May 8 Inaugural Okanagan Similkameen Healthy Living Forum. The goal is to obtain representation from those authorities that were not represented to form a 16 member Leadership Council.
- **Budget and plan for completion of the formative work:** This must include: 1) Contracted services to prepare a fund-raising, project management, evaluation and communications plans. 2) Funds to support 5 – 7 constellations to complete community snapshots, analyze the results, identify gaps and opportunities, identify community champions and prepare healthy living strategic plans ; 3) Staff to implement the project strategies e.g. website development & communications, constellation support 4) rent and work station for office.
- **Community champions and constellation leads must be identified** who will engage with the Coalition to develop the community, inter-community and region-wide projects that will become the work of the coalition.
- **Administrative support for constellation work:** As much as authorities, constellation groups and Coalition Society members are committed to the Coalition vision and mission, they must have administrative support provided to them by the Coalition in order to deliver on their commitment.
- **Affiliate members:** The Board may choose to expand membership in the Coalition to include affiliates - individual or group - after the first year of operation however the huge

number of potential affiliate partners that align with this project may be too large for the Coalition to accommodate.

- **A fund-raising plan** must be written and funding obtained to support the formative and on-going work. Adequate funding is the essential prerequisite to formation and operation of the Coalition. Inadequate funding would be a 'deal-breaker'.
- **Regional Healthy Living Strategic Plan (RHLSP):** By the end of our formative stage one (April 30, 2014) we must build a regional healthy living action strategy that underpins our operations, avoids unnecessary duplication, promotes synergies, is aligned with provincial and federal priorities and can be used as a guide to the development and prioritization of community, intercommunity and regional healthy living action plans and projects.
- **Peer Review Committee:** In order to ensure fair, unbiased, consistent and defensible decision-making about the allocation of Coalition funds to constellation project proposals we will need to appoint an arms-length adjudication committee.
- **Operational funding strategy:** By the end of our formative stage we need to identify how we are going to obtain and manage funds to support the many community, inter-community and regional projects that will come forward under the OSHLCS
- **Communications plan and related IT support:** We must urgently recruit a communications professional who can develop an internal and external communications strategy and plan. This is most urgently needed in sustaining the confidence and momentum among our authority and community partners
- **Engagement of UBC and Okanagan College:** We must work with the post-secondary institutions in the region to define their role within the coalition, which is different from other institutions. The post-secondary institutions are essential to success due to: their significant contribution in the areas of best practices; research expertise; project design and monitoring; student contribution and disciplinary knowledge via practicum and student placement; and their potential to attract funding not otherwise available.
- **Timeline:** We need to establish and implement a timeline to complete the formation of a Coalition Society by June 27, 2013.

## 9.0 Milestones

The major milestones / targets / review points for the project are:

<b>Key Milestones</b>	<b>Target Date</b>
Six founding members endorse Letter of Understanding	June 2012
Core Coalition members align their vision and develop a Vision-Mission and Values	January 2013
Inaugural Regional Forum	May 2013
Ten new authority partners endorse the LOU	June 2013
Formation of OSHL Coalition Society	June 2013
Completion and adoption of Project Charter and interim fund-raising plan	July 2013
Formation of 5 – 10 constellations	August 2013

Completion and adoption of Coalition Business plan July 1 – April 30, 2014	September 2013
Constellation Healthy Living Strategic Plans	October 2013
Fall Regional Conference	November 2013
Regional Healthy Living Strategic Plan and Budget	December 2014
Funding dispersement and project reporting process in place	January 2014
Next phase of Constellation formation begins	February 2014
Year-end report and financial audit complete	May 31, 2014

**10.0 Budget**

Separate Excel attachment TBD

**11.0 Overall Resources Required**

Skilled community champion(s) effective in conveying a vision, recruiting and motivating stakeholders energy and passion.

**11.1 Human Resources**

Estimated human resource requirements include:

<b>Resource Role</b>	<b>Skill &amp; Effort Range</b>
Project Oversight	.1 IH HCI Practice Lead & .1 CIHS Administrator -to guide development, support project staff, and mitigate internal barriers & broker resource needs -offer appropriate representation on Coalition Governance issues -Society BoD, Coalition Interim Steering Committee, and future Coalition Society BoD to provide governance and to facilitate operations
Project Leaders	.5 Community Champion .5 FTE HCI Community Health Facilitator IH Central .1 CIHS Operations Manager SOK Representatives of six founding agencies to form the Coalition BoD Inaugural BoD for OSHLCS
Analysts	Measuring and monitoring Program staff within IH Promotion and Prevention Access to IH, RDOS, CoP technical support for web based communications platforms IH Project Management staff if available
Experts	IH Population Health nutritionist and tobacco specialists

	IH Healthy Built Environment specialists Contracted services: Auditor, Communications specialist, Project Management planning
Funding	Start-up funds from IH HCI & others for Coalition development Grants, donations, corporate sponsorships to fund Coalition operations [% administrative overhead fee to be taken from all funds raising to underwrite the small Coalition staff ]
Communications Staff	IH Local Communications specialist -Support with media relations and issues management IH Community Liaison SOK -Integrate HCI and Coalition messaging within standard external community relations work

### 11.2 External Resources

<b>Resource Type</b>	<b>Why Needed</b>	<b>Estimated Cost</b>
Other Government Organizations	Critical to implement the necessary policy and environmental changes necessary to support sustainable solutions to healthy living	\$0
Non-Government Organizations	Critical for collaborative partnerships to design innovative solutions to improve healthy living	\$0
Client Representatives		\$0
External Consultants	Grant writing Communications consultant and builder Project Management expertise	\$0
Vendors and Suppliers	TBD	\$0
<b>Total</b>		<b>\$0</b>

### 11.3 Special Committees

The following committees and working groups will be necessary for this project:

<b>Committee</b>	<b>Purpose of Committee</b>	<b>Membership</b>
Coalition Interim Steering Committee March – June 27, 2013	<ul style="list-style-type: none"> <li>• Provides project direction &amp; guidance in formative stage</li> <li>• Ensures stakeholder interests</li> <li>• Discusses/resolves issues</li> <li>• Reviews/approves changes &amp;</li> </ul>	<ul style="list-style-type: none"> <li>• Project Sponsor (chair)</li> <li>• Senior representatives from each of the six founding authorities</li> </ul>



	deliverables	
Coalition Society Inaugural Board of Directors June 27 – April 30 <sup>th</sup> , 2014	<ul style="list-style-type: none"> <li>• Raises funds</li> <li>• Provides expert advice to sponsor [and/or sub - committee]</li> <li>• Develops operations plans, guides and directs</li> </ul>	<ul style="list-style-type: none"> <li>• Blend of former Okanagan Similkameen Healthy Living Society &amp; Interim Steering Committee up to 11 members : 4 executive functions and 7 Directors at Large</li> <li>• IH ex-officio staff</li> <li>• ToR to be developed</li> </ul>
Coalition Society Board of Directors May 1, 2014 on-going	<ul style="list-style-type: none"> <li>• Provides expert advice to the project manager [and/or specific project teams or groups]</li> </ul>	<ul style="list-style-type: none"> <li>• Elected from the Leadership Council and previous Board members.</li> <li>• IH staff ex-officio member</li> <li>• ToR to be revised as appropriate</li> </ul>
Coalition Partners	Provide advice to ensure the Coalition meets the needs of all areas and partners within the region.	One senior representative of each of the 16 authority partners. ToR to be developed
Board sub-committees or working groups	Sub-committees of the Coalition Society Board of Directors	At least one BoD member as well as other members recruited from the community and who agree to abide by the Coalition guidelines. ToR to be developed
Steering Committee	Guides development and supervises the work of any Coalition staff. May dissolve as the Coalition evolves	Representative from each of the six Founding Partners
Constellations	Term specific. task/project focused groups that come together for a specific project	Inter-sectoral members with a stake and interest in the constellation focus area. ToR and registration process to be developed

**12.0 Risk Assessment - See Appendix A**

**13.0 Completion Criteria**

The project will be deemed complete when:

- All tasks in the project work plan have been completed;

- All project documents are complete and signed off by the executive sponsor group;
- All priority 1 and 2 project issues have been addressed;
- A plan has been established for addressing all Priority 3 issues;
- The project evaluation has been completed;
- The post implementation review (Product – Outcome/Results) has been scheduled;
- All project staff and physical resource release activities have been completed;
- All project-related contract finalization activities have been completed; and
- All project files are completed and documentation archived.

**14.0 Success Criteria**

An efficient Coalition organization provides the necessary support to all constellations to ensure success and contribute to the health of Okanagan Similkameen residents. Follow through on plans and objectives in the appropriate manner and responsive to the need to change them when necessary.

**15.0 Glossary of Terms – Terminology Table**

**Acronyms and Terms Used in the Charter**

CIHS	Community Integrated Health Services: The IH portfolio responsible for the public and population health
Community	A population segment within the Regional District that is connected by geography, as in a municipality or Electoral area; by culture or ethnicity; or by a shared interest, e.g. food security or tobacco reduction.
Coalition	A collaborative, means-oriented arrangement, especially a temporary one, that allows distinct people or organizational entities to pool resources and combine efforts in order to effect change
Constellation	Self-organizing action teams that operate within the broader strategic vision of a partnership. These constellations are outwardly focused, placing their attention on creating value for those in the external environment rather than on the partnership itself.
Constellation Governance	The Constellation Model of Collaborative Governance is a complexity-inspired framework designed to 'hold' collaborations within dynamic systems. Balancing chaos and order, energy and structure, the governance model supports multi-organization partnerships and networks within complex systems.
COPD	Chronic Obstructive Pulmonary Disease

Core Partner	One of the OSHLC founding 5 authorities: City of Penticton, Interior health, Penticton Indian Band, Regional District of Okanagan Similkameen and School District 67
CRA	Canada Revenue Agency
HFBC	Healthy Families BC is the Province’s health promotion plan to encourage British Columbians to make healthier choices. There are 4 key areas: Healthy Eating, Healthy Start, Healthy Communities and Healthy Choices.
HFBC- C	Healthy Families BC – Communities: One of the 4 HFBC pillars, the other 3 being Healthy Start, Healthy Eating and Healthy Lifestyles
IH	Interior Health
IH-HCI	IH Healthy Communities Initiative. The Healthy Communities Initiative in IH will use partnership, commitment and innovation to affect system change to reduce the risk factors associated with chronic disease and increase the opportunities for improved health outcomes for citizens.
ISC	Interim Steering Committee: A high-level leadership committee formed by the Coalition core group to oversee and administer the formative process
IT	Information Technology
Knowledge Portal	A section of the Healthy Families BC website with tools, documents, reports and resources. It is not yet live and may have an interactive component.
LOU	Letter of Understanding
Model Core Program: Healthy Living	A Long-term program that health authorities provide in a renewed and modern public health system aimed at increasing the adoption of healthy behaviors by British Columbians.
MoH	Ministry of Health
OC	Okanagan College
OS HLAS	Okanagan Similkameen Healthy Living Action Strategy: The strategic plan that underpins the development and prioritization of specific community, inter-community and regional healthy living

	projects within the Coalition
OSHLIC	Okanagan Similkameen healthy Living Coalition
OSHLCS	Okanagan Similkameen Healthy Living Coalition Society: The planned governing body for the Coalition, yet to be incorporated.
OSHLS	Okanagan Similkameen Healthy Living Society: The Society that convened the founding partners of the Okanagan Similkameen Healthy Living Coalition
RDOS	Regional District of Okanagan Similkameen
RHLSP	Regional Healthy Living Strategic Plan
Snap-shot	An inventory of local assets and resources that support or could support the mission, goals and objectives of the Coalition
UBCO	UBC Okanagan
VMV	Vision, Mission and Values

**16.0 Project Team**

Core Coalition Founding Committee Members	Members (multiple per organization)
School District 67	
Penticton Indian Band	
City of Penticton	
Okanagan Similkameen Healthy Living Society	
Regional District of Okanagan Similkameen	
Interior Health	

Leadership Team Members	
Dr. Gerry Karr	Community Champion – Project Vision
Betty Brown	Interior Health – <i>Healthy Communities Initiative</i>

**Support Team Members**

Support Team Member	
Lindsey Schoenne - Administrative support	Inactive

Inaugural OS Healthy Living Coalition Society Board to be formed June 27, 2013

<b>Board of Directors</b>	<b>Contact Information</b>
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<i>Number</i>	<i>Risk Event or Assumption</i>	<i>Impact if Occurs (L, M, H)</i>	<i>Likelihood of Occurrence (L, M, H)</i>	<i>Mitigation Plan</i>
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Working document

Chairperson	
Vice Chair	
VP Fund-raising	
Treasurer	
7 Directors at Large	

**APPENDIX A - Risk Plan**

1.	Failure to attract and retain sufficient number of partners to be considered regional	Moderate	Low	<ul style="list-style-type: none"> <li>• Good communications plan. Keep partners well informed and appreciated</li> <li>• Personal meetings; establish positive relationships</li> <li>• Reassure them that external funding will be provided to support HR costs: not fiscal pressure on their corporate budgets</li> <li>• Work with initial partners and plan to attract new partners early based on performance</li> </ul>
2.	Failure to attract sufficient funds to bring the formative stage to successful completion	High	Moderate	<ul style="list-style-type: none"> <li>• Prepare an updated formative budget plan with added detail</li> <li>• Write new grant applications based on the revised plan</li> <li>• Follow through on preparation of grants underway</li> </ul>
3.	Loss of CRA Charitable status because of failure to meet their requirements when restructuring.	High	Low	<ul style="list-style-type: none"> <li>• Consult Charities Directorate regarding restructuring to ensure that we create a structure that meets their approval</li> <li>• IH continues to work with communities on HCI independent of the Coalition.</li> </ul>
4.	Coalition leadership (Interim Steering Committee) does not function well because they can't handle the added workload; formative work does not get done	High	Moderate	<ul style="list-style-type: none"> <li>• Ensure administrative support with needed skills is in place</li> <li>• Deal promptly with existing uncertainties about structure and process that create inefficiency</li> <li>• Ensure good communications with regular updates and clear agendas for meetings</li> <li>• IH continues to work with communities on HCI independent of the Coalition.</li> </ul>
5.	Loss of Coalition champion due to burnout or other health issues.	High	High	<ul style="list-style-type: none"> <li>• Expedite the functioning of the Steering Committee</li> <li>• Identify an alternate champion to be a backup</li> </ul>

				<ul style="list-style-type: none"> <li>IH continues to work with communities on HCI independent of the Coalition.</li> </ul>
6.	We can't identify an organizational structure for the Coalition that satisfies partners and the Coalition does not proceed to launch	Low	High	<ul style="list-style-type: none"> <li>Clear communications about the rationale for the constellation model</li> </ul>
7.	We can't identify a project funding model that satisfies partners and constellations and the Coalition does not proceed to launch	Moderate	High	<ul style="list-style-type: none"> <li>Engage partners in designing the funding model and its rationale</li> </ul>
8.	We can't attract core funding from within the Coalition to merit matching grants	Moderate	High	<ul style="list-style-type: none"> <li>Develop a communications plan to engage the needed political support at the municipal and RDOS levels</li> </ul>