

Beyond 2008:
Human Resource Needs for the OHHP-Taking Action for Healthy Living
Prepared by the OHHN-Human Resource Working Group
Presented to the Ministry of Health Promotion
On Behalf of the Ontario Heart Health Network (OHHN)
May 20, 2008

1. INTRODUCTION

The OHHP-Taking Action for Healthy Living is a key pillar of Ontario's chronic disease prevention system that influences the practices of many people and organizations. The goal of the OHHP-Taking Action for Healthy Living (OHHP-TAFHL) is to prevent cardiovascular disease and other chronic diseases such as type-2 diabetes, stroke and some forms of cancer. The OHHP-TAFHL achieves this goal through the development of collaborative partnerships across Ontario. These collaborative partnerships are defined as Community Partnerships (CPs) and reflect "the act of working together to support a common goal through collaboration. It is not about "merging" but instead finding common ground to build awareness, education, environmental supports and healthy public policy" (OHHN, 2007, p.3).

OHHP-Taking Action for Healthy Living Community Partnership model:

One Voice – Equal partners at the table – shared decision making

A Common Goal – "Do with you" approach – from planning to implementation

Flexibility – Responsive to community values, needs, issues – creates trust

Collective Expertise – Wide network of partners – local, regional and provincial

Collaboration – Maximizes resources- eliminates duplication and competition

Mutual Respect – What's in it for me? Partners' needs are met as well.

Innovation – Broad provincial strategies link to programs at the local level.

The strength of the OHHP-TAFHL is the many well-established partnerships sustained at the local, regional and provincial levels. In the 37 OHHP-TAFHL Community Partnerships, there are over 2700 community partners delivering chronic disease prevention programming across Ontario. It is through collaboration, information and knowledge exchange, sharing of resources and open dialogue within these partnerships that the OHHP-TAFHL has been able to continue evolving to meet government objectives and to remain aligned with the goals of the developing chronic disease prevention system in Ontario.

The nature of funding for the OHHP-TAFHL has historically been dedicated allocations for a finite time period, such as five to four year funding cycles. There is a need to evolve, promote and advocate for continued funding beyond the current funding cycle. Long term dedication and commitment to funding for the OHHP-TAFHL is needed to maintain program momentum and partner involvement. In order to meet this challenge, the OHHN has created a number of working groups such as Continuation Working Group to develop the argument of continued funding and evaluation for the program.

In 2003, the Ontario Heart Health Network (OHHN) Continuation Working Group identified the need to examine the human resource aspect of the OHHP-TAFHL. The Human Resource Task Group 2003 presented recommendations to the Ministry of Health and Long Term Care (previous funding Ministry) for uptake in Phase II. Some of the recommendations were included in Phase II and some were tabled for further discussion if the program continued beyond 2007.

The purpose of this submission is to continue the discussion with the Ministry of Health Promotion (current funding Ministry) concerning the human resource aspects of the OHHP-TAFHL. The OHHN- Human Resource Working Group 2008 has developed recommendations listed in this document by building on previous recommendations (Phase I and II) and current discussions and information gathered from the membership of the OHHN.

The intention of this submission is to make recommendations for consideration by the Ministry of Health Promotion for the continued evolution of the OHHP-TAFHL and the creation of Phase III. These recommendations outline the various roles expected in the Community Partnership, the distinct as well as shared responsibilities of the various players and the specific functions attached to some roles with specific attention to the fundamental functions of the OHHP-TAFHL Coordinator.

2. BACKGROUND

The OHHP-TAFHL has evolved since its conception and implementation. Here is a “snap-shot” of this evolution related to the human resource needs of the program:

1990-1996

Heart Health Action Program

It was recognized in the Heart Health Action Program and reinforced in the Ontario Heart Health Program that a Coordinator with dedicated time to devote to coalition functioning is essential to coalition success. This seems to work best in most communities when the Coordinator is a host agency employee with clear accountability to the whole Community Partnership.

1998-2003

Ontario Heart Health Program (OHHP)

The Provincial Evaluation of Phase I of the OHHP, 1998-2003, identified as a challenge: limited resources (financial, human and program). It also identified the project was most impeded by public health's inability to dedicate a full time OHHP Coordinator along with the necessary administration and technical support and a high turnover of OHHP Coordinators.

The OHHP 2003 Qualitative Study identified the need for greater clarity regarding decision-making authorities and the specific responsibilities of each player, especially the decision-making authority of the Community Partnership (CP). This was to ensure that OHHP resources, which are designated for shared activities of the partnership, and decisions about the use of these funds, are made by the partnership.

2004-2007

OHHP-Taking Action for Healthy Living

The OHHN Phase II Continuation Working Group proposed that a problem solving process to determine the role of the Coordinator take place across the province to ensure that communities have a choice in the implementation of this program component after 2003. The existing Coordinators, host agencies, community partners and CPs, the ministry and provincial partners need to be part of this consultation process in order to develop the options that reflect the local community needs.

The OHHN-Continuation Working Group for Phase III was successful in securing a transition year (2008) and a commitment from the Ministry of Health Promotion to continue dialogue about the value and future of the OHHP-TAFHL.

2007/2008

Beyond 2008: Human Resource Needs of the OHHP-TAFHL

The OHHN through various working groups over the years, have presented ideas, concepts and strategic strategies for discussion and direction to identify the next steps for the OHHP-TAFHL. Methods used to gain perspectives from the OHHN membership have been through: presentations at OHHN bi-annual meetings, postings on the Coordinator's listserv and updates at OHHN regional meetings.

Discussing and developing recommendations for the human resource needs of the OHHP-TAFHL beyond 2008 has been the mandate of the OHHN- Human Resource Working Group 2008. They have reviewed archived documents from the different phases of the OHHP-TAFHL to see where attention is required to strengthen the human resources of the program beyond 2008. This committee has also collected information through a facilitated session led by a consultant where OHHP-TAFHL Coordinators had an opportunity to provide reflective thoughts on what they see as the roles and responsibilities of this position and how they see the role of the Ministry of Health Promotion, host agency and CP.

Here is a brief overview of what they have found:

- There is a need to consider the human resource requirements after 2008 and everyone involved needs to work together for a solution
- There is still a high turnover of Coordinators and this issue needs to be addressed across the province
- The human resource aspect includes looking at the roles and responsibilities of everyone involved. This is a critical success factor for a community-based program such as the OHHP-TAFHL
- There has been a lot of work already done on identifying the roles and responsibilities within the OHHP-TAFHL and the need for greater clarity regarding decision-making authority within the program. There is still a gap in uptake and provincial direction of these ideas.

3. RECOMMENDATIONS TO THE MINISTRY OF HEALTH PROMOTION:

3.1 Consider the Concept of Four Human Resource Needs for the OHHP-TAFHL:

The OHHN-Human Resource Working Group 2008 presents the concept of four human resource needs for the OHHP-TAFHL. The four human resource categories that represent the OHHP-TAFHL are:

1. **Ministry of Health Promotion**
2. **Project Manager** (formerly referred to as Project Coordinator)
3. **Host Agency**
4. **Community Partners**

In order to have a strong, collaborative program that models community partnership, each of these four human resources aspects requires strengthening and direction from the Ministry of Health Promotion.

3.2 Consider incorporating the RASCI model in OHHP-TAFHL Guidelines for Phase III and include the roles and responsibilities of the Host Agency, Project Manager and Community Partnership within the guidelines and include them on the Review Criteria¹. This includes developing a checklist for host agencies to use to ensure they are following the contractual agreement to host the OHHP-TAFHL.

One of the key findings from reviewing archived material was a proposed chart in 2003 that outlined the expectations of the different partners. This chart came from the work of the Human Resource Task Group 2003 and is part of the Heart Health Orientation manual produced by the Heart Health Resource Centre (HHRC). As requested at the OHHN meeting in April 2008, this chart has been updated with minor adjustments made to reflect the current chronic disease prevention landscape. Related to the OHHP-TAFHL, CP is used instead of coalition and with respect to the Ministry of Health Promotion, MHP is used in place of MOHLTC.

RASCI Model

The RASCI model below provides a much more specific outline of the expectations. Vertically, a select sub-set of local functions have been identified, selected based on areas of confusion during Phase I. This model could be enhanced locally by adding more items to the vertical list; if partnerships felt further delineation was helpful.

For each function listed, the corresponding row identifies the roles within the OHHP, both locally and provincially, that should be providing that function. Specifically, the players identified within the cells below refer to the minimum requirements expected within the OHHP. Local community partnerships (CP) are encouraged to add others within each cell as deemed appropriate. For instance, under “consult”, a CP may add several others with whom they might consult on a given decision in addition to the ones identified here as required. The RASCI “formula” outlines:

¹ Review Criteria is the form created by the Ministry of Health Promotion to review the submitted OHHP-Taking Action for Healthy Living applications.

R Responsible

Who will be held accountable for the decisions or actions taken?

A Approval

In making a decision on a particular matter, who needs to give final approval?

S Support

Before proceeding with the decision or the implementation, from who will it be necessary to gain support?

C Consult

In making a decision or taking action, who will it be necessary to consult with in advance of making the decision?

I Inform

Once the decision has been made or action taken, who should be informed of this?

Table 1: RASCI Model for OHHP Role Clarity in Decision-making

	Who is responsible ?	Who gives final approval ?	Who needs to support it?	Who needs to be consulted ?	Who needs to be informed ?
Establish the governance structure for the Community Partnership (CP)	CP	CP	CP	CP	Ministry of Health Promotion (MHP)
Long-term Strategic Plan for the CP	CP	CP Ministry	Individual partner organizations	MHP (FAP requirements)	MHP Individual partner organizations
Short-term Operational Program Plan - Programming & evaluation decisions	CP	CP MHP	Individual partner organizations	MHP	MHP Individual partner organizations
Short-term Operational Plan – budget allocation	CP	CP MHP	Individual partner organizations	MHP	MHP Individual partner organizations

	Who is responsible?	Who gives final approval?	Who needs to support it?	Who needs to be consulted?	Who needs to be informed?
Program-based Reports (including reporting in-kind contributions)	CP	CP MHP	CP	CP	MHP Individual partner organizations
Financial reports	Host agency	CP MHP	CP	OHHP Coordinator	MHP CP
Financial procedures	Host agency	Host agency	No one else	No one else	CP OHHP Coordinator
Monitoring financial status against projected budget	CP	CP MHP	Host agency	Host agency OHHP Coordinator	Host agency CP MHP
Policies related to OHHP Coordinator (staff Management)	Host Agency	MHP	No one else	No one else	Host Agency CP
Roles and responsibilities of OHHP Coordinator (consistent job description)	MHP	MHP	Host Agency	Host Agency	OHHP Coordinator CP
Policies related to volunteer management	CP will decide which set of policies will be adopted to govern the operations of volunteers.	CP MHP	No one else	No one else	MHP Volunteers Host Agency
Coverage for volunteer liability	Host agency through their Certificate of Insurance	Host agency	No one else	No one else	CP Volunteers
Policies related to revenue generation (e.g. grants, corporate sponsorship, fundraising, donations, product sales)	CP	CP MHP	Individual partner organizations (especially those with a fundraising mandate)	MHP(on any potential private sector arrangement where the private sector partner is outside local community)	MHP (through financial reports)

	Who is responsible?	Who gives final approval?	Who needs to support it?	Who needs to be consulted?	Who needs to be informed?
Policies related to the development, implementation, dissemination & ownership of program evaluation products (reports, tools, data)	CP	CP	Partners involved in the evaluation process under discussion	Partners involved in the evaluation process under discussion	CP Partners involved in the evaluation process under discussion
Program Implementation	CP	CP	Partners contributing in-kind resources to the particular program	Other work groups & community organizations where potential overlap or synergy is possible	CP MHP (through reporting)

3.3 Consider the following changes for the OHHP-TAFHL Coordinator Position:

3.3.1 *Change the name of Project Coordinator to Project Manager in all documents related to the OHHP-TAFHL including the guidelines.*

3.3.2 *Include a standardized job description for the Project Manager within the guidelines.*

Rational for this change:

In order to address the high turnover of OHHP-TAFHL Coordinators it is imperative to redefine some of the current aspects related to the Coordinator role, the complexity of the role requirements, organizational policies and local situations need to be considered. As part of the original funding, the host agencies were expected to allocate one full time staff position to coordinate the local OHHP project. The expectation that this requirement would be fair and equitably applied across the province was not realistic. For larger host agencies with a larger number of staff and managers, the requirement was feasible; designating FTEs to support the local OHHP activities was not a problem. In smaller host agencies, allocating one FTE was actually (or perceived to be) depleting already limited resources.

At the OHHPN April 2008 meeting the membership confirmed that there is high turnover of people working in this position. Here is what they learned:

Table 2: Turn over of Coordinators in a three year period (2006, 2007, 2008)

Area in Ontario	Total Coordinators per Area	Turn over of Coordinators 2006	Turn over of Coordinators 2007	Turn over of Coordinators 2008
North West	2	0	0	0
North East	5	0	0	0
Central East	6	1	5	1
East	8	2	3	2
Central West	7	5	3	1
South West	9	3	2	1
Total	37	11	13	5
Percentage		31%	35%	14%

Demonstrated in Table 2 is an increase in the number of OHHP-TAFHL Coordinators who are leaving this position. Already, within four months in 2008 there have been five OHHP-TAFHL Coordinators who have left the program. This issue needs to be addressed by the Ministry of Health Promotion in partnership with the OHHN.

Again building on the experiences and evaluations of the previous two phases of the program, a more detailed picture is emerging of what the specific functions are for the OHHP Coordinator. Listed below in Table 3 are those functions that are universal to all OHHP Coordinators across the province. These should be reflected in the name and list of specific roles and functions of the position included in the Application. The second table includes functions that have been identified as important in a CP but that may or may not fall to an OHHP Coordinator's role. Local CPs are encouraged to identify who will fulfill these functions. This second table is not meant to be exhaustive.

Table 3: OHHP Coordinator Functions

Accountability	<ul style="list-style-type: none"> o Maintain official records (documents, contributions-in-kind, reports) o Monitor Operational Plan (budget, timelines, outputs) against the strategic direction and original needs assessment (1998) o Process incoming invoices for expenditures o Gather contributions-in-kind and resource distribution numbers for inclusion in reports o Coordinate, collate and submit, on behalf of the CP, required provincial plans and reports, including the collation of contributions-in-kind from partners
Communication	<ul style="list-style-type: none"> o Link between local project work groups o Establish & maintain local communication vehicles o Initially deal with all incoming correspondence for the CP o Link between community partnership & host agency o Contact person for the provincial components (Ministry,

	<p>Evaluation, OHPRS / HHRC, OHHN)</p> <ul style="list-style-type: none"> o Link to OHPRS / HHRC consultants providing local service o Monitor, on a daily basis, postings to the HHRC “Heartlinks” listserv o Network with partners, OHHN and regional colleagues
Coordination	<ul style="list-style-type: none"> o Coordinate the local planning and evaluation process o Connect the necessary components of various project working groups and programs o Coordinate, with appropriate partners, local meetings and partnership-wide events o Coordinate submissions for any funding requests, proposals created by the CP o Coordinate the completion of surveys, requests for information coming to the CP o Secure additional technical or human resource assistance as needed for work groups and Steering Committee (e.g. HHRC consultants) o Coordinate the various aspects of a Volunteer Management program for partners and volunteers
Partnership Support	<ul style="list-style-type: none"> o Nurture the relationship with and between partners to maintain their participation o Work with chair to establish meeting details (agenda, timing, materials, consultants as required) o Provide CP with regular Operational Plan updates (budget, timelines, outputs) o Identify & facilitate access to training and learning needs of the partners o Ensures new partners are well oriented
Program Support	<ul style="list-style-type: none"> o Act as a technical resource and coach to local work groups, as needed (e.g. planning, evaluation, “best practices”, specific risk factors) o Ensure local identity appears as necessary o Monitor inventory of local products (promotional items, program materials) o Implement program elements as assigned in the Operational Plan
Representation	<ul style="list-style-type: none"> o Ex-officio member of local project CP Steering Committee o Participate on relevant local community committees, groups, coalitions on behalf of CP o Active participation in the OHHN o Active participation on regional HH groups, if they exist (OHHN regional groups, OHHP Coordinator meetings) o Attend HHRC provincial &/or regional training events o Participate in the OHPRS / HHRC evaluation, as requested

The OHHN is recommending that Ministry of Health Promotion change the name of Project Coordinator to Project Manager in all documents related to the OHHP-TAFHL and include a standardized job description for the Project Manager within the guidelines.

This will provide a foundation upon which to discuss the duties and responsibilities of this position within the program. It will increase the understanding of the Community Partnership on the role and intention of this position. The definition of project management as intended for this program is as follows:

Project Management (PM)

PM refers to the application of knowledge, skills, and techniques to fulfill project requirements. It is accomplished through the application and integration of the specific processes which include identifying project requirements, establishing clear objectives, balancing the demands of scope, time and cost, and adapting the project to meet the requirements of various stakeholders. Government projects are generally considered to be unique since they must also balance legal constraints, public accountabilities and the use of public resources. Since stakeholder management is a key component of government project management it is therefore particularly relevant to the OHHP-TAHL position as the role requires considerable skill in managing community partnerships.

One of the key defining characteristics of project management is the contribution toward the achievement of strategic objectives and benefits of a specific program. Since a program can be defined as a group of related projects or a series of cyclical activities managed in a coordinated fashion, the OHHP-TAFHL represents the centralized program management of several local projects to achieve the program's strategic objectives.

The scope of practice of a project manager includes the management of the following key areas: integration, scope, cost, time, quality, human resources, communications, risk and procurement. These nine knowledge areas along with the key processes of initiating, planning, monitoring, executing and closing illustrate the integrative and complex nature of the project management work in fulfilling the overall goals of the OHHP-TAHL.

A proposed job description for the Project Manager is listed under Appendix A that reflects the evolved roles and responsibilities of this position.

3.4 To add the following roles and responsibilities of the Ministry of Health Promotion to the OHHP-TAFHL guidelines and to work in partnership with the OHHN to develop indicators of success.

Rational for this recommendation:

The Ministry of Health Promotion (MHP) is a key partner with provincial organizations and local communities in the design and implementation of the OHHP-TAFHL. The OHHP-TAFHL builds on the public health system by providing funds to enable communities to work across sectors to address the risk factors associated with chronic disease prevention. The MHP maintains its partnership at all levels to ensure its strategic direction continues to support corporate direction and the needs of Ontarians.

The roles and responsibilities identified to strengthen the human resource aspect of the OHHP-TAFHL are:

1. Ministry Project Coordinators having more of a “hands on” role that includes visiting Community Partnerships and events. This includes collecting unique stories and lessons learned from across the province to highlight the accomplishments of the Community Partnerships to reduce chronic disease within the Ontario Chronic Disease Prevention System.
2. Recognizing the extra ordinary contributions of OHHP-TAFHL community partnership by developing a recognition program.
3. Advocating for increased funding. Re-visit per capita funding with built-in flexibility for special circumstances (poverty, distances, first nation etc.).
4. Increasing their understanding of the unique role of the OHHP-TAFHL within the chronic disease prevention system and the function of the Project Manager’s role that includes balancing reporting to both the community partnership and the host agency.
5. Creating/accepting a consistent job description for the Project Manager.
6. Encouraging multi disciplinary professionals for the Project Manager Position within Host Agencies.
4. Performing audits or developing indicators of success on how the local programs are working to meet the program guidelines.
5. Initiating exit interviews (within one month) with the host agency and if possible the Project Manager when a Project Manager leaves the project as a means to gain an increased understanding of the role and function of each.
6. Ensuring accountability of Host Agency regarding legal agreement. This includes collecting documentation of the name of the Project Manager and support staff dedicated to the project.
7. Defining “conflict of interest” for Host Agency.

3.5 Consider if a public health unit in Ontario is unable to meet the requirements of the OHHP-TAFHL Phase III that other local community organizations will be considered as the host agency.

Rational for this recommendation:

Currently, there is one OHHP-TAFHL program hosted by a community hospital and not the local public health unit. This program has demonstrated many successes over the last ten years and has modeled the intent of the OHHP-TAFHL through the development of collaborative partnerships and program implementation to increase the health of the community. This local

OHHP-TAFHL project provides an example that the OHHP-TAFHL can be hosted by other community organizations and that they can successfully implement the program as intended. Moreover, as the fundamental function of the OHHP-TAFHL is the development of collaborative partnerships other community organizations are well poised to engage in the host agency function of the OHHP-TAFHL.

Public Health Units are facing an uncertain and changing time with the release of the Capacity Review recommendations, new public health standards to be implemented and their own human resource issues. A public health unit in Ontario may be faced with not having the capacity to act as the host agency for the OHHP-TAFHL. The OHHN wants to ensure that the Ministry of Health Promotion is open to considering another community organization as the host agency, similar to what they did ten years ago in order to maintain Community Partnerships in all 36 OHHP- TAFHL project regions.

4.0 Conclusion

In conclusion, this submission is to continue the discussion with the Ministry of Health Promotion concerning the human resource aspects of the OHHP-TAFHL. The OHHN- Human Resource Working Group 2008 developed the recommendations by building on previous recommendations (Phase I and II) and current discussion and information gathered from the membership of the OHHN. The intention of these recommendations is to impact on the continued evolution of the OHHP-TAFHL and the creation of Phase III.

The recommendations to the Ministry of Health Promotion are for them to:

Recommendation #1:

Consider the Concept of Four Human Resource Needs for the OHHP-TAFHL

Recommendation #2:

Consider incorporating the RASCI model in OHHP-TAFHL Guidelines for Phase III and include the roles and responsibilities of the Host Agency, Project Manager and Community Partnership within the guidelines and include them on the Review Criteria². This includes developing a checklist for host agencies to use to ensure they are following the contractual agreement to host the OHHP-TAFHL.

Recommendation #3:

Consider the following changes for the OHHP-TAFHL Coordinator Position:

1. Change the name of Project Coordinator to Project Manager in all documents related to the OHHP-TAFHL including the guidelines.
2. Include a standardized job description for the Project Manager within the guidelines.

² Review Criteria is the form created by the Ministry of Health Promotion to review the submitted OHHP-Taking Action for Healthy Living applications.

Recommendation #4:

Add the following roles and responsibilities of the Ministry of Health Promotion to the OHHP-TAFHL guidelines and to work in partnership with the OHHN to develop indicators of success.

1. Ministry Project Coordinators having more of a “hands on” role that includes visiting Community Partnerships and events. This includes collecting unique stories and lessons learned from across the province to highlight the accomplishments of the Community Partnerships to reduce chronic disease within the Ontario Chronic Disease Prevention System.
2. Recognizing the extra ordinary contributions of OHHP-TAFHL community partnership by developing a recognition program.
3. Advocating for increased funding. Re-visit per capita funding with built-in flexibility for special circumstances (poverty, distances, first nation etc.).
4. Increasing their understanding of the unique role of the OHHP-TAFHL within the chronic disease prevention system and the function of the Project Manager’s role that includes balancing reporting to both the community partnership and the host agency.
5. Creating/accepting a consistent/standard job description for the Project Manager.
6. Encouraging multi disciplinary professionals for the Project Manager Position within Host Agencies.
7. Performing audits and developing indicators of success on how the local programs are working to meet the program guidelines.
8. Initiating exit interviews (within one month) with the host agency and if possible the Project Manager when a Project Manager leaves the project as a means to gain an increased understanding of the role and function of each.
9. Ensuring accountability of Host Agency regarding legal agreement. This includes collecting documentation of the name of the Project Manager and support staff dedicated to the project.
10. Defining “conflict of interest” for Host Agency.

Recommendation #5:

Consider if a public health unit in Ontario is unable to meet the requirements of the OHHP TAFHL Phase III that other local community organizations will be considered as the host agency.

Appendix A

OHHP-Taking Action for Healthy Living Project Manager Job Description

Purpose of the Position:

To provide leadership and consultation in designing, implementing and evaluating OHHP-Taking Action for Healthy Living (OHHP-TAFHL) initiatives within the mandated project parameters. This involves collaborating closely with partner groups, community agencies and the community, and involves supporting and encouraging the integration of healthy lifestyle programs and initiatives in the community. Responsibilities include providing consultation and support to partners regarding health promotion theories, research, and better practices, comprehensive programming such as community mobilization, social marketing, advocating for healthy public policy and environmental supports, and developing communication campaigns. Regular contact and reporting to the Ministry of Health Promotion for collaboration and problem solving on the direction of the project is required.

Qualifications:

Educational:

Education:

- Baccalaureate Degree (4 year) in Health Sciences, Behavioral Sciences, Health Promotion, Business Administration, Communications, Social Marketing or other related field.
- Special emphasis on project management would be an asset.

Experiential:

- Extensive experience in community mobilization
- Familiarity with local organizations and issues
- Knowledge of and applied practice of a variety of health theories including health promotion, behaviour change and social marketing
- Knowledge of chronic disease prevention strategies
- Knowledge of evaluation and sustainability
- Volunteer management an asset
- Computer knowledge and experience

Skills and abilities:

- Strong interpersonal, facilitation, communication and negotiation skills
- Conceptual, nurturing, and committed as a leader to the project
- Positive attitude, ability to influence, highly knowledgeable in project management
- Community planning and mobilization including needs assessment, program planning, social marketing, communication, group facilitation and evaluation
- Project management including budget preparation and monitoring, tracking deadlines, working with a variety of internal and external partners
- Ability to work as part of an interdisciplinary team to build strong relationships within and outside the organization

Duties:

- Develop, design, implement, manage and evaluate chronic disease promotion initiatives to meet the objectives of the OHHP-TAFHL
- Participate in the research, monitoring, and proposed interpretations of the local data relevant to chronic disease prevention and remain current with literature and best practices to assist with priority setting, targeting and determination of community wide strategies
- Promote development, implementation and support of community-based chronic disease prevention programs based on priorities defined and targeted at specific target groups.
- Foster, maintain, and sustain community involvement in the region for the chronic disease project by recruiting, negotiating and supporting multiple community partners and volunteers to reflect the demographics of the region
- Prepare and submit regular reports on behalf of the Community Partnership project as required by the Ministry of Health Promotion regarding long term plans, project progress and financial status to all stakeholders.
- Monitor budget expenditures for project funds and prepare reports as required by the Ministry of Health Promotion for review by all stakeholders
- Represent the local Community Partnership at local, regional and provincial meetings that strengthen and further the goals and objectives of the OHHP-TAFHL.
- Ensure opportunities for training and professional development of community partners, volunteers and affiliated service providers.
- Ensure that the OHHP-TAFHL Community Partnership meets the in-kind criteria. This includes developing a procedure to document in-kind contributions by the community partners and the host agency.
- Participate in chronic disease prevention research and evaluation projects at the local, regional and provincial levels
- Collaborates with key decision makers locally, provincially and federally to advocate for healthy public policy.
- Develop a communication strategy to ensure that all stakeholders are aware of what is happening at the local, regional and provincial level.