

Nova Scotia Public Health

Partnership *Protocol*



NAVIGATE THROUGH THIS DOCUMENT BY CLICKING THE BUTTONS, OR PAGE NUMBERS AT LOWER RIGHT.

ACCESS ASSOCIATED PROTOCOL EXPECTATIONS BY SELECTING THE PROTOCOL NAME BELOW.

PROTOCOL EXPECTATIONS:

Understanding

Priority Setting & Planning

Partnership

Policy

Health Equity

Communicable Disease Prevention, Management, & Response

Publicly Funded Immunization

Environmental Health

Healthy Communities

Healthy Development



Expectations

Public health will

Partner Selection

- identify relevant partnerships needed to support the work across the Public Health Standards and Protocols
- assess readiness to form partnerships and study their nature⁹ (e.g., a shared vision, common goals, desire to work together, resources, etc.)
- identify gaps and vulnerabilities within existing partnerships
- develop partnerships that are reflective and representative of the community's diversity and the issue and its context
- promote community capacity building and action by fostering partnerships and collaborating with community partners, including the voluntary sector, non-governmental organizations, local associations, community groups, networks, coalitions, academe, governmental departments, the private sector, Community Health Boards, and others

Partnership Building

- adopt the appropriate role,¹⁰ depending upon the issue and its context, including the capacity/readiness of public health partners and communities. In some instances it is to lead; in others it is to support/participate. The required role may change over time.
- engage with partners, communities, and the public in the assessment, planning, implementation, monitoring, and evaluation of programs and services to create supportive environments and reduce health inequities (see Priorities Setting and Planning Protocol and Health Equity Protocol)
- engage with partners, communities, and the public in determining how communication among partners will take place

Maintenance and Evaluation

- monitor and evaluate partnerships to determine their relevance and effectiveness in supporting the work across the Nova Scotia Public Health Standards and Protocols (see Priority Setting and Planning Protocol)

⁸ Based on the *Strategic Partnering Conceptual Framework*, Centre for Disease Control and Prevention (no date)

http://www.cdc.gov/dhdsp/programs/nhdsp_program/roadmap/docs/Strategic%20Partnering%20Conceptual%20Framework_ac.pdf

⁹ See the Ontario Healthy Communities Coalition <http://www.ohcc-ccso.ca/en/courses/community-development-for-health-promoters/module-three-community-collaboration/types-of-col> for discussion on partnerships, collaborations, coalitions, networks.

¹⁰ In *Moving Forward: The Six Stakes* (Nova Scotia Public Health, 2010), Stake #3 speaks to the many roles for public health as advocate, connector, collaborator, coach, mentor, champion, builder of competencies, facilitator (in bringing people together), catalyst for change, and innovator.

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