

Connecting People and Community for Living Well

Final Evaluation Report

Connecting People & Community for Living Well

July 2023

Table of Contents

Executive Summary	4
Introduction	6
Methods	9
Evaluation Objective 1: Collaborative Wellbeing	11
Evaluation Objective 2: Implementation	21
Evaluation Objective 3: Community Capacity.....	32
Evaluation Objective 4: Lessons Learned	77
Conclusion	83
References.....	84
Appendices	86

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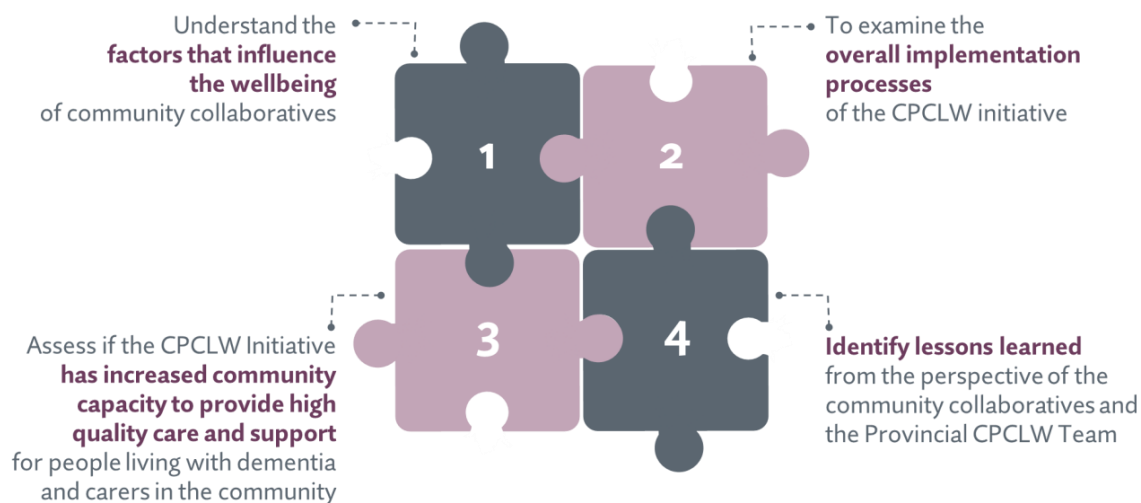
Executive Summary

Introduction

Connecting People and Community for Living Well (CPCLW) is a Health Canada grant funded initiative focused on developing a wellbeing driven, collaborative approach to community-based support for people living with dementia and their carers in rural communities in Alberta. This evaluation focuses on peoples' experiences with CPCLW, and lessons learned during development and implementation of the CPCLW model.

Methods

Using a principles focused evaluation approach, evidence from focus groups and an online survey was analyzed to address four evaluation objectives:



Lessons

Evaluation Objective 1: Contributors and detractors to wellbeing

Factors that contribute to and detract from a collaborative's wellbeing operate at the local and system level and some are easier to nudge than others (e.g., building collaborative teams and a shared vision within them is easier to influence than the resource and funding constraints that limit collaboratives' capacity). Future implementation efforts should consider:

- ✓ Opportunities for **quick wins alongside longer-term wellbeing goals** to build collaborative momentum.

- ✓ Identifying resources to invest in dedicated **coordinator support** because collaboratives with dedicated coordinator time appear to be more successful.

Evaluation Objective 2: Implementation Process

The real-time evolution of the CPCLW model and resources was unfamiliar to many project participants and the complexity of a theory-driven model was sometimes challenging to work with. Going forward, the CPCLW team should consider:

- ✓ Ways to ensure project communication remains **clear, succinct, and purposeful**.
- ✓ That CPCLW supporting documents are acceptable to **intended users and audiences**.
- ✓ Increased focus on CPCLWs potential to **align and tailor implementation** to local context and needs.

Evaluation Objective 3: Increased Capacity

Overall, support provided by the CPCLW team was viewed as being beneficial for both collaborative wellbeing and capacity building. Future implementation efforts should consider:

- ✓ Continuing to build the **flexibility and variety** of support options for various stages of collaborative establishment.
- ✓ Further review of the purpose and use of **CPCLW Guiding Principles**. While they are potentially a useful strategic tool, some evidence suggests they were not an explicit part of internal communication or planning.

Evaluation Objective 4: Lessons Learned for Sustainability

All collaboratives said they wanted to continue their engagement with CPCLW in some capacity in the future. Upon completion of the project and this evaluation, the CPCLW team secured additional funding from Health Canada to continue implementation efforts with interested communities. Key considerations for sustainability are:

- ✓ Building **multi-sector representation** on the core CPCWL team.
- ✓ Continued efforts to **secure permanent operational** funding instead of term-limited grant funding.
- ✓ Ongoing advocacy for a **holistic approach to wellbeing** rather than a healthcare driven definition that focuses on acute and tertiary care.
- ✓ Exploring opportunities for new **partnerships**, within Alberta and beyond.

Introduction

Background

Dementia is a syndrome, usually progressive in nature, that leads to a deterioration in cognitive function beyond what might be expected from the usual consequences of biological aging (World Health Organization (WHO), 2023). Dementia has physical, psychological, and social impacts not only for individuals who live with it, but also for their carers and families (WHO, 2023). Healthcare organizations such as Alberta Health Services (AHS) cannot address these diverse needs alone. Rather, community collaboration is required for older adults to successfully age in place, and AHS has an important role to play in this arena.

In 2020 Alberta Health Services' (AHS) Strategic Clinical Networks and Provincial Seniors Health and Continuing Care (formerly, Seniors Health Strategic Clinical Network) were awarded a \$1.4 million grant from Health Canada as part of the Health Canada Health Care Policy Contribution Program (HPCPCP). The **Connecting People and Community for Living Well (CPCLW)** grant aimed to support a wellbeing driven, collaborative approach to improving care and support for people living with dementia and carers. At the system level, the initiative is also designed to address gaps in working relationships between the province and communities. The provincial team hoped to influence and contribute to collaborative achievements *as a partner*.

The project therefore includes two distinct components: wellbeing focused support for communities using a range of resources and ideas; and developing a model for multi-sector collaboration between communities and AHS. These components were interdependent and fed into one another through mutual, ongoing learning. See Appendix A for a graphic representation of how the project was rolled out over time.

The provincial CPCLW team supported five rural communities (Drumheller, Innisfail, Stony Plain, the Kneehill area, and Westlock) to develop context adapted, community driven services led by multi-sector collaboratives to meet the needs of people living with dementia, their carers, and the wellbeing of community collaboratives themselves. The CPCLW model is holistic and positions collaborative capacity and wellbeing as mutually reinforcing concepts; a collaborative with high wellbeing, as defined below, has the capacity and resources to succeed in their work.

McGregor and Pouw's (2017) definition of wellbeing, which comprises material, relational and subjective components, is at the heart of the CPCLW program. To guide program/model development and implementation processes, the CPCLW team developed a set of core documents over the course of the project. These documents were also considered project outputs, as they were developed using community experiences and feedback. Communities did not see the final versions until the end of project work, as a result. They are:

- 1) [Ten Guiding Principles](#), intended to support decisions at both the provincial and community level. This document was co-designed with the evaluation team (Appendix B).
- 2) [The CPCLW Approach](#) graphic, which details the steps of collaborative work being supported by the provincial team (Appendix C).
- 3) [The CPCLW Model](#) is a graphic, theoretically oriented representation of a new model for building sustainable community partnerships (Appendix D).
- 4) [A Competency Framework \(CF\)](#) that outlines the skills, knowledge, and behaviors needed to advance collaborative multi-sector work in a community (Appendix E).

Additional tools and resources were developed to guide collaborative conversations, support activity planning, and inform the development of effective multi-sector teams. These resources were also integral to the provincial team's work developing the CPCLW model and their grant reporting requirements. The two main resources are:

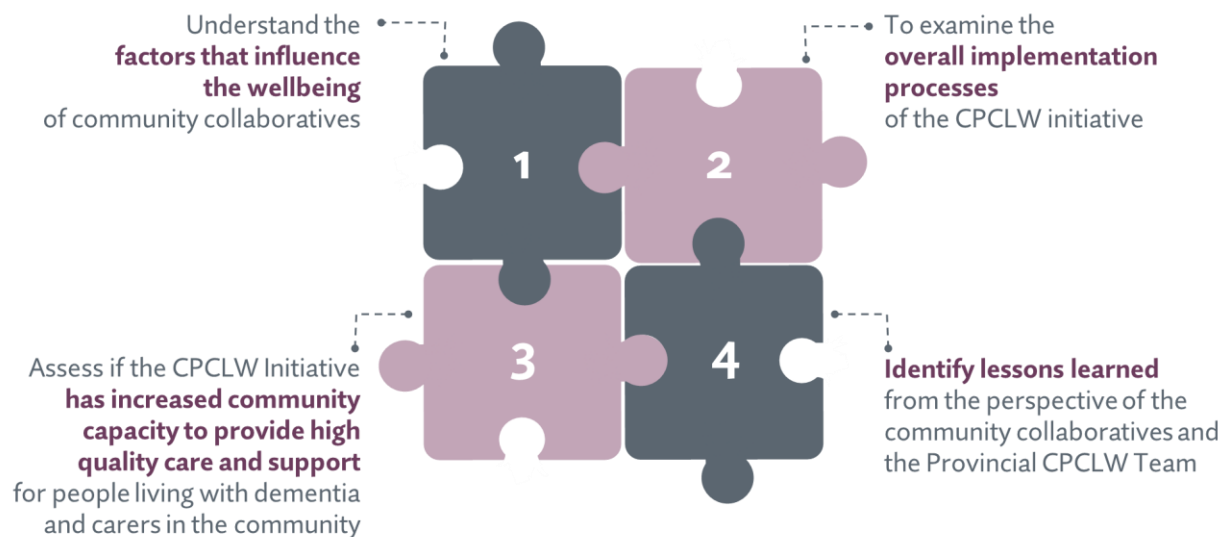
- [Wellbeing Guide](#) – The Wellbeing Guide (WBG) supports measurement and monitoring of actions taken at the local level by multi-sector community teams to build and sustain wellbeing. Over time, the guide will also help identify areas that are challenging to address locally and may require system or policy-level change.
- **CPCLW Community Reports** – A compilation of local information and statistics which are not easily accessible to community collaboratives. The reports also present findings from interviews conducted by the provincial team with local persons living with dementia and carers.

This evaluation appraises feedback from the provincial team and community collaborators on CPCLW implementation experiences, progress towards goals, perceptions of impact, and lessons learned that should inform future engagement. The CPCLW Guiding Principles are highlighted as well, because they are intended to support decisions at both the provincial and community level by providing:

- Overarching guidance on steps toward desired results for multiple partners in diverse contexts.
- Direction-setting, rather than a detailed prescription for specific program activities.
- Identification of potential effects (outcomes and impacts) for people living with dementia, carers, and collaboratives.

Evaluation Scope and Objectives

Health Systems Knowledge and Evaluation (HSKE) were engaged by the CPCLW leadership team at the beginning of the grant and worked closely with them to identify evaluation objectives. The four evaluation objectives are:



This evaluation does not directly include people living with dementia and their care partners for a few reasons. Firstly, the CPCLW team does not directly interact with these populations at the community level, therefore it is difficult to assess direct impacts. Secondly, community collaboratives will ideally monitor change and the outcomes of their programs for these populations at a local level. To this end, the CPCLW team and the HSKE team have provided evaluation consultation to community collaboratives who have requested it. The CPCLW team also conducted applied research activities including interviews with those living with dementia, as well as interviews with carers regarding their wellbeing needs. This information informed the content of the WBG. In addition, the team commissioned a separate social return on

investment analysis. These documents may provide further insights on factors impacting the wellbeing of these populations. Further details on the evaluation framework and questions can be found in Appendix F.

Methods

Evaluation Approach

A principles-focused evaluation methodology was used because it is suited to innovative programs and complex settings, particularly where the model and specific activities are still in the development stage, and where there is potential for ongoing change (Patton, 2018). To meet the four evaluation objectives, and consider the impact of the overarching CPCLW principles, the following principles-focused evaluation questions were addressed:

- Is there evidence of alignment between principles and program activities?
- Are they leading to the desired results?

Data collection

Primary evaluation data were collected using two main methods:

- **Focus Group Discussions:** HSKE conducted focus group (FG) discussions with the five community collaboratives in the spring and autumn of 2022, and a final FG with the provincial team in the winter of 2022. The FG guides were designed to garner feedback on progress implementing the CPCLW model and experience of taking part in the project (see Appendices G and H for guides).
- **Survey:** An online survey (see Appendix I) was distributed to members of the five collaboratives in October 2022. The survey comprised a mix of closed response option and free text questions about the experience of being part of CPCLW and progress made with implementing the model. The survey aimed to extend the opportunity to provide feedback to more people in the collaboratives and offer an opportunity to give feedback anonymously.

Ongoing engagement with, and observation of, the provincial team and community collaboratives provided additional contextual information to aid interpretation of data. This included regular sessions with the provincial team for reflecting on progress,

challenges, and practice. These sessions provided real-time feedback and built rapport between the evaluation and provincial teams.

Analysis

Qualitative data from the focus groups were analyzed using NVivo 12. This involved application of a coding frame developed by the evaluation team to support the organization of transcript data into themes. A lead coder examined the transcript, interpreted the dialogue, marked, and applied a code to data in the transcript (Ritchie et al., 2013). Primary coding of the data was checked and refined as necessary following discussion within the team. Through this process of initial coding and cross-checking, key themes were identified for each of the participant groups.

Quantitative survey data was exported from REDCap (Harris et al., 2009; Harris et al., 2019) and a descriptive analysis was completed using Microsoft Excel. Text from open-ended questions was coded and themed in NVivo.

Limitations

A developmental approach is characterized by ongoing evolution and change, and this can be challenging for evaluation. Two key issues were:

- The evaluation team found ongoing changes to CPCLW resources, model, and/or messaging hard to track, a struggle that affects data collection, analysis, interpretation.
- Communities also had difficulties with language/concepts/messaging, so collecting feedback sometimes involved the evaluation team in more contextualization work to establish shared understanding than one might expect in a traditional evaluation study.



Evaluation Objective 1: Collaborative Wellbeing

Understand the factors that influence the wellbeing of community collaboratives.

Evaluation objective one aims to explore **the factors that impacted the wellbeing of community collaboratives**.

Background

The CPCLW model is rooted in a focus on wellbeing, which acknowledges that many factors, resources, abilities, and experiences contribute to an individual's, or a collective's ability to live well (CPCLW, 2022). The model draws on McGregor's (2007) conceptualization of wellbeing, which comprises three interacting dimensions of wellbeing: material, relational, and subjective. By considering wellbeing as a multi-dimensional construct, one can begin to understand the various, complex ways in which an individuals or the collective's *objective* resources and their *subjective* experiences interact to contribute to overall wellbeing (McGregor, 2007). Adapted from McGregor and Pouw (2017), the CPCLW model operationally defines the dimensions of wellbeing as:

1. **Material wellbeing:** What an individual or collective has.
2. **Relational wellbeing:** What an individual or collective can do through their relationships with others.
3. **Subjective wellbeing:** How an individual or collective feels about what they have and what they can do with it.

The CPCLW initiative aims to improve these dimensions of wellbeing among people living with dementia, their care partners, and the community collaboratives striving to support them. The scope of the present evaluation is limited to exploring the factors that directly impact **community collaboratives**.

According to CPCLW (2022), when a group's wellbeing is attended to, they are **"able to work together and support the people living in their community."**

Using this definition, the following section illustrates examples of material, subjective, and relational factors that facilitated community collaboratives' ability to work together and support the people affected by dementia in their community, as well as the factors that made this more challenging. Many of these factors also impacted the implementation of and buy-in to the CPCLW initiative. Therefore, understanding them may help to inform how and when to build new relationships with communities in future phases of the CPCLW initiative. Better understanding could also be useful for validation of the WBG, which includes several of these factors. Findings are based on Spring and Winter focus group data from community collaboratives.

Factors that Contribute to Collaborative Wellbeing

The following factors supported community collaborative wellbeing by promoting their ability to work together and/or support the people affected by dementia in their communities.



A Collaborative, Team-Based Approach

In general, every collaborative highlighted their collaborative teamwork as foundational for supporting people living within their communities effectively. By leveraging their various skillsets, expertise, and ideas, most groups were able to accomplish more for their communities together than they would individually. Collaboration offered numerous benefits such as:

- The ability to share and build on ideas together.
- Diverse representation for the community within the collaborative.
- Extended program reach to more residents.
- Improved ability to navigate organizational policies and procedures.
- Emotional support during stressful times (e.g., COVID-19 pandemic).
- Ability to pool capacity and share tasks to implement projects.
- Gave people impacted by dementia a voice in community initiatives.
- Credibility and justification for dedicating time to projects beyond primary roles.
- Improved relationships between service providers and community residents.
- The ability to leverage connections to engage broader communities (e.g., volunteers, businesses) into efforts to support people impacted by dementia.



Shared Vision and Passion

Across all five collaboratives, a passion for supporting people living with dementia and their care partners was evident. All the collaboratives highlighted that this shared passion was important to their ability to work together, as it helped create effective, synergistic teams; an energy for the work; and a tenacious commitment despite challenges and capacity limitations. Many identified this shared drive as fundamental to collaborative work, and some observed that in their previous experiences, when a team did not share a vision and passion for their work, the group would eventually dissolve.



Leadership Support

Support from organizational leaders was a foundational element of each community collaborative's ability to work together in support of local residents. Supportive leaders upheld collaborative work by allocating resources to collaboratives and/or permitting members to devote time to collaborative initiatives, even when tasks fell beyond their primary role responsibilities. Leaders who were flexible also facilitated collaboratives' ability to be adaptable in the face of challenges.

In some collaboratives, organizational leaders and managers actively participated in the collaboratives. This not only kept them up to date on the work, but also gave them some authority to allocate resources to the group. A few individuals reflected that when their leaders were passionate about collaborative efforts, this enthusiasm spread to the whole group. In contrast, some noted that when leaders were not supportive of their collaborative involvement, this could hinder progress towards objectives.



Municipal Support and Involvement

In many cases, Municipal Town or Village involvement in community collaboratives was influential in advancing collaborative objectives to support residents affected by dementia, and therefore is a contributor to collaborative wellbeing. For example:

- Mayor and Town Council awareness and support for collaborative activities helped enhance collaborative credibility and visibility.
- Alignment with municipal policies could bolster support for collaborative projects (e.g., Innisfail's Community Partners in Action (CPIA) aim to become a Dementia Friendly Community aligned with the Town of Innisfail's Age Friendly initiative).
- Municipal representation on collaboratives (e.g., committee members, Family & Community Support Services (FCSS)/Community Social Development (CDS) departments) helped teams access data, funding, or program space. Teams without this representation at times needed to lobby their local government for similar resources.
 - Local FCSS/CDS representation was influential for several collaboratives and served a coordinating function for three of these groups. As community service providers, coordinators, and navigators, these teams often had existing networks and processes (e.g., Interagency meetings) that were useful for promoting collaboration. These processes also offered organized and familiar forums for collaboration, information dissemination, and reporting in some cases. FCSS/CDS teams were also often informed about several local resources, unmet needs, and underserved populations by virtue of their role as referral specialists.



Community Engagement & Volunteerism

Most collaboratives noted that their tight knit, generous communities were a strength, as community members and businesses could rally together to support fellow residents in living well. Examples of ways in which community engagement in collaborative work helped support people impacted by dementia included:

- Innisfail residents and businesses volunteered their time to projects and/or donated space, food, funds, and material resources (e.g., sensory squares for Dementia Resource Kits) to CPIA initiatives.
- Volunteers in Drumheller helped facilitate the community Adult Day Program activities and were open to learning to lead these sessions independently.
- In Stony Plain, an established group of community volunteers are trained to support people living with dementia and their care partners; this group ran many programs.
- In Kneehill, volunteers were trained to facilitate a Minds in Motion program within Kneehill communities, creating valuable capacity for the program.
- In Westlock, community members of all ages and some local businesses supported the creation of sensory kits and twiddlemuffs¹, while other community members volunteered to deliver Living the Dementia Journey training.



Access to Funding

The five community collaboratives agreed that access to funding was an important material contributor to their ability to support people impacted by dementia and therefore their wellbeing as a collective. Funding was often critical for implementing initiatives, accessing training, and/or allocating dedicated staff support for their work. All five collaboratives used resourceful methods to fund their initiatives, including:

- Successfully applying for grants such as the Community-based Innovations for Dementia Care (CIDC) grant, the New Horizons for Seniors grant, the Centre for Aging & Brain Health Innovation's Sparks Grant, and CPCLW seed funding.
- Lobbying for/using organizational funding when initiatives align with organizational mandates. Successful grant applications at times encouraged local organizations to contribute operational funding in tandem with grants.
 - E.g., the Stony Plain CSD department committed to financially supporting the WestView Dementia Connections Project in their long-range planning.
 - Accepting donations where applicable, for example, as a society, the Innisfail CPIA could fundraise and accept donations.

¹ Twiddlemuffs are knitted/crocheted hand muffs with sewn on keys, buttons, etc. to provide sensory stimulation for people living with dementia.



Dedicated Staff Capacity

Collaboratives who had members who could dedicate their work hours to providing or coordinating wellbeing supports to people impacted by dementia described this as an important material contributor to their successes in supporting the residents of their communities. For example:

- In Drumheller, the temporary support of two community recreation therapists in the Drumheller Community Seniors' Coalition (DCSC) was described as a “game changer,” as these members delivered programs that other DCSC members could not do in addition to their primary roles.
- In Innisfail, a community recreation therapist provides ongoing support for collaborative activities and programs on a part-time basis.
- Leaders in the Stony Plain WestView Dementia Collaborative (WDC)² allowed members to have the time to focus on the work of the collaborative. For instance, the collaborative's administrative responsibilities were integrated into two CSD employees' job responsibilities and a member working as a Community Connector held a dedicated Primary Care Network (PCN) position.
- In Westlock, funding for a paid coordinator to manage administrative tasks and project management was a huge benefit to the Building Compassionate Communities (BCC) collaborative in accomplishing on-the-ground tasks.



Access to Data and Evaluation Capacity

Some collaboratives had existing data and evaluation resources, which helped them understand the unmet needs of their communities and/or the outcomes of their collaborative initiatives. Through this access to information, the collaboratives were able to support the people living in their communities in an informed way. For instance:

- Innisfail's CPIA reviewed a 2016 seniors needs assessment and a more recent Citizen Perspective Survey to inform their work. This data was collected by the Town of Innisfail. The local FCSS also had outcome measures in place.
- Westlock's BCC conducted an environmental scan to identify resources and gaps for those living with dementia and their carers. BCC members also conducted some evaluation based on their FCSS outcomes and CIDC grant objectives.

² The Stony Plain collaborative is titled the WestView Dementia Collaborative in reference to the WestView Health Centre and the WestView Primary Care Network which serves Stony Plain, Spruce Grove, Parkland County, and neighbouring Indigenous communities.

Detractors of Collaborative Wellbeing

The following factors had a negative effect on collaborative wellbeing, in that they hindered collaboratives' ability to effectively work together and support the people affected by dementia in their communities. Although these challenges were beyond the scope of the CPCLW initiative, they could also affect optimal implementation of some CPCLW initiative components and are therefore important to understand.



COVID-19 Pandemic

The COVID-19 pandemic created major challenges for all five community collaboratives, including:

- **Reduced service accessibility:** To maintain safety, in-person activities and events needed to be cancelled (e.g., Westlock's Dinner Club, Drumheller's community Adult Day programs, presentations in Kneehill). This impeded collaboratives' ability to provide care, services, or referrals to residents.
- **Virtual Care challenges:** Some collaboratives pivoted to offer virtual care options, but faced challenges specific to virtual care, such as participant access to and familiarity with technology.
- **Staff feeling overwhelmed:** For many, the pandemic created staffing shortages and an influx of work, which was stressful for many individuals working in the community and health sectors.
- **Vicarious distress:** Witnessing the isolation of community members during the pandemic created feelings of powerlessness, anxiety, exhaustion, and frustration for some collaborative members.
- **Uncertainty:** Some collaboratives felt uncertain of their next steps, in the face of pandemic restrictions.
- **Stalled momentum:** Due to stalled momentum, some collaboratives lost members or had to resubmit grant applications to retain their funding.
- **Shifting priorities:** Due to the need to respond to the pandemic, dementia-related initiatives, such as dementia education fundamentals training or early identification efforts, had to be put on hold.



Staff & Organizational Capacity

All five community collaboratives faced various capacity issues. In most cases, collaborative activities were not the members' primary job responsibility. Therefore, it was often a struggle for them to find time to advance their efforts to support community wellbeing. Many described having to complete collaborative projects "off the side of their desk." Factors such as part-time schedules or small membership numbers within collaboratives exacerbated capacity concerns. These limitations also limited members' ability to attend learning opportunities (e.g., Partners' Meetings), promote their work, or take part in research or evaluation activities. Even when members did have some dedicated time to devote to their collaborative's work, competing priorities could still pull them away.



Funding Uncertainty & Overlapping Grants

Most community collaboratives did not have sufficient internal funding or staff to optimally support their communities. To access funds, they often needed to apply for grants or lobby for funding. Not only could these efforts be complex and burdensome, but the uncertainty of these funding sources made it difficult to plan or sustain projects for their communities.

Grant conditions could also limit flexibility in the face of challenges like the COVID-19 pandemic. Although the collaboratives were committed to accomplish certain initiatives under their grants, COVID-19 needed to be prioritized. As a result, collaboratives either had to sacrifice funds they could not spend before their deadlines or had to submit revised applications. Similarly, grant funding disbursement timelines and requirements could be confusing or cumbersome. For example, administrative delays in receiving funding could create stressful implementation schedules.

Finally, the reliance on grant funding often resulted in collaboratives being funded by multiple grants at one time, each with its own conditions, terminologies, and deadlines. It was challenging at times for collaborative members to differentiate each of their grant initiatives and understand how they overlapped or differed from each other. For instance, collaboratives funded through both CPCLW and the CIDC grant described some confusion over who was involved in each grant, each grant's documentation requirements, and which outcomes to attribute to each project. These challenges may not exist if collaboratives had access to stable, dedicated funds.



Organizational Barriers

Another challenge shared by several collaboratives was the need to navigate organizational policies and procedures (“red-tape”) which could be time consuming and hinder their ability to creatively and nimbly support their communities. Examples included needing to seek multiple levels of leadership approval to make decisions or determine organizational eligibility for grants. The consequences of these obstacles included project delays, reduced adaptability, discouraged partnerships, and/or missed grant application deadlines.

AHS was often specifically highlighted in this conversation. For community collaboratives and AHS staff, engaging with/within a large and complex organization such as AHS was challenging, as it had numerous policies and regulations that collaborative members found difficult to navigate. For example:

- AHS was described as having organizational “silos” where departments and individuals were not aware of activities beyond their own department and often did not work together.
- Multiple levels of management made communication between frontline workers and leadership more difficult and time consuming.
- Multiple policies and procedures required collaboratives to invest time and effort to collaborate with AHS.
- Advertising and branding regulations limited how collaboratives could share programming information with AHS clients or employees.
- A lack of platforms and time to share the work of the collaborative with a wider network of AHS colleagues and management, along with low uptake of networking opportunities made available, suggests that longstanding perceptions about the importance of collaboration at the community level is not a priority continue to reinforce organizational silos.



Partner Recruitment & Retention

A few collaboratives faced difficulties recruiting partners to participate in their groups and run activities. Without well-rounded, multi-sector membership, it could be difficult for collaboratives to manage the workload of their efforts to support the residents of their communities. Collaborative members perceived this to be driven by limited public and organizational awareness of dementia care and resources; low staff capacity to take part in collaborative work; and difficulties in finding like-minded partners who valued the flexible and community-oriented approach of the collaboratives, which were important to their wellbeing. Healthcare sector and AHS employees could be difficult to recruit.

In other cases, collaboratives lost members due to retirement, career transitions, defunded positions, or depleted enthusiasm for the work. In some cases, since positions were not dedicated organizationally to the collaborative work (e.g., as part of staff's role responsibilities), these memberships were not always replaced within collaboratives. The results of this turnover included incomplete handover of responsibilities or historical knowledge to remaining members, a loss of capacity, and/or an overwhelming orientation period for new members taking over these responsibilities.

Altogether, difficulties in partner recruitment and retention posed a sustainability concern for some collaboratives, as it was uncertain if the work would continue if core collaborative members ever transitioned to new roles.



Other Challenges

Other challenges disclosed by some collaboratives include:

- **Systemic Capacity Limitations:** On top of internal capacity challenges, community-wide shortages could also negatively impact resident and collaborative wellbeing. For example, in Drumheller, staffing and/or bed shortages in hospital, Supportive Living, Long Term Care, and Home Care have left many residents without the care they require to live well. While collaboratives tried to enhance wellbeing, they could not fully compensate for these shortages.
- **Awareness & Stigma:** Despite the efforts of community collaboratives, some communities still had low public awareness of dementia, the importance of early diagnosis, and support services available locally. Additionally, some perceived a deep stigma of dementia in their communities, which impacted care seeking.



Evaluation Objective 2: Implementation

To examine the overall implementation processes of the CPCLW initiative



Implementation Approach and Key Support Activities

Building off learnings from the pilot phase of the CPCLW initiative from 2017 to 2019, the provincial team planned the key elements and deliverables for the current grant. However, they retained a developmental mindset to this work. The CPCLW team characterized their general approach to developing and implementing the initiative as ‘building the plane as they fly it’. In other words, they began with concepts and ideas that could be adjusted as learnings emerged, rather than a static, pre-built model. With this ethos, they aimed to develop appropriate strategies, materials, and resources that aligned with community needs to provide guidance and support to the collaboratives. These included communicative action, documents, and resources.

Below are the key support activities provided to the collaboratives throughout the grant term.



CPCLW Information Sessions

A series of presentations that shared the background and vision of the CPCLW initiative with partners and community collaboratives from across Alberta.



CPCLW Principles

A set of guiding statements intended to inform implementation decisions of the provincial team and community collaboratives to achieve the intended outcomes of the CPCLW initiative. While acting as a compass for all CPCLW participants, interpretation of the Principles allows programs to be tailored based on local resources and needs.



CPCLW Community Reports

A series of reports prepared by the CPCLW team for each community collaborative. Intended to support evidence-informed planning, the reports compiled local demographic data, interview data from people living with dementia and their carers, and focus group data collected from members of the collaboratives.



COVID-19 Pandemic Case Studies

Case studies developed to highlight the collaboratives' response to the COVID-19 pandemic to support those living with dementia, vulnerable seniors, and carers.



The Wellbeing Guide

An evolving tool intended to guide collaborative conversations, identify priorities, and choose priority activities. It can also serve as a tracking tool to measure progress that will be made in these areas in the future.



Competency Framework for Multi-Sector Teams

A framework of ten competencies that are beneficial for effective multi-sector teams.



Working Group Sessions, Touch Base Meetings, & Ad-hoc Contact

Sessions offered to support community collaboratives in completing the Wellbeing Guide. The CPCLW team also provided ad-hoc support for a variety of community requests.



Partner's Meetings

One-hour monthly presentations on a variety of topics related to providing support to people living with dementia and their carers.

A timeline of when the activities were implemented can be seen in Appendix A.

When supporting the collaboratives, the CPCLW team were aware of the importance of building trust and engagement and were careful to avoid the following:

- **Identifying AHS as the ‘backbone’ organization**
There were efforts to ensure all organizations/collaborative members thought of their roles as equal but different. The commitment by the CPCLW team to building strong, equal partnerships stemmed from an awareness that past AHS initiatives have been less than ideal, with power imbalances and a lack of continuity contributing to eroding trust.
- **Identifying themselves as ‘the experts’**
Each collaborative was seen as ‘the expert’ for identifying needed supports in their community to improve the wellbeing of people living with dementia and their carers. The CPCLW team adopted a facilitative role and focused on providing encouragement, identifying, and discussing alternative ways of accomplishing activities when challenges were faced, providing guidance, and connection to resources when needed.
- **Completing the collaboratives’ work**
To enable collaborative sustainability and build capacity, the CPCLW team avoided making decisions for members or completing tasks.

Recruitment of CPCLW communities

During the early stage of the grant initiative, the CPCLW team sought community partners who were willing to be part of the development and implementation journey. Five rural communities agreed to be part of the project and these communities were identified and recruited through two routes:

- Recruitment of communities from Phase 1: Communities who participated in Phase 1 PHC IGSI development work in 2018-19 were invited to continue into the Phase 2 CPCLW grant. **Innisfail, Drumheller and the Kneehill area** agreed to take part.
- Existing relationships with the CPLCW team: The CPCLW team reached out to other communities who they had an existing relationship with. **Stony Plain and Westlock** agreed to take part. These two communities had coincidentally also received Community Based Innovations in Dementia Care (CIDC) grants from Alberta Health/Provincial Seniors Health and Continuing Care.

Identifying collaborative goals and support needs

Meeting the needs of the collaboratives and participating communities is not a static process since there is continual change and evolution. For example, due to collaborative member turnover, collaborative objectives changed during the CPCLW

project and will continue to do so over time. The CPCLW team built in regular conversations with members to ensure goals and objectives continued to be met.

“Again because of the change of who was in the seats...
I think that's been part of our conversation almost every time
that we meet with the team: ‘...*This is the part we're working on.*
This is how we see it supporting you. Do you guys see a use for it that way?
And so, it's...really been integrated into our regular touch bases.”

- Provincial Team Focus Group Participant

When asked for their thoughts on the goals the collaboratives had for joining the CPCLW initiative, the provincial team identified the following:

1. **To provide better support for people living with dementia and carers**
2. **To have a strong collaborative**

The CPCLW team felt there was good progress made towards the first goal (better support provided locally). They pointed to improvement in local awareness and support for people living with dementia, combined with improved knowledge on how to connect people living with dementia and carers with local supports. In terms of goal 2, building a strong collaborative, the CPCLW team did not define what a strong collaborative was during the focus group, but it could be implied that a strong collaborative could include diverse collaborative membership, including people living with dementia and carers, with access to resources and community support. Although the number of collaborative members is not the sole indicator of the ‘strength’ of the collaborative, smaller membership sometimes gave the CPCLW team better opportunities to discuss the wellbeing of the collaborative and different ways to strengthen it.

Each of the five collaboratives were asked to identify their goals for participating in CPCLW. There were some goals that were common across the collaboratives, although their expression varied a little, and some had goals that were unique to their context:

Collaborative	Goals for Joining CPCLW
Community Partners in Action (Innisfail)	<p>Goal: Better integration of community-based health and social services for people living with dementia and their carers.</p> <p>Goal: Build upon their CPCLW team partnership to leverage their expertise in community wellbeing and multi-sector collaboration.</p>

Kneehill Dementia Friendly Communities Collaborative (Kneehill area, including Three Hills)	Goal (original collaborative members): To provide respite care within the Kneehill area. Goal (current members): To use the seed funding for feasible wellbeing supports for their community and to make the most of the time and effort they had already invested into the CPCLW initiative.
Building Compassionate Communities (Westlock)	Goal (primary): To have access to the seed funding to provide much needed resources for the community. Goal (secondary): Partnering with CPCLW team to access other resources such as the CIDC grant funding which the CPCLW team helped them to reapply for after pandemic restrictions stopped their initial grant activities.
WestView Dementia Collaborative (Stony Plain)	Goal (current members): To move the collaborative to the 'next level'. While the collaborative was successful in many ways, expert guidance and a strategic perspective on their activities could support future growth. <i>* Collaborative members we spoke to were unsure of the original members goals because they had left the collaborative.</i>
Drumheller Community Seniors' Coalition	Goal: To continue building a collaborative approach to address the needs of people living with dementia and their carers by drawing on the CPCLW team's direct and indirect contributions. This includes advice and mentorship, unique system knowledge, resources, and connections to support their journey.



Provincial Team Support

Establishment of the community collaboratives

All five communities had in place some form of a collaborative by the time the CPCLW grant was awarded. The CPCLW team did not, therefore, have a direct role in the collaborative establishment. Their inputs focused on strategies to strengthen the collaboratives such as providing support, and advice on diversifying their membership. This included support to include people living with dementia and carers, or to secure representation from cross-sector organizations. The CPCLW team encouraged the collaboratives to determine their membership needs and then provided mentorship on next steps. The final decision on who to include was left to the collaboratives.

The knowledge and experience of the CPCLW team on partnership building and multi-sector collaboration was an important source of early support for some collaboratives because, as highlighted by members of the Innisfail collaborative, it was not a skillset possessed by everyone in their collaborative. Collaboratives also mentioned that completion of the WBG encouraged members to reflect on which stakeholders could be invited to support activities and sometimes broadened their horizons. This point about broadening horizons and challenging current assumptions was reinforced during the focus group discussion with the CPCLW team:

“...we provided kind of perspective and education around [for example] those with lived experience...I think there was some bias for some of the members of the team that people were too overwhelmed. People with dementia wouldn't be able to contribute. And so just ... sharing what different teams have tried, the Alzheimer Society to share some of that knowledge, and very quickly people were like, ‘Oh yeah, that does make sense.’”

- Provincial Team Focus Group Participant

Stony Plain, for instance, spoke of their success in adding two caregivers to the collaborative during the CPCLW initiative. Nevertheless, although there is evidence of success in bolstering collaborative membership, the communities still experienced struggles. For example, Kneehill tried to add frontline health care providers to their membership, but even with support and advice from the CPCLW team they did not achieve this goal.

Beyond efforts to support membership expansion or partnership building, the collaboratives highlighted the CPCLW team's role in connecting them to people and resources outside of their communities such as field experts, speakers, and leaders that they would not have met otherwise. While some of these partnerships were established for one-off events, having the opportunity for shared learning, activities, and connections helped to reinforce the emerging collaboratives and build cohesiveness and identity.

Creating the CPCLW Resources

Although the provincial team delivered support in diverse ways (as outlined above), a key activity was the development of CPCLW's bespoke resources and processes to support collaborative engagement and implementation of the CPCLW model and approach. Additional explanation of the WBG and CF is included here because they are core CPCLW documents.

The Wellbeing Guide

As described earlier, one of the key resources for the CPCLW initiative was the WBG, which was based on McGregor's definition of wellbeing (2007), a targeted literature search conducted by the CPCLW team, interviews and focus groups with people living with dementia, carers, and participating collaboratives to examine what defines wellbeing for them.

After the initial version was created, feedback from collaborative members was gathered. The WBG was piloted with all five collaboratives and based on feedback, simplified and changed from an Excel document to a more visually appealing fillable PDF document with the support of Fallout Media. This partnership with Fallout Media in revising the document to a more user-friendly version was considered a success by the CPCLW team. One key learning for the CPCLW team is their initial thinking was that they would teach the collaboratives how to use the WBG so they could use it independently but have now realized providing ongoing support and guidance to use the WBG should be a core function of their team.

The Competency Framework

The Competency Framework was created following a literature review conducted by Psychometrics Canada, and then informed by data sources such as reviewing the community reports and learnings from the applied research activities with collaborative members, through attending the Partners' Meetings, and touch base meetings with participating community teams. It was not introduced to the collaboratives until the fall of 2022 and was done with a goal of socializing the framework among the collaboratives prior to its official implementation. At the time of the final focus groups, four of the five collaboratives were still not familiar with the framework and had not referenced it. No data was available from the fifth collaborative on their familiarity with it. Nevertheless, when shown the document, their impressions of the tool were that the content captured their regular practices effectively and the competencies needed to be effective in a collaborative role. They felt it was potentially a useful document for emerging collaboratives, or collaboratives struggling with or wanting to change their working processes, although they also observed that the wording was complex and might be off-putting to some. In the future, the CPCLW team will explore validation of this tool.

Helping the collaboratives understand and use the CPCLW model

One of the challenges with the CPCLW initiative is that it aims to connect and balance tangible, community led, on-the-ground activity that the collaboratives are doing with an overarching model that is more abstract, strategic, and conceptual. Part of the ongoing engagement and support provided by the CPCLW team needed to ensure that collaboratives could see the connections between their applied work and model components. It was important that they were not intimidated or overwhelmed by something that seemed too abstract. This was, of course, a challenge.

In the focus group discussion, the CPCLW team said they generally used the overarching CPCLW model as a communication tool to describe the CPCLW initiative to external groups, rather than for internal communications with the participating collaboratives. Nevertheless, while they didn't know if the collaborative members would be able to identify the visual representation of the model, they thought that if each element was described to the collaboratives, they would be very familiar with it. Their perception is that there is very good alignment between the elements of the model and everyday work being done by collaboratives, and that the more strategic view provided by the model was adding a new level that takes some time to absorb. The CPCLW team described their role as being more about helping collaboratives to learn alternative ways of doing their collaborative's activities and then thinking about those activities in relation to overarching goals.

“...That's less about searing a brand of our model in their brain
and rather creating opportunities to help them learn about
different ways of doing things.”

- Provincial Team Focus Group Participant

The CPCLW team, therefore, emphasize the relationships established between them and the collaboratives as the key mechanism for impact. The model is more of a supporting framework, somewhat hidden from view, which can guide action but has different salience to the CPCLW team and the community collaboratives.

“...Our model is not really important, or it's not the way I think teams think of us.
I think the relationships is sort of how they think of us.”

- Provincial Team Focus Group Participant

Successes, Challenges, & Facilitating Factors for Implementation

The following successes, challenges and facilitating factors emerged with the implementation of CPCLW.



Successes

1. Supporting recruitment of people living with dementia and carers for the interviews (**applied research activity**) at the beginning of the pandemic (11 carers and 7 people living with dementia).
2. Capacity and experience to help connect dispersed communities, thereby building a new opportunity for them to **share knowledge and support** (e.g., Partners' Meetings etc.).

3. Leveraging their connections to leadership in AHS and beyond to **raise awareness** of action at the community level, which are often overlooked or invisible to leaders in large organizations like AHS.



Challenges

1. **COVID-19 Pandemic-** The pandemic created challenges for the CPCLW team in the following ways:
 - a. *Recruitment of more vulnerable people living with dementia and carers* - as the CPCLW team was unable to recruit within the participating communities in person. The interviews also had to be conducted virtually which limited participation to those who had enough technological knowledge.
 - b. *The inability to have in-person meetings with collaboratives* - The pandemic forced the CPCLW team to meet virtually for most of the grant term. This included both the focus groups that were conducted to understand the wellbeing of each collaborative and the ongoing meetings. The CPCLW team felt this negatively impacted their ability to fully understand the collaboratives and their members.
 - c. *Communities responding to the pandemic* - AHS zone leaders were busy responding to the pandemic therefore leaving few opportunities for the CPCLW team to engage with and garner support for CPCLW and additional participation by health care providers. For the collaboratives the pandemic meant not being able to prioritize CPCLW or collaborative activities, especially at the beginning of the grant term. The CPCLW team provided space to the collaboratives to deal with the pandemic and did not insist CPCLW activities be completed, but rather offered support to the challenges faced. Collaboratives were resilient and persistent in continuing to provide support to people living with dementia and carers and adapted collaborative activities and programs to meet pandemic restrictions by offering them virtually, outdoors or supports that did not require individuals to be in person.
2. **Navigating complex organizational systems and dynamics-** As a large, complex, and powerful organization, AHS has numerous policies and systems which are difficult to navigate, particularly for external partners. Additionally, some collaborative members had had negative experiences with AHS representatives who had either provided temporary, minimal, or conditional support to their objectives, or who had undermined the autonomy of community organizations. For the CPCLW team, this damaged rapport and distrust of AHS required that they invest significant efforts into building or repairing relationships with collaborative members.

3. **Navigating grant-related processes and timelines-** The CPCLW team, and the community collaboratives depend on grant funding or resources secured through application processes/competitions. This can be complex, time-consuming work. Two key challenges during the CPCLW initiative include the time it took to go through the extensive process for grant approvals and extensions, and the short, pre-defined grant timelines to implement grant activities.
4. **Turnover of community staff impacted collaborative membership-** In some communities, key contacts left early in the grant term leaving the team to build and establish new contacts. New collaborative members did not have the background knowledge of CPCLW making it more difficult to understand the initiative, how it fit in with local work, and why their collaborative was involved.



Facilitating Factors

1. **The COVID-19 Pandemic-** Despite its challenges, the pandemic also created new opportunities. Since dealing with and adjusting to the pandemic restrictions became priority, the CPCLW team applied for and received a grant extension which allowed both the CPCLW team and collaboratives to prioritize pandemic-related tasks. The pandemic also exposed the already existing gaps regarding the lack of support for those living with dementia and carers.
2. **Flexibility to make their own decisions-** With the initiative being grant funded and guided by the grant agreement, the CPCLW team had the ability to make decisions related to the development of the two core deliverables, and how grant activities would be completed. The ability to get feedback from the participating teams and make a decision as a grant team on how to course correct was efficient and seemed to be effective. CPCLW is an example of what can be accomplished without some of the usual constraints of a hierarchical, bureaucratic structure.

Lessons learned from engaging with collaboratives

The CPCLW team shared the following lessons learned from engaging with the collaboratives:

1. **In person meetings are beneficial-** If the CPCLW team would have been able to meet in person with collaborative members at the beginning of the initiative, it is possible that better relationships could have been established earlier in the grant term; this was recognized when they were able to meet in person once pandemic restrictions were eased. They also noticed that better progress was made in the initiative.

- 2. The importance of being succinct-** The CPCLW team struggled to find the balance between trying to provide collaboratives the 'big picture' of the initiative and completing the activities and processes, and felt at times that they overwhelmed the collaboratives. As a result, they have learned to only provide information that pertains to present collaborative activities and help lead them to the next step of where the CPCLW team thinks they should be. The CPCLW team found this 'just in time' approach to be effective.
- 3. Not involving all collaborative members in CPCLW activities and processes-** The CPCLW team acknowledged that early in their work with the communities, they did not have a strong understanding of the level of knowledge and engagement that all collaborative members and volunteers had in their groups. In their eagerness to have all collaborative members voices' heard, they encouraged participation of all collaborative members in all CPCLW activities. This led to some members and volunteers feeling overwhelmed. Over time, the provincial team's understanding of the communities increased and they learned that CPCLW activities may not be applicable to everyone. Additionally, some collaboratives chose to take an alternative approach to CPCLW activities by creating a 'subgroup' to lead CPCLW activities and who could cascade information (as appropriate) to the rest of the collaborative.
- 4. Community representation on the provincial team-** One CPCLW team member reflected that having a representative from the collaboratives/community such as someone from FCSS join the CPCLW team may help to improve the initiative. If this was not possible, the addition of someone with public health or population health experience would also be valuable. If felt that these individual(s) would be helpful for community collaboration experience.



Evaluation Objective 3: Community Capacity

To assess if the CPCLW initiative has increased community capacity to provide high quality care and support for people living with dementia and carers in the community.

Evaluation objective three aims to explore whether the **CPCLW Initiative has increased community capacity** to support people living with dementia and carers in the community. Findings for this objective are framed from a principles-focused lens, to illustrate how capacity-building efforts aligned with the overarching principles of the initiative. Each CPCLW principle is defined and explored individually to assess how its adherence contributed to the initiative. However, it is important to note that the principles are closely interconnected and there is often some overlap between them. See Appendix B for a summary of all ten principles.

Where applicable, we explore examples of how:

- The participating community collaboratives' adhered to the principles at the community level.
- The CPCLW Team adhered to the principles at the provincial level.



Provincial Support

Provide the participating multi-sector community teams with on-going guidance and support to adapt the CPCLW model within their community. Build evidence around the model, its implementation, and its impact. Advocate at local and system levels. Build and leverage resources to support broad uptake of the model.

One of the main objectives of the CPCLW initiative was to provide support and resources that help communities apply the CPCLW model in the context of their community and build their capacity to support people living with dementia and their carers.

Generally, the participating community collaboratives experienced benefits in participating in the CPCLW initiative and receiving support from the provincial team. Indeed, 100% of CPCLW experience survey respondents **agreed** or **strongly agreed** that support from the provincial CPCLW team had helped build their collaborative's capacity to apply the CPCLW model.



Figure 1. Provincial team support in building capacity to apply the CPCLW model
Source: CPCLW Experience Survey (n=18)

94% of survey respondents **agreed** or **strongly agreed** that their collaborative valued the support provided by the provincial CPCLW team. However, a few respondents felt neutrally about this.



Figure 2. Value for provincial team support
Source: CPCLW Experience Survey (n=18)

The following benefits, particularly in relation to developing community capacity, were noted in the survey and focus group feedback, although not all collaboratives mentioned every benefit.

- **An evidence-based approach**, which enhanced knowledge of building, maintaining, and evaluating wellbeing and multi-sector collaboration. The CPCLW model was also seen as one that would be useful in other areas, not only improving the wellbeing of people living with dementia and carers.

“I appreciated the research completed by the provincial team in order to create the Wellbeing Guide. This is often a task that is difficult to do with all the demands of everyday work.”

- Collaborative Survey Respondent

“We were very focused on tasks. [...] [CPCLW] made us step back and look at the bigger picture. They actually challenged us to try to expand where we were looking or how we solved the problem.”

- Collaborative Focus Group Participant

- **A provincial-level perspective**, which kept collaboratives abreast of provincial priorities and informed their local decisions.
- **High level guidance and a structured framework**, which helped focus collaboratives on their priority objectives.
- **Articulating community-level work**. While many components of the CPCLW model were standard, organic practices in collaboratives’ work, CPCLW documents such as the guiding Principles and the CPCLW model helped to articulate their approach, its theoretical basis, and its value.

- **Shareable documents** (e.g., WBG), which helped communicate the rationale and value of collaborative work to partners and leaders. Wording from documents was used for presentations and writing grant applications and seen as potentially useful for business plans or evaluations.
- **Evidence-gathering and evaluation support.** The Community Reports provided data that may have been difficult for the collaboratives' to collect themselves. The provincial team also helped some collaboratives access evaluation information or consultation.

.....

“Out of [the CPCLW data], we heard that caregivers wanted something that they can do with their person [...] That helped guide us in what we were going to do.”

- Collaborative Focus Group Participant
- **Validation of existing knowledge.** Information was compiled in various documents that aligned with collaboratives' existing knowledge and solidified what they were doing.
- **Empowerment & Advocacy within AHS** for the resources needed within rural contexts.
- **Networking support** and introductions to experts and resources external to their communities.
- **Provision of new information.** For example, data and statistics included in the Community Reports, or direct feedback on priorities from people living with dementia and their carers.

.....

“The CPCLW team support our vision and goals. They respond in a timely way to any questions, concerns and feedback. They provide resources and or connections to move our efforts forward [...]”

- Collaborative Survey Respondent

- **Ad hoc support** for various requests, such as grant application and evaluation feedback.
- **Positive interpersonal rapport** with the provincial team. Collaboratives described the CPCLW team as approachable and easy to access for help.

The support needed and provided varied across the communities. In two communities, the provincial team members were seen as integral partners for the collaboratives and their support was considered an essential element of their success and/or perseverance.

“I would truly say...we wouldn't still be here.
This [collaborative] wouldn't exist if [the CPCLW team]
weren't in the background checking in and encouraging us.
We would have quit a long time ago.”

- Collaborative Focus Group Participant

In other communities, the provincial team's support was seen as a supplement to collaborative work. Additionally, the collaboratives faced some important challenges over the course of their involvement with CPCLW.

External, contextual issues such as turnover of collaborative members, strained local systems and resources, and competing priorities had an impact on members and sometimes muted the benefits of the CPCLW team support. Challenges with the CPCLW initiative and its processes mostly centered on feeling confused by CPCLW processes at different stages, that led to mixed experiences with the overall initiative. Most of the collaboratives said they found it difficult to understand the initiative at some stage. The collaboratives that were new to CPCLW (those that had no previous engagement in the earlier phase of CPCLW), and collaborative members who joined part-way through this phase of the initiative experienced the most difficulties. Reasons for this include:

- **A general lack of understanding:**

Collaboratives often found the initiative confusing, and said they struggled to know its overall purpose or the specific purpose of activities. CPCLW documents were only vaguely familiar to collaboratives, but they acknowledged that the concepts represented by the documents were familiar and part of the collaboratives' daily practice. In some cases, documents were viewed as complex to work with, with the 'higher-level' wording being a concern. There was also some perceived disconnect between documents and how collaboratives accomplished their work.

“I think there was a lot
of confusion, to be honest,
when we were first all
going to these meetings and
not exactly sure what we
were supposed to be doing.”

- Collaborative Focus Group
Participant

- **Being involved in similar initiatives:** Specifically, those collaboratives who were involved in CIDC (Westlock and Stony Plain), found it confusing and unclear how the initiatives fit together and what the differences were. This was compounded by having the same individuals involved in both initiatives.
- **Distinguishing CPCLW work from other collaborative activities and initiatives, for the purposes of evaluation:** Although the collaborative work overlaps with CPCLW, CPCLW was considered to be a subcomponent of a larger whole of the collaboratives' work. There was some uncertainty of how to evaluate the CPCLW components specifically.
- **Changes caused by the COVID-19 pandemic:** The pandemic was overwhelming and disrupted typical workflow and staffing and for some collaboratives resulted in member turnover and not being able to prioritize CPCLW.

Although most collaboratives said their understanding of CPCLW improved as time went on, they pointed out that early confusion was quite off-putting for people with multiple demands on their time and energy. This might limit uptake or sustained commitment and is something they thought could be improved, given the potential for benefits in the long-term.

In addition to the challenge with understanding the initiative, the collaboratives also talked about practical difficulties in integrating CPCLW activities into their work. They gave the following examples:

- **Numerous CPCLW materials and meetings:** Collaborative members had to be selective with which documents to engage with and had limited time to understand and use all CPCLW documents. Knowing which CPCLW meetings to prioritize was difficult, since in some cases it took several months to learn and understand the purpose of each meeting or the activities.

The support team was amazing to work with. The only downfall was the amount of meetings that were required. We were sometimes overwhelmed with the amount of times we needed to meet.

- Collaborative Survey Respondent

- **CPCLW activities overtaking collaborative work:** The time needed for CPCLW activities sometimes interfered with the implementation of previously planned collaborative activities and initiatives. It was noted that some collaborative members had joined the collaborative to contribute to the collaborative initiatives not the CPCLW activities, and found the extra demands challenging. Some collaboratives made a conscious effort to delineate CPCLW

as a subcomponent of their work and formed a subgroup for CPCLW activities and the CPCLW information was distributed as appropriate to the rest of the collaborative.

- **Insufficient tailoring/misalignment of CPCLW activities:** With foundational work and priority collaborative activities and initiatives already established, some of the CPCLW activities were a duplication of work already completed.

Provincial Team Principle Adherence

In the focus group discussion with the provincial CPCLW, there was evidence of clear alignment with the Provincial Support principle, as this principle embodies their daily work within the Health Canada grant.

An overarching aim of the provincial team was to help articulate a model for communities to use or reference, as they worked to enhance the wellbeing of residents who may benefit from integrated, multi-sector support. Because of the complexity of this endeavour, they perceived a valuable role of their team to be distilling this information into an articulated model. Over the course of the Health Canada grant, they sought to build and refine such a model. Overall, the community collaboratives saw value in their work being articulated in this way; however, there was still room for the CPCLW to optimize and clarify elements of the model.

“... if you tell people to connect people and community
to live well, they're like ‘*I don't know where to start.*’ Right?
So, when you think of complex system change, transformational change,
you have to have something articulated.”

- Provincial Team Focus Group Participant

The CPCLW team also provided a broad range of support to the community collaboratives as they applied the CPCLW model. In direct interactions, the provincial team aimed to evolve the strategies and processes used by the community collaboratives by encouraging them to think of alternative ways of accomplishing their goals and activities. For instance, the CPCLW team often helped the collaboratives identify feasible next steps or ‘easy wins’ to enhance wellbeing locally.

As part of their support role, they also leveraged their connections to diverse groups and teams across the province to problem-solve. If the CPCLW team could not answer a collaborative’s questions or could not provide direct support, they almost always connected the collaboratives with someone who could help.

Another key element of their provincial support role involved brokering communication between communities and large, complex organizations such as AHS. In some cases, this involved promoting the work of the communities on a provincial stage through presentations, webpages, video resources, newsletter articles, reports, and academic articles. The CPCLW team also used their broker role to take local information and attempt to challenge viewpoints in AHS. They sought to contribute to large scale, systemic change by encouraging provincial organizations to shift from a medical lens to a wellbeing-focused lens which honours the importance of community-based care. Feedback from the community collaboratives suggest that this brokerage role was valuable. They saw opportunity to leverage this support further and/or long term.

The CPCLW team also noted that their definition of 'provincial support' was often diffuse; they were willing to extend their support beyond the scope of the CPCLW initiative in service to their community partners. For the provincial team, providing these welcoming and supportive responses to requests were an important mechanism to potentially strengthen relationships and build goodwill between the community and their team within AHS.

"We just hold so fundamentally important that we do things that help build trust, that demonstrate our accountability to the teams, and that help them in advancing their work. [...]"

Whatever they come to us with- And they'll come to us with stuff that has absolutely nothing to do with our project- We will always answer them. We don't want to be that door that they come to and have it slam in their face."

- Provincial Team Focus Group Participant

When considering the other nine principles, there was evidence that the CPCLW team also both aligned with the principles and supported the community collaboratives to adhere to them as well. Much of this adherence was implicit in their actions, rather than a conscious application of the principles to guide their day-to-day work. Further details are discussed in each of the following principle sections.



Leadership Engagement

Engage with leaders within the organization, keeping them updated and leveraging their role as champions of the work to remove operational barriers at provincial, zone, and local levels. Engage with local leaders to garner support for staff from their respective organizations to participate in and contribute to the local efforts.

Every community collaborative took steps to engage with organizational or community leaders, demonstrating alignment with the Leadership Engagement principle.

Organizational Leadership Engagement

Many collaborative members in all five communities held primary positions such as nursing and allied health professionals, project coordinators, and facilitators, among others. Therefore, engaging with their leaders to obtain approval to take part in collaborative activities was imperative for many. A few collaboratives also extended their efforts to engage with senior and provincial-level AHS leaders to advocate for resources or staff positions (e.g., lobbying AHS leadership to retain two temporary community recreation therapist positions on a long-term basis). In several cases, leaders were supportive of collaborative efforts, but some were less open to allowing staff to dedicate their time to this work.

In some cases, organizational leaders from external, local organizations (e.g., Directors, Executive Directors, Managers) were members of community collaboratives. Therefore, they could more directly generate enthusiasm, support their organization's staff to participate in collaborative, and/or allocate resources to the collaborative.

Fruitful leadership engagement was reportedly enhanced by:

- Keeping leaders updated on the progress of collaborative projects in the community.
- Earning grant or seed funding from teams such as CPCLW which helped build credibility.
- Sharing evidence of community needs or collaborative impacts (e.g., CPCLW Community Reports), as rationale for the collaborative.

However, a few individuals reflected that they had not prioritized efforts to engage with leaders outside of the dementia-related or community sectors.

Municipal Leadership Engagement

Political support from municipal leaders such as Town Councils could be influential in building the public profile and credibility of community collaboratives. Therefore, most collaboratives made efforts to engage these local leaders via updates, press releases, and/or lobbying efforts.

Provincial Team Support & Principle Adherence

According to CPCLW experience survey results, approximately 66.7% of survey respondents **agreed** or **strongly agreed** that the provincial team helped their collaborative engage with community, organizational, and/or governmental leadership. This was not a notable form of provincial support for approximately 33.3% of respondents, however.

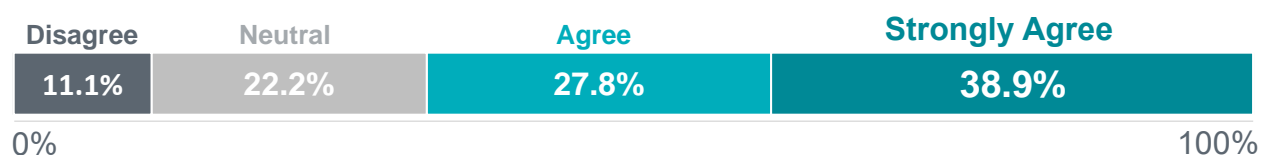


Figure 3. Provincial team support in leadership engagement
Source: CPCLW Experience Survey (n=18)

In focus group discussions and qualitative survey results, some collaboratives noted that the provincial team had helped them connect with various levels of leadership. For instance, the Innisfail CPIA members noted that while their own level of influence was locally oriented, the CPCLW team had leveraged their provincial position to present to AHS and PCN leadership about the collaborative's work. They had also helped CPIA connect with various field experts and leaders that they would not have been able to consult otherwise.

In Drumheller, the DCSC team was facing the potential defunding of two community recreation therapist positions by AHS. These positions were considered essential to the collaborative's ability to provide frontline support to Drumheller residents. They described their involvement with the CPCLW initiative and the provincial team as one of their only platforms to advocate for their community's needs to leaders. The provincial CPCLW team empowered the DCSC to lobby for the retention of the positions, and the series of CPCLW reports and documents were perceived to be useful evidence to support the DCSC team's request to leaders. Although these efforts were ultimately unsuccessful within AHS, they credit the provincial team with gaining some traction and helping them to be heard by AHS Leadership.

“Working with the provincial team has been helpful with their resources, guidance, direction and connections to different forms of leadership.”

- Collaborative Survey Respondent

“[CPCLW] gave us the platform to lobby for change. CPCLW seemed like a cohesive platform that could push forward for change. And whether it was successful or not on that end, at least it was a platform to be heard.”

- Collaborative Focus Group Participant

In their interactions with community collaboratives, the CPCLW team noted that they typically will not engage directly with local leaders on behalf of the collaboratives to garner support for their work. However, when requested they did support the collaboratives to engage with local leaders themselves. For example, if a local leader requested certain information, the CPCLW provided resources in response. The CPCLW team have also helped collaboratives prepare for presentations by providing guidance on what type of information may be of interest to local leaders.

“I think at the local level, [leadership engagement is] really at the request of the teams or supporting the teams to do it. And of course, cheerleading when there's somebody from that local [leadership] level on the collaborative.”

- Provincial Team Focus Group Participant

At a higher level, the CPCLW team was active in trying to shift systemic thinking from a medical model of institutionalizing people living with dementia to a wellbeing model designed to provide support for them to live at home or in their communities for as long as possible. Their efforts to engage with leaders and external organizations included working with:

- **AHS senior leadership,** including medical directors, medical officers of health, and multiple departments (Strategic Clinical Networks and Provincial Clinical Excellence).
- **Government of Alberta** departments such as Alberta Health’s Continuing Care Branch and Seniors, Community and Social Services to garner system-level support.

- **National and international organizations** including Healthy Aging Collaborative Online Resources & Education (CORE) Canada, National Institute on Aging.
- **Organizations and individuals** who work with and advocate for older adults, such as Healthy Aging Alberta, Alzheimer Society of Alberta & Northwest Territories.
- **Expert advisors & Keynote speakers** such as Norah Keating, University of Alberta; Cormac Russell, Nurture Development; Richard Lewanczuk, AHS.

Some members of the CPCLW team observed that opportunities to engage with leaders could be rare and it took time to find effective channels for leadership engagement. Therefore, the team adopted an opportunistic approach, taking advantage of circumstances where leaders are interested in learning more about the initiative to share additional information about goals and activities underway.

“I think that when we get a chance [to engage with leadership] we jump on it, but [...] it’s hard for us to make our chances with it. When we see an opening, then we jump right in there.”

- Provincial Team Focus Group Participant



Needs Driven

Develop an understanding of local underserved populations and their identified unmet needs. This information will be used to ensure alignment between needs and actions.

There was evidence of a needs driven approach in all five community collaboratives. In the CPCLW experience survey, all survey respondents agreed that their collaborative had been part of local efforts to understand the unmet needs of people affected by dementia (including people living with dementia, carers, and the community collaborative). Of these respondents, 72.2% **strongly agreed**.

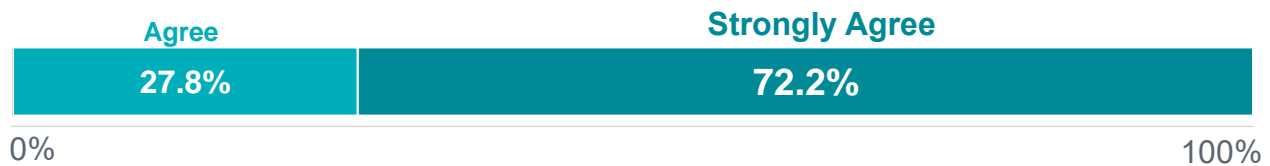


Figure 4. Understanding unmet needs.
Source: CPCLW Experience Survey (n=18)

In qualitative responses and focus group discussions, members from all collaboratives expressed that understanding unmet needs was an important part of planning and decision making. Members were committed to tailoring their programs and services according to identified needs. For most, understanding unmet needs also helped to prioritize activities and allocate time and resources efficiently.

In most cases, the collaboratives synthesized information from various sources to deepen their understanding of needs. Due to the uniqueness of each collaborative's composition and context, the ways in which they worked to understand unmet needs varied. However, there were common methods used, such as:

- **Frontline Observation:** Members of every collaborative described directly observing unmet needs in their roles as frontline health and community service professionals. Regular interactions with residents provided collaborative members with firsthand understanding of various physical, cognitive, emotional, and social support needs of people living with dementia and their carers.
- **Partnership Networks:** Nearly every community collaborative explained that their diverse partnership networks helped elucidate community needs from various sectors that collaborative members may not directly observe. Multi-sector committee meetings and referrals from partners were helpful sources of information. For some communities, such as Drumheller, having a visual map of their network was also helpful in highlighting service gaps.
- **Representation by Members with Lived Experience:** A few collaboratives had members who were directly impacted by dementia. For instance, some volunteers were the current or former care partners of people living with dementia. These individuals provided valuable insight into the lived experiences and unmet needs of families impacted by dementia.
- **Local Data Sources:** In some communities, collaboratives drew on data sources such as Town needs assessments, community/environmental scans, citizen perspective and satisfaction surveys, grant-related evaluation results, and organizational outcomes reporting to inform priorities.
- **Data Collection and Feedback:** Some communities explained that they gathered evaluative feedback about their programs to gauge community response and satisfaction with programs aimed to address needs. Examples of

data collection included feedback forms, administrative tracking data, surveys, and qualitative conversations with program/event participants.

As an aspect of the Needs Driven principle, the CPCLW model encourages collaboratives' to develop an understanding of underserved populations within their community. Generally, collaborative members who responded to the CPCLW experience survey also **agreed** (33.3%) or **strongly agreed** (50.0%) that their collaborative had identified underserved populations in the community.



Figure 5. Identifying underserved populations.
Source: CPCLW Experience Survey (n=18)

When asked to describe how they had focused on underserved populations, a common theme across most communities was a concerted effort to keep their services free of charge, to support accessibility for all. However, each community discussed the concept of “underserved” differently, suggesting different ways of understanding this element of the CPCLW approach:

- **Innisfail:** Guided in part by the Dementia Friendly Communities model, the CPIA factored the needs of various underserved populations into their work, including Indigenous people living with dementia, community members experiencing houselessness or financial insecurity, and men with mental health needs.
- **Drumheller:** DCSC members expressed a general focus on people living in the community at risk of adverse outcomes.
- **Kneehill:** The KDRC collaborative kept people living with dementia and their care partners at the heart of their work and did not distinguish specific groups within this population to focus on. Generally, they intended their activities to be welcoming of residents experiencing low income and/or dementia-related stigma within the area.
- **Stony Plain:** The WDC was aware of a wide range of underserved populations in their community. They were driven to ensure they provided holistic (rather than siloed) supports to underserved populations impacted by dementia.
- **Westlock:** The BCC did not indicate any specific populations of interest in their work. Rather, they generally factored in the needs of underserved populations into their activities, driven primarily by their individual organizational mandates. For instance, partners such as the Westlock FCSS, Westlock Public Library, and The Hope Resource Centre all had mandates to support underserved populations such as seniors, individuals with low income, or individual

experiencing elder abuse. The local Accessibility Network also provided a voice on accessibility issues for vulnerable members of the community.

A few collaborative members noted that identifying underserved populations was not a primary effort of their collaboratives. Given these responses, clarifying or emphasizing this aspect of the CPCLW model may help to elevate underserved populations with the collaboratives' needs driven efforts.

“[Identifying underserved populations]
doesn't stand out for me as
an area we spent much time on.”

- Collaborative Survey Respondent

Provincial Team Support & Principle Adherence

Overall, most survey respondents **agreed** (44.4%) or **strongly agreed** (50.0%) that they had received the necessary support from the Provincial Team to understand the unmet needs of people affected by dementia.



Figure 6. Provincial support in understanding unmet needs.
Source: CPCLW Experience Survey (n=18)

There was also broad agreement that their collaboratives had received the necessary support from the Provincial Team to identify underserved populations. However, some respondents felt more neutrally about this aspect of the provincial team's support.



Figure 7. Provincial support in identifying underserved populations.
Source: CPCLW Experience Survey (n=18)

Focus groups and qualitative survey responses illustrate the various ways in which the CPCLW team supported adherence to the Needs Driven principle:

.....
“The [evidence gathering] was helpful as far as understanding what our people actually wanted.”

- Collaborative Focus Group Participant

- **Data gathering and documents:** Most community collaboratives agreed that the Community Reports and Pandemic Case Studies provided by the CPCLW team helped them to identify, validate, and understand the unmet needs in their regions. To produce these resources, CPCLW conducted focus

groups and interviews with people living with dementia, carers, and collaboratives to understand their needs to live well in their community. Having this direct and documented feedback from community residents was meaningful in informing planning and implementation decisions.

- **CPCLW WBG:** All the community collaboratives saw value in completing the WBG, as this process highlighted local needs and kept them at the forefront of the collaboratives’ minds. In this way, they remained focused and intentional in trying to meet them. Additionally, the WBG helped bring structure to the collaboratives’ planning processes. For instance, by filling out the guide, they could strategically prioritize action items according to the most pressing (“Red light”) needs. The WBG also served to record collaborative decisions and progress over time.
- **CPCLW Touch Base Sessions:** Conversations with the CPCLW team throughout the initiative was also highlighted by most collaboratives as helping to broaden, clarify, and focus their understanding of unmet needs for both people living with dementia and their care partners. For some collaboratives, the WBG also helped collaboratives reflect on their own needs as a collective and as professionals to accomplish their goals. In their focus group, the CPCLW team confirmed that they consistently tried to encourage collaboratives to retain a needs-driven mentality when planning their programs and services.

.....
“The Provincial Team assisted to focus on certain portions of [our community’s] population that needed to be prioritized within our coalition and guided us on making those connections.”

- Collaborative Survey Respondent

In their own words, the provincial CPCLW team described further attempts to be needs driven in their interactions with the community collaboratives. They strived to listen to the collaboratives’ expressed needs and adapt their approach and resources

accordingly. For instance, they conducted regular check-ins with each community collaborative and/or sent emails to inquire on their current needs and if any new requests had emerged. Additionally, they tried to provide the collaboratives with new skills, methods and processes that will help them respond to evolving needs. At times, this required them to go beyond their scope or complete things in a short turnaround time in an effort to foster trust and accountability.

“I think we've always been about the [community] teams
and taking the lead from the teams.
We will sacrifice time to get something done [or] to get more quality.”

- Provincial Team Focus Group Participant

However, there is room for the CPCLW team to increase their alignment with the Needs Driven principle. While the CPCLW team worked to address community requests, a few collaborative teams expressed that they did not always know what they *could* request. These groups felt that they may be better able to communicate their needs if they had a clearer understanding of what supports the CPCLW team could offer.

“To a certain degree [the CPCLW team] just said ‘*Oh, reach out if you need help.*’
I don't know that they gave specific examples as to what they could help with. [...] I think it would be useful for us to just know what they could help with in general...”

- Collaborative Focus Group Participant

Furthermore, there was evidence that the CPCLW team could enhance the degree to which they tailor the CPCLW model to each community's needs. This is discussed further in Context-Adapted and Community Driven principle sections.



Strengths-Based

Identify and build on the resources, assets, expertise, and strengths within the community to address the unmet needs of population of focus.

A strengths-based approach was used in all five community collaboratives. Most collaboratives engaged in continual efforts to understand and expand on local resources. Some individuals noted that given their rural context, they had fewer material resources compared to urban centers. Therefore, they viewed it as natural and imperative to pool resources and capitalize on existing assets, expertise, and strengths within their community. Sources of strength the collaborative commonly identified in focus groups included:

- **Values-driven members**
Individuals driven by passion, tenacity, adaptability, creativity, and reliability.
- **Access to funding**
Organizational funds, grant funds, or donations.
- **Leadership support**
Support from managers, directors, executive directors, and senior leaders facilitated collaborative work and generated enthusiasm.
- **Community engagement**
Volunteerism and donations of space, food, funds, and materials.
- **Strong understanding of CPCLW**
Members who joined collaboratives with an existing familiarity with CPCLW could orient and begin supporting the work faster.
- **A variety of expertise**
Ability to draw on diverse skillsets and expertise to achieve objectives.
- **Municipal government support**
Involvement of Mayor, Town Council, Committees, Town employees in collaborative work.
- **Network of partners**
A range of partners who could help identify needs, spread awareness, advocate, and operationalize services for the community.
- **Dedicated capacity**
Members who were able to devote their regular work hours towards collaborative objectives.
- **Existing collaboration processes**
Meetings, committees, and communication methods established prior to CPCLW offered familiar settings for CPCLW work.

Provincial Team Support & Principle Adherence

Results from the CPCLW experience survey indicate that most respondents **agreed** or **strongly agreed** (83.3%) that they had a better understanding of local capacity, strengths, and resources and how they could leverage them since participating in the CPCLW initiative.



Figure 8. Understanding of local capacity, strengths, and resources.
Source: CPCLW Experience Survey (n=18)

Survey respondents also vastly **agreed** or **strongly agreed** (94.5%) that they had received the necessary support from the provincial team to identify and use available capacity, strengths, and resources.



Figure 9. Provincial team support in understanding of local capacity, strengths, and resources.
Source: CPCLW Experience Survey (n=18)

“Being able to get the perspective from the provincial team helped to guide [our collaborative] in seeking out local resources to partner with or to seek support from.”

- Collaborative Survey Respondent

Qualitative survey comments and focus group results expanded on ways in which the provincial CPCLW team helped collaboratives maintain a strengths-based perspective:

- **The structured approach of the WBG** helped some collaboratives systematically map their assets and skills and develop a broader picture of their community’s resources. This was beneficial, as community resources evolved with time and reviewing them in a formal way helped keep collaboratives up to date.
- **Regular conversations with the CPCLW team** were a source of mentorship in working from an asset-focused mindset. For instance, the provincial team

encouraged collaboratives to expand their searches to identify new local resources. Additionally, the provincial team helped some collaboratives recognize their own strengths that they may not have been aware of in their day-to-day tasks.

- **The CPCLW Community Reports** compiled data on local assets, which several collaboratives would not have had the time or capacity to collect themselves.
- **CPCLW letters of support and feedback on grant applications** helped some communities bring resources to their local area.

However, some community collaboratives reported that they did not require the provincial team's support to adhere to this principle. With established roots in their community and a strong network of partners, these groups had a firm understanding of resources in their local area. For some, maintaining an awareness of community assets was part of their primary role responsibilities, and therefore a routine practice.

"I think our collaborative had a good understanding of our capacity and resources before, as we work together on a regular basis. Those who could have used a better understanding were not at the table [...].

- Collaborative Survey Respondent

When reflecting on their own experiences working with collaboratives, the CPCWL provincial team also demonstrated alignment with the Strengths-Based principle:

- By having the collaboratives complete the WBG, the CPCLW team helped them recognize and formally document their strengths and assets.
- During touch base sessions with each collaborative, the CPCLW team was attentive to highlight group accomplishments rather than focusing on what collaboratives were unable to do. The CPCLW team expressed that they recognized collaborative members as the experts in their own resources and strengths. They viewed their own role to be encouraging collaboratives to build on these existing resources and strengths.

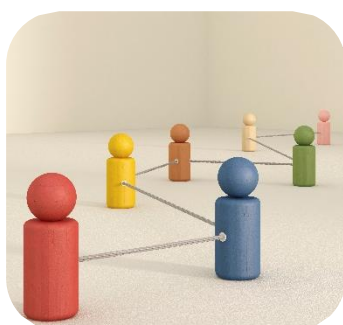
"Some [collaboratives] said [...] 'Yeah, we just kept thinking of the things that we're not doing rather than taking the time to reflect on what we have achieved in a very difficult time.'"

- Provincial Team
Focus Group Participant

"We're never unrealistic. [...] It's more, 'Can we try to point out things that are maybe much more feasible or [...] get [collaboratives] to think about what an easy win would be to bolster up what they're doing?'"

- Provincial Team
Focus Group Participant

- The CPCLW Pandemic Case Studies took a strengths-based lens by showcasing what the collaboratives were able to accomplish during the COVID-19 pandemic despite the challenges of pandemic restrictions.
- The provincial team aimed to create awareness of the strengths present within the five communities. For instance, they showcased some collaboratives' successes in the AHS newsletter and gave opportunities for collaboratives to present their accomplishments at CPCLW Partners' Meetings.
- The provincial team was also optimistic and aware of their own strengths as a provincial support team. For instance, in the focus group they recognized their own realistic, but hopeful spirits; their knowledge; their willingness to learn, and their efforts to go above and beyond for their community partners as strengths.



Multi-sector Collaboration

Build relationships across key sectors and groups to leverage local strengths and ensure a broad approach to inclusivity.

This principle was evident in all five community collaboratives. Indeed, most respondents (61.1%) **strongly agreed** that their collaborative had built relationships with key sector partners at the community level.



Figure 10. Building relationships with key sector partners
Source: CPCLW Experience Survey (n=18)

A sentiment shared across the collaboratives was that multi-sector collaboration was foundational in rural communities, due to tight-knit local relationships, members' deep community roots, and the lower availability of resources compared to urban centers. Members of each collaborative valued their relationships with partners across sectors and recognized that meeting the diverse needs of those living with dementia and carers required broad community support and cross-sectoral efforts.

Evidence of multi-sector collaboration was apparent both within the collaboratives and in their local partnerships. Each collaborative had unique members and partnership networks, however some patterns emerged across the five communities:

Collaborative Members	Local Partners
<ul style="list-style-type: none"> • Municipal government (FCSS/CDS employees, Town Committee members) • AHS employees and care providers • PCN employees and care providers • Volunteers and Care Partners 	<ul style="list-style-type: none"> • Municipal government • PCN employees and care providers • Volunteers and Care Partners • Seniors Services (e.g., Drop-in Centers, Seniors' foundations) • Public Libraries • Churches • The Alzheimer Society • Schools and Youth Organizations • Local businesses (e.g., pharmacies, banks, hardware stores).

*Note: These are not exhaustive lists of collaborative members and local partners, but only a list of organizations that were commonly represented across multiple collaboratives. Specific local organizations were also integral to several groups.)

In focus group discussions, collaboratives outlined various ways they built and maintained multi-sector collaboration within their communities. Methods included but were not limited to:

- **Leveraging existing collaborative processes:** Most communities had existing forums for collaboration and communication. For instance, the FCSS/CDS department of several communities could disseminate information via Interagency meetings. In Westlock, the Accessibility Network and their Voices for Seniors Working Group provided baseline collaborative processes. In Stony Plain, the collaborative had been established for five years and was well practiced at collaboration.
- **Building new collaborative processes:** In other communities, collaboratives built new processes to guide collaborative efforts. For instance, the Innisfail CPIA came together to create a shared mission statement and strategic plan to guide their work. Similarly, the Kneehill area KDFC refocused their work following the pandemic by creating a shared Terms of Reference document to inform their group vision.

- **Shared vision and successes:** In several communities, collaborative members reported leaving their individual or organizational agendas out of their collaborative work. Instead, they made concerted efforts to work towards the mutual benefit of the collaborative and their community. Credit for successes was also reportedly shared amongst all members.
- **Flexible partnerships:** Most collaboratives were flexible in leveraging their partnerships and involvement varied based on partner capacity, interest, or relevance in activities. Some partners provided ongoing support to collaborative activities, while other partners offered short-term commitment for one-off events. Membership in community collaboratives was also liable to change or rotate due to contextual factors.

However, some communities faced challenges in adhering to the Multi-sector Collaboration principle, such as:

- **Systemic capacity shortages:** In some communities, widespread staffing and resources constraints limited the capacity of potential partners to get involved in collaborative work.
- **Turnover and attrition:** In some communities, key collaborative members and partners left the work due to capacity constraints, career transitions, retirement, or loss of interest in the work. Not only did this reduce capacity, but the handover of responsibilities could be confusing and lose some of the historical/contextual knowledge of the collaborative.
- **Difficult orientation for new members:** In some cases, joining well-established collaboratives could be challenging for new members/partners. In some cases, it was difficult to understand all the complexities of the collaborative (grants, CPCLW involvement) and find a place for oneself in the work.
- **Silos between sectors:** The generally siloed nature of community, government, and medical organizations was difficult to navigate, as these silos could limit awareness of the collaborative's work among potential partners and could prevent effective leveraging of local resources.
- **Challenges in finding like-minded partners, particularly within AHS:** In two communities, it was particularly difficult to recruit like-minded partners who were open to the collaboratives' flexible, community driven, and grassroots approach to wellbeing. Organizationally, AHS was identified as a particularly difficult organization to engage for multiple reasons such as:
 - Complex organizational policies which could be difficult for community organizations to navigate.

- Limited awareness of collaborative work, which made it difficult to recruit AHS staff or care providers to collaborative projects and to garner leadership support for community-level needs.
- AHS' medically oriented priorities were at times inflexible. Some AHS staff did not value or have an interest in collaborating on initiatives with a more social and community orientation, despite the value that healthcare sector representatives could offer to these initiatives.
- The combination of the above factors had ultimately damaged some collaboratives' rapport and trust in AHS as a whole, and reduced their willingness to engage in AHS-led efforts in return.

Provincial Team Support & Principle Adherence

Most survey respondents **strongly agreed (61.1%)** that the Provincial Team had built and nurtured relationships with their community collaborative to support the development of a diverse, multi-sector team.



Figure 11. Provincial Team relationship building with community collaboratives.
Source: CPCLW Experience Survey (n=18)

Indeed, in qualitative responses, members of most collaboratives praised the strong interpersonal relationships they had developed with the CPCLW team. Some described the provincial team as encouraging, inclusive, understanding, empowering, and helpful.

“... Interpersonally, the team that led this were just wonderful. They were great. [...] They explained their roles, they were very warm. I think just in terms of connections [...] I can think of times when they were leading in group, and they included different people who maybe hadn't had a chance to say something.”

- Collaborative Survey Respondent

Survey respondents also generally **agreed (55.6%)** that they had received the support they needed from the provincial CPCLW team in building relationships with key sector partners at the community level.



Figure 12. Provincial Team relationship building with community collaboratives.
Source: CPCLW Experience Survey (n=18)

In qualitative sources, collaborative members reported that the CPCLW provincial team and model had supported their adherence to the Multi-sector Collaboration principle in the following ways:

- Providing mentorship for building cross-sector partnerships for collaborative members who were still building or expanding their skills in the early stages of the initiative.
- Providing helpful documents such as the CPCLW Community Reports and network maps, which informed local partnership efforts (e.g., who to reach out to).
- Offering a structured system (via the WBG) to formally reflect on which partnerships they already had, as well which organizations and individuals could be invited to partner in activities. In a few collaboratives, this process helped to broaden the group's thinking about relationships within and outside of their community.
- Continually encouraging and reminding collaboratives to continue partnership building efforts, through regular communication and meetings.
- Providing suggestions for possible partners or new networking approaches.
- Introducing collaboratives to new connections.

However, some collaboratives did not need the CPCLW team's support in multi-sector collaboration. These collaboratives had well-established local relationships and processes/forums in place to support inter-organizational collaboration (e.g., Interagency meetings, working groups, committees). When some collaboratives did face challenges in recruiting cross-sectoral partners (e.g., AHS healthcare representatives), the CPCLW team was encouraging and supportive, but ultimately unable to recruit additional members or influence leadership decisions.

.....
"We need bodies in the community more than ideas and conversations. AHS did not support the people we needed to *do* the work."

- Collaborative Survey Respondent

From their perspective, the CPCLW team also felt that the community collaboratives often did not need extensive support in developing local partnerships. As discussed previously, the CPCLW team did not have a direct role in the collaborative establishment. Instead, they deliberately channeled their efforts into helping the collaboratives strengthen their teams by providing suggestions for diversifying their membership options, offering advice on ways to include people living with dementia and carers, and giving reminders to reflect on each partner's needs.

.....

"The communities themselves actually are the ones who are building [multi-sector partnerships] [...] They built it themselves, and they did a way better job than we could have directed from above [...]. So we're not very hands on in that. But what we do, which is the strength of having a provincial team on this, is that we share ideas amongst the communities."

- Provincial Team Focus Group Participant

In terms of collaboration across the community and provincial-level teams, the provincial team viewed their relationship with the collaboratives as interdependent. They needed the community collaboratives to accomplish their grant objectives of understanding and promoting strategies to effectively support people impacted by dementia. In turn, they felt the community collaboratives needed their provincial level supports and influence to enhance local efforts. Through this interdependency, the provincial team aimed to build trust and lasting relationships between the communities and AHS as a provincial organization.

.....

"Partners are interdependent. It's a big thing. We know we need [the community collaboratives] and they feel like they need us, as well. And I think that's actually quite important, because if you don't have any skin in the game, you can pull out at any time, right?"

- Provincial Team Focus Group Participant



Context Adapted

Recognizing that each community is unique, adapt the Connecting People and Community for Living Well model to fit the context and to enhance engagement, sustainability and effectiveness.

There was evidence of adherence to the Context Adapted principle in each community collaborative.

Results from the CPCLW experience survey show that 100% of survey respondents agreed that their collaborative had adapted local activities to meet local needs and context, with 66.7% of these respondents **agreeing strongly**.



Figure 13. Adapting local activities to meet local needs and context.
Source: CPCLW Experience Survey (n=18)

Qualitative findings providing examples of how the collaboratives attended to their local context when applying the CPCLW model:

- **Factoring local information into programming decisions:** Community collaboratives drew on their expertise of their local region, as well as current events and challenges, to inform decisions. For instance:
 - All the community collaboratives were responsive to the COVID-19 pandemic in different ways either through reprioritization, creation of virtual or pandemic-safe programs, or advocacy efforts.
 - Collaboratives developed programs with resident accessibility and participation in mind. For instance, Innisfail Let's Connect virtual program helped circumvent participation barriers that Innisfail residents often face (e.g., cold weather, poor road conditions). The Westlock BCC coordinated its program/training schedules and locations to maximize participation and avoid competing with existing services.

- **Integrating outside approaches with local CPCLW efforts:** In several communities, collaboratives adapted external models or programs to their local area. These efforts were either:
 - *A priority activity within the collaborative's CPCLW workplans.* E.g.,
 - The CPIA helped to implement Men's Shed in Innisfail, a program originally developed in Australia.
 - Kneehill adapted the Alzheimer Society's Minds in Motion program to meet the needs of the various communities in their region.
 - *Considered complimentary to the overarching CPCLW initiative.* E.g.,
 - Innisfail, Kneehill, and Drumheller were applying or drawing on learnings from the Brenda Strafford Foundation's Dementia Friendly Communities model. The CPCLW priority actions selected by these communities were complementary to the goal of creating welcoming communities for people living with dementia and their care partners.
- **Aligning multiple grant commitments:** Most communities were funded under multiple grants and needed to adjust their work to meet various grant accountabilities. For instance, multiple communities were funded by the CIDC grant.
- **Using participant feedback to inform decisions:** Some collaboratives collected feedback from program participants and used this information to adjust their work. For instance, the Innisfail CPIA adjusted their data collection strategy to a more qualitative approach, according to participant preferences.
- **Navigating local challenges to ensure collaborative and CPCLW functioning:** Across all five collaboratives, members had to adjust their approach to navigate the COVID-19 pandemic, challenging organizational policies, capacity and resource constraints, membership attrition, leadership decisions, and administrative delays.
- **Customizing CPCLW processes:** In some communities, collaboratives requested adjustments to CPCLW processes or timelines to accommodate their local needs. For instance, several collaboratives requested a hiatus from CPCLW activities to focus on more pressing priorities or capacity limitations. In Kneehill, the WBG completion process was not working efficiently for the collaborative, so the KDRC assigned a small subgroup of members to attend these meetings and keep the larger group apprised of updates.

Provincial Team Support & Principle Adherence

Results from the CPCLW experience survey indicate that most respondents **agreed** or **strongly agreed** (83.3%) that they had received the necessary support from the provincial CPCLW team to adapt local activities to meet local needs and context. However, a few participants disagreed or felt neutral about this.



Figure 14. Provincial support in adapting local activities.
Source: CPCLW Experience Survey (n=18)

Qualitatively, collaborative members reported that the CPCLW provincial team and model supported them in adapting to local context by:

- Providing provincial-level insights which helped some collaboratives tailor their local work in alignment with provincial priorities.
- Providing advocacy and a platform to lobby for resources that were most needed rurally, such as community recreation therapists in Drumheller.
- Gathering and summarizing information in CPCLW Community Reports, the WBG, and Pandemic Case Studies which helped inform contextual adaptations.
- Being receptive and understanding of requests to adjust processes or postpone CPCLW meetings when other priorities came up.

“[The CPCLW Team] understands that each community, its resources, and needs are all different and although you can learn from one another, each requires a homegrown solution.”

- Collaborative Survey Respondent

At one point [the CPCLW team] had tried to bring us on earlier and we were so stressed that they actually said ‘Okay, we’ll see you in three months.’”

- Collaborative Focus Group Participant

In their focus group discussion, the provincial CPCLW team confirmed that they made these intentional efforts to tailor CPCLW processes and activities to the needs and preferences of each collaborative. They reflected that they needed to match the pace and interest that each collaborative set. Otherwise, they expected that they would lose the engagement and interest of these partners.

Additionally, the CPCLW did not seek to impose the model on any communities or dictate. Rather, they sought to share one possible approach that collaboratives could use to support wellbeing. They recognized the existence of multiple other models and were open to communities trying other models or combining approaches.

“I think recognizing that different tempo for each of the teams has been really important to help them feel supported in looking at the possibility.”

- Provincial Team
Focus Group Participant

“There are ways out there that are successful in supporting people to live in the community. Here's one way. [...] It's not a ‘You have to do it this way,’ because that won't work either.”

- Provincial Team
Focus Group Participant

However, some communities did not feel that adequate context adaptation had been done by the CPCLW team prior to the model's implementation. For instance, Stony Plain and Westlock expressed confusion about how elements of their local context such as their CIDC grant work related to CPCLW and the provincial team's role. This unclear alignment with their ongoing work impacted these teams' comprehension of CPCLW, their buy-in, and their perception of the CPCLW model's 'fit' into their work.

“I think it's challenging because [...] it's just having the timing of two projects or grants working side by side and then trying to figure out how they fit together... It was really confusing.”

- Collaborative Focus Group Participant

In other collaboratives, members felt that the CPCLW approach had been applied to their community without sufficient efforts to understand their existing context, processes, and expertise. Given their strong foundation as a collaborative, they felt that the implementation of their priority actions could have occurred sooner. Instead, they felt they had to complete all the steps of the CPCLW approach, which they perceived to be unnecessary for them. Ultimately, members felt that there needed to be more clear flexibility in CPCLW model to reflect the realities of each community's work. The desire to receive the seed funding may have contributed to this sense of “having to” follow the CPCLW approach as a condition of the funding.

“We were told we need to go through each section [of the WBG], but if we didn’t have anybody living with dementia [present] what would be the point of that?”

- Collaborative Focus Group Participant

“It’s essential that [CPCLW] know and have a better understanding of who is at the table and [that] every community is going to be different.”

- Collaborative Focus Group Participant

Investing additional time to explore what each collaborative expects a “context adapted” approach to entail may improve adherence to this principle in the future.



Community Driven

The development and implementation of change actions is determined and guided by the community, and based on local needs of the underserved population.

Overall, 100% of survey respondents agreed that their collaborative had determined and developed local, priority actions, with 77.8% of these respondents **agreeing strongly**.

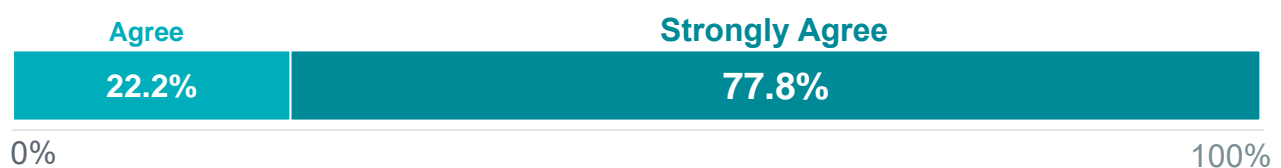


Figure 15. Determining and developing local, priority actions.
Source: CPCLW Experience Survey (n=18)

Across the board, community collaboratives demonstrated adherence to the Community Driven principle in qualitative data sources. Each collaborative valued a grassroots approach to supporting people affected by dementia and took ownership of planning, designing, implementing, and coordinating priority activities to meet needs in their area. At the time of the final focus groups, all five collaboratives had either implemented all their priority actions or were nearing their target implementation dates. All collaboratives were also considering plans to sustain these activities beyond the end of the CPCLW grant.

Our analysis revealed that adherence to the Community Driven principle was closely tied to adherence to the Multi-sector Collaboration, Needs Driven, and Context Adapted principles, as all three of these principles were key to ensuring that change efforts were situated in the local communities.

- **Multi-sector Collaboration:** By working in multi-sector teams, the community collaboratives were positioned to lead local activities. They could share information, resources, skills, and responsibilities in their efforts to drive change. In some communities, multi-sector collaboratives of professionals and volunteers existed prior to the CPCLW initiative. Among these groups, a high level of independence was observed. They had established networks of communication and processes for collaboration, which gave them a firm foundation to lead community driven projects.
- **Needs Driven:** Through efforts to identify local needs and create priority actions to meet these needs, the community collaboratives ensured that their work was situated firmly in their community.
- **Context Adapted:** By understanding their communities' needs, the collaboratives could tailor their programs and implementation processes to their area. This firm grounding of services in the community context helped enhance the functionality and accessibility of their services.

In each region, collaborative members demonstrated leadership and accountability for local services. Indeed, most collaboratives agreed that they were independently working to enhance wellbeing prior to the CPCLW team's involvement in their community, demonstrating an intrinsic drive for the work. There were also several examples of community collaboratives acting as champions for wellbeing in their areas by:

- Encouraging peers to get involved in collaborative activities.
- Advocating for the needs of senior residents and people impacted by dementia, particularly in the face of crises such as the COVID-19 pandemic.
- Building the skills and capacity of community professionals and volunteers to independently facilitate activities, so that they can locally own the operationalization and sustainability of programs.
- Applying for grant funding to bring resources and services to their local areas.
- Observing services gaps and testing ideas in the community to explore interest and uptake.
- Taking initiative to make decisions about events or services, and "begging for forgiveness" from leaders later if required.

Most collaborative members also had strong roots in their communities because they were residents themselves. This gave them a level of expertise to steer their collaborative's efforts. For instance, many members were local service providers who directly observed unmet needs in their daily work and had professional relationships in the area. Others were volunteers who were committed to sharing their skills to support people impacted by dementia. Some had personal experiences involving dementia and imbued their lived expertise into collaborative efforts. This aligned with the Community Driven principle as it centered the expertise of community members.

"I think that's what made our project really special is the fact that we do have so many people volunteering and I think that's what really makes this a community...grassroots project."

- Collaborative Focus Group Participant

Provincial Team Support & Principle Adherence

Respondents of the CPCLW experience survey largely **agreed (50.0%)** or **strongly agreed (44.4%)** that they received the necessary support from the Provincial Team to determine and develop their priority actions.



Figure 16. Provincial support in determining and developing local, priority actions.
Source: CPCLW Experience Survey (n=18)

In alignment with the Community Driven principle, the provincial CPCLW team was supportive of communities taking the lead in developing and implementing change actions in their local areas. As discussed previously, the CPCLW team was intentional in trying to build trust. They reported that they were careful to avoid identifying AHS as the 'backbone' organization for the work; identifying themselves as 'the experts'; and completing the collaboratives' work. They supported community driven action by providing:

- **Funding support:** The CPCLW team provided each community with \$6000 in seed funding to help kickstart planning and implementation of priority change actions. Decisions of how to use the funding were made by the local collaboratives, allowing them to take ownership of the support that would be most beneficial to their community. One community also shared that the CPCLW team provided letters of

support for the collaboratives' other grant applications.

- **Structure and Facilitation:** One of the most frequently reported benefits of working with the CPCLW provincial team was that CPCLW processes and meetings offered helpful structure to community driven work. For example:
 - Community collaborative members noted that ideas and skills were abundant within their teams and their local regions. However, some groups perceived that they did not always have processes in place to optimize these assets. CPCLW's structured processes, such as completing the WBG, helped to channel local strengths into strategic, feasible, and documented action plans.
 - A few collaboratives also reported that regular meetings with the CPCLW helped keep their implementation timelines on track and also ensure that they were continually devoting time to collaborative projects.
 - The provincial team's facilitation skills were also reported to help these collaboratives to consider new ideas and context from a higher provincial-level lens.
- **Support, rather than control:** Some collaboratives stated that the provincial CPCLW team never dictated their local efforts. Instead, the CPCLW team provided support that helped inform or supplement the collaboratives' decisions. For instance:
 - The CPCLW team gathered and reported data on community needs in personalized Community Reports, which helped several collaboratives in decision-making.
 - Most agreed that completing the WBG with the CPCLW team was a helpful process to brainstorm, prioritize, and build out their ideas.
 - For collaboratives who were new to some aspects of the CPCLW model (e.g., multi-sector collaboration, evaluation), they found the mentorship of the provincial team beneficial as it helped them expand their skills in these areas.
 - In a focus group discussion, the provincial team echoed that this was an important tenet of their efforts. They did not aim to take over the work from local communities. Instead, they tried to offer support in ways that would help the communities achieve their own visions.
- **Adaptation to local needs:** In some communities, the CPCLW provincial team adapted their approach and documents to the needs of specific teams. For example:

I appreciate that the CPCLW team always responds to any request, but [they] also allow and support the local team to come up with their own solutions and how best to support moving forward. Their response is always 'How can we help?'

- Collaborative Survey Respondent

- A few collaboratives requested time off from CPCLW-related meetings and activities due to capacity constraints and/or a need to focus on other priorities. They all agreed that the CPCLW team was understanding of these needs.
- In another community, the original format of the WBG was cumbersome to use. The CPCLW used this feedback to update the guide to a more user-friendly format.

However, despite the provincial team's efforts to adhere to the Community Driven principle, there were times when community collaboratives did not feel they were in the driver's seat. In many cases, this was tied to the CPCLW team's accountabilities and deliverables for their Health Canada grant funding, specifically the WBG and Work Plan processes. As a condition to receive seed funding, community collaboratives had to participate in CPCLW processes such as the completion of the WBG and regular touch base meetings with the CPCLW team. At times they did not feel these processes were efficient or tailored to their needs, undermining community drivenness.

For example, several community collaboratives found it onerous, time intensive, and/or overwhelming to understand and complete the WBG. Given that many members only had a limited amount of capacity to devote to their collaborative, this could be frustrating for some, as it took up time that they could be investing more directly in their community. A few collaboratives felt that the WBG could be completed in one or two days of concerted effort. Others felt that the process could be adapted to each collaborative's current state, with some steps being skipped if the collaborative has already made considerable efforts in that area. Instead, collaboratives had to schedule monthly meetings with the provincial team to work through the guide. This greatly lengthened the process.

The consequences of this were illustrated most clearly in the Kneehill collaborative:

- **Risk to collaborative vision and membership:** Firstly, some action-oriented members of the KDFC grew frustrated with what they perceived to be bureaucratic CPCLW processes. They felt that these processes began to take precedence over their original focus on building dementia friendly communities. These members nearly exited the collaborative as a result. To retain members and their momentum towards their original vision, the collaborative designated the CPCLW work to a small subgroup of members.
- **Delayed services:** Additionally, the KDFC knew early on what priority action they desired to use the seed funding for. However, they had to spend a year to complete the WBG before they could make this a reality. Ultimately, they felt that this process delayed service provision for their community's residents.

- **Tension with AHS:** In this community, no clinical AHS staff were long-standing members of the collaborative. Therefore, there was some frustration in the AHS-based CPCLW team having a degree of control over the collaboratives' work, without AHS professionals contributing to collaborative's frontline efforts. This created some apprehension in working with AHS in the future.

.....
"The process created a large amount of work for our staff
leading to some organizations walking away as
the process was taking too much time away from supporting residents."

- Collaborative Survey Respondent

There were also concerns raised about the terminology and user friendliness of the WBG tool. For instance, some collaboratives raised concerns that the document's technical terminology and repetition made it difficult for volunteers or lay people participate in its completion. Another collaborative felt that the tool's complexity may make it difficult for them to sustainably use it without the provincial team's support. These complexities limit their ability to take ownership for the WBG's completion.

Altogether, these examples illustrate potential to better tailor CPCLW support and documents to the needs, preferences, and contexts of participating communities to maximize their ability to drive the initiative in their area.



Wellbeing Focused

Promote a shared understanding of wellbeing and what impacts it at both an individual level and a collective level. Incorporate information available to determine priorities, and implement actions focused on improving individual and collective wellbeing.

There was clear evidence of all five community collaboratives embodying a wellbeing focused approach in their community-level work. It was clear that every collaborative shared a passion and commitment to enhancing the wellbeing of people living with dementia, their care partners, and their collaborative teams.

“I look at it as everybody is always trying to find how do we best support our community and how do we all work together in the best interest of our residents and their care partners.”

- Collaborative Focus Group Participant

“It's almost like this collaborative is like this flashlight that keeps getting stronger. [...] ‘Let's shine some light on some areas that need improvement and some areas that are doing incredibly well and some areas that we haven't looked at.’ [...] It's really getting out to our folks that need [support] most. Which includes us, not just people living with dementia.”

- Collaborative Focus Group Participant

Interestingly, it is difficult to speak specifically to adherence to the Wellbeing Focused principle, as this concept is threaded throughout the entire CPCLW model. Many of the collaboratives' efforts to infuse the concept of “wellbeing” into their work has already been discussed in previous sections. For example, by fostering multi-sector relationships and working to understand unmet needs, the collaboratives could better design activities to support individual and collective wellbeing. Therefore, the remainder of this section will focus on the final element of the principle: *implementing actions focused on improving individual and collective wellbeing*.

When asked to rate to what degree their collaborative had implemented priority actions identified for their communities on a sliding scale from 0 to 10, several respondents (29.4%) placed the slider scale at the **seventh** position. Further, **41.2%** of respondents indicated an even higher degree of implementation, at **eight or above**, suggesting the collaboratives were advanced in their implementation efforts.

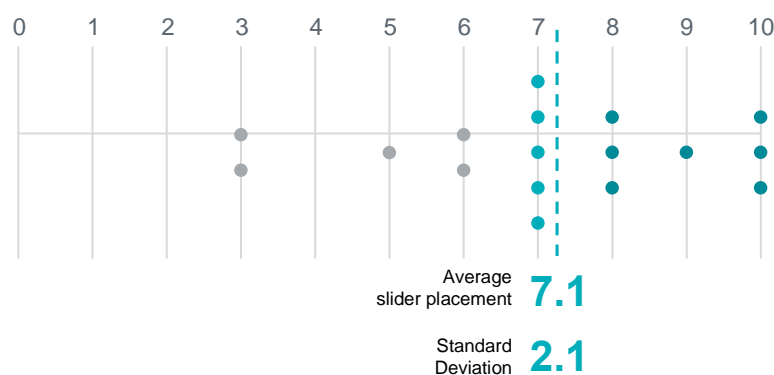


Figure 16. Degree to which collaboratives had implemented priority actions
Source: CPCLW Experience Survey (n=17)

The average sliding scale position was 7.1, suggesting that collaboratives had made significant progress towards operationalizing wellbeing-related activities, but still saw room to continue their efforts.

Qualitative responses illuminate the details of each community's implementation efforts.

Across the board, the collaboratives used the CPCLW WBG to determine and design priority change actions for their communities. A summary of the activities that the collaboratives planned and/or implemented with the CPCLW seed funding to support local wellbeing are summarized below:

Collaborative	Allocation of CPCLW Seed Funding	Status (as of final focus groups)
Drumheller DCSC	Seniors' fair expenses , such as guest speakers, refreshments, and thank you gifts.	Complete
	Advertising and branding for the coalition, to help them become a recognizable community entity.	Complete
	A mail-out calendar to advertise coalition activities to Drumheller residents.	Complete
	Program Hospitality (e.g., snacks, beverages, transportation assistance) to encourage Day Program participation.	Complete
	Recreation Therapist Consultation: A temporary extension of recreation therapist support for Drumheller's Adult Day Program.	Complete
Innisfail CPIA	The Generations Legacy project expenses , such as workbooks, engaging items for participants, and a celebration event.	Complete
	A Let's Connect Community Facilitator , a temporary part-time community facilitator to grow and sustain CPIA's Let's Connect program.	Upcoming
Kneehill KDFC	Care Partner Resource Guides to promote various local resources available for the care partners of people living with dementia.	Complete
	Minds in Motion program expenses and training. This program will facilitate activity and social connection for people living with dementia and their care partners.	In progress
Westlock BCC	Living the Dementia Journey (LDJ) expenses , in order to provide training and workshops to local care partners of people living with dementia.	Complete
	A condensed LDJ presentation , to provide an overview of the workshop to larger audiences.	In progress
	A community wrap up event in March 2023 with guest speaker Dr. Lewanczuk, Edmonton-based Senior Medical Director.	Upcoming
Stony Plain WDC	Creation of a living resource document , to provide community residents with an up-to-date list of relevant organizations and services in their community. This	In progress

	involved hiring a consultant to help map community resources and organizations.	
	Designing a coordinated community response plan , to communicate key messages and synchronize services for local residents.	In progress
Note: This is not an exhaustive list of all the supports offered by the community collaboratives. This focuses solely on what the CPCLW seed funding was used for. More information on community activities can be found in the community case study reports (see references).		

However, over the course of the CPCLW initiative, many collaboratives ran against systemic detractors to individual and collective wellbeing that were simply beyond their sphere of influence.

.....

We also identified a lot of things that are
not within our control to address. [...].
There is only so much a local collaborative can do
in the face of larger regional/provincial processes or policies.

- Collaborative Survey Respondent

Provincial Team Support & Principle Adherence

Generally, members of the community collaboratives found the CPCLW team's support and seed funding useful for implementing new services within their regions. Documents such as the CPCLW Community Reports and the WBG were often cited as beneficial for maintaining the collaboratives' focus on wellbeing needs and priorities within their area. For some, the WBG also acted as a useful tool to track their implementation progress. In this way, the tool helped to ensure that collaborative did not lose track of important tasks.

.....

The WBG] reminds us of where we are,
where we've been, and where we might be able [...] to go."

- Collaborative Focus Group Participant

However, as previously discussed, most collaboratives also found this process time-intensive and effort-intensive and several individuals found the tool overwhelming, particularly early on in the initiative when the tool was still in development. In some cases, this caused frustrations with and/or withdrawal from CPCLW activities altogether. In these situations, it could be argued that the intensive process to complete the WBG temporarily had negative consequences on collective wellbeing.

In their focus group, the provincial CPCLW team described ways in which they continuously tried to retain a wellbeing focus throughout the CPCLW initiative from

beginning to end. By focusing on wellbeing as a shared goal, the provincial team aimed to create synergy and trust between the community collaboratives and the larger AHS organization, which historically has operated from a more paternalistic, medical model.

“I think we are bringing wellbeing into the conversation.
I really see the community teams as experts on that...
We are] very sensitive about being housed within Alberta Health Services,
which is a really big, powerful organization based on the medical model...
[We’re] trying to acknowledge that in our conversations: Wellbeing is where we're
focused. We're all sharing that knowledge...I think that really helps to
break down that power difference between all of us.”

- Provincial Team Focus Group Participant

Early in the initiative, they worked to gain an understanding of what wellbeing meant for people living with dementia and carers during the interviews that were part of the applied research component of the grant. The interviews focused on needs beyond medical treatment and support (e.g., carers wanting positive relationships with the family member who has dementia, people living with dementia still want to be active members of their community.)

The CPCLW team also shared McGregor’s (2007) definition of wellbeing with the collaboratives and provided scenarios for the teams to work through to understand the material, relational and subjective components.

However, it is difficult to evaluate the extent to which the provincial team successfully promoted a “shared understanding” of wellbeing, semantically. In focus group discussions, the collaboratives almost never referred directly to the three dimensions of wellbeing (material, relational, and subjective) nor to any specific contributors outlined in the WBG. More often, they spoke generally of trying to maintain a “holistic” perspective and/or to meet the physical, mental, emotional, social, and/or informational needs of their community’s residents. The evaluation team did not review the completed WBGs of each community, and therefore cannot speak to how the groups understood and outlined each wellbeing contributor included within the WBG.



Change Monitoring

Utilize a Wellbeing Guide to track progress toward expected outcomes of change actions. Changes which require longer term actions will be evident by collating information from the Wellbeing Guide over time.

Adherence to the Change Monitoring principle was difficult to assess for most communities, given that implementation of priority actions was either still in progress or in the early stages. Therefore, it may have been premature for several communities to consistently monitor progress using the WBG at the time of data collection.

When asked to rate to what degree their collaborative had monitored outcomes using the WBG on a sliding scale from 0 to 10, a few respondents (26.7%) indicated the **fourth** position, suggesting they had somewhat used the WBG to monitor outcomes.

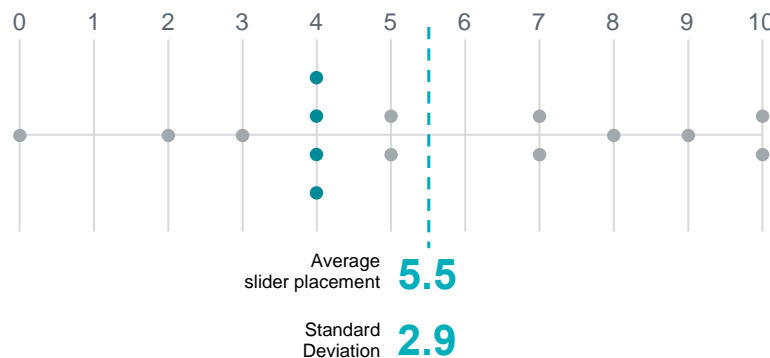


Figure 17. Degree to which collaboratives had monitored outcomes using the Wellbeing Guide
Source: CPCLW Experience Survey (n=15)

However, the remaining responses varied across the scale and there was variability within collaboratives. The average sliding scale position was 5.5, suggesting that monitoring change with the WBG was at the halfway point in its uptake.

Community collaborative members shared additional context in the focus groups. Several collaboratives were monitoring progress towards objectives using other data sources such as administrative records (e.g., attendance rates), surveys, and feedback forms. For some, qualitative methods such as interviewing and informal conversations were the most meaningful way of gathering lived experiences of wellbeing. One collaborative reported that the WBG as a helpful tool to reflect on where they had started their journey, what progress they had made, and how they could evaluate this.

Provincial Team Support & Principle Adherence

Because most collaboratives were not readily using the WBG to monitor outcomes, there is little data on how the provincial team's support would look at this stage, as well as how it would be received by the community collaboratives. However, there is evidence of the provincial team supporting some community collaboratives in thinking evaluatively about their initiatives. Members of these collaboratives reported that the provincial CPCLW team had helped them consider how they could measure outcomes, track progress, and build their evaluation capacity. The provincial team had also helped them access consultation and evaluation information from the HSKE evaluation team. In the provincial team focus group, members of the CPCLW team saw potential to continue to bolster this type of support in the future.

“[An area] that we have learned [is] really key for types of support [...] [Is] evaluation for the teams, right? And having support to do the evaluation and understand that. [...] So we're being more deliberate, I would say, about that and finding some resources around that.”

- Provincial Team Focus Group Participant

While the Change Monitoring principle is primarily geared towards community collaboratives, the provincial CPCLW team were committed to gathering data on the WBG's implementation and user satisfaction outcomes, via this program evaluation and direct feedback from community collaboratives.



Ongoing Learning

Support networking across communities and with champions of the approach to share learnings and identify potential areas of collaboration. Incorporate new knowledge into ongoing local planning and implementation.

There was evidence of adherence to the Ongoing Learning principle. Across the board, community collaboratives were enthusiastic about networking with and learning from experts and peers across the province. Methods of engaging in ongoing learning included:

- **Engaging with the CPCLW team:** The provincial team offered numerous ongoing learning opportunities and expert connections for the community collaboratives. See below for additional details.

- **Networking with experts and peers:** Several collaboratives engaged in learning efforts by connecting with knowledgeable peers from outside their communities, such as representatives from other PCNs and FCSS departments in the province.
- **Attending training and webinars:** Several individuals took part in learning opportunities available provincially and nationally, such as the Healthy Aging Collaborative Online Resources & Education.
- **Applying evidence-based approaches locally:** Several collaboratives were incorporating knowledge from the Brenda Strafford Foundation's Dementia Friendly Community model, the Alberta Dementia Strategy, and the Alzheimer Society.
- **Remaining updated on local resources:** By remaining continuously aware of local resources, some collaboratives created living documents and directories that could evolve with their communities.

A few community collaboratives, particularly the Innisfail CPIA, also described aligning with the Ongoing Learning principle by sharing learnings with others. For them, this sparked new connections and allowed them to lend their practical expertise to others. Examples included:

- **Presenting findings and learnings** to other towns and/or in CPCLW Partners' Meetings.
- **Sharing information and updates through FCSS Interagency groups and meetings**, which could contain upwards of 100 organizations.
- **Extending support and guidance to peers in other communities.** For instance, Innisfail's community recreation therapist offered support to the recreation therapists in Lacombe, Drumheller, Hanna and the Kneehill area.
- **Creating email lists** to share learning opportunities with contacts across Alberta.
- **Participating in external dementia-related committees** at a provincial and/or national level.

However, ongoing learning engagement was context- and capacity-dependent. For instance, some collaboratives engaged in learning opportunities most often in the beginning stages of their work, but their participation decreased over time as other tasks needed to take precedence. Others attended opportunities such as Partners' Meetings when they had time, which could be sporadic. Applying learnings locally also depended on whether a community collaborative had the time, funds, or personnel to do so.

Provincial Team Support & Principle Adherence

Data from focus group discussions highlight that the CPCLW initiative was an important avenue for community collaboratives to access ongoing learning opportunities. The provincial team offered the communities several supports in this area, including:

- **CPCLW Partners' Meetings and Presentations:** Since the beginning of the Health Canada Grant, the CPCLW team has hosted over 43 Partners' Meetings and presentations, on various topics and with various speakers. These forums introduced collaboratives to new professionals, learnings, and/or project ideas that they could and adapt to their region, if applicable and feasible. The meetings were also an effective way for members of all the collaboratives to hear about each other's work and to share resources.
- **Provincial-Level Promotion:** The CPCLW team helped to advertise the work of the community collaboratives at a provincial level. At times, this was done through the Partners Meeting platform; each community collaborative was given the opportunity to present their work at a Partners Meeting. Alternatively, the CPCLW team has also written articles and newsletter entries, created web resources, and shared learnings in conference presentations. All of these avenues helped to generate awareness of local-level efforts throughout Alberta and beyond. Some communities were interested in exploring further opportunities to work with the CPCLW team to spread awareness about their work.
- **Networking with experts and peers:** With their provincial-level connections, the CPCLW team helped several collaboratives access expert knowledge and support from:
 - Dr Norah Keating, a social gerontologist with expertise in rural aging.
 - Dr. Richard Lewanczuk, AHS Senior Medical Director for Health System Integration.
 - Connections with specialized AHS departments (e.g., Communications, HSKE).

Several collaborative members highlighted that these were meaningful connections that their teams would not have made otherwise.

- **Ad-hoc Resource Sharing:** In their correspondence with communities, the CPCLW team were often able to inform point collaboratives to helpful resources and information to inform their local efforts.

In the focus group with the provincial CPCLW team, members shared that they had observed a rich level of what they termed "cross-pollination" among each of the collaboratives, a sharing of learnings that were spreading among the community

collaboratives who had previously not been connected. By fostering this informative network, the provincial team adhered to the Ongoing Learning principle.

“[...] We're hearing so much cross pollination happening in almost every team meeting. [The collaboratives are] referring to a couple of other teams and saying ‘*They did that, that is so cool. We're thinking about that now.*’”

- Provincial Team Focus Group Participant

The CPCLW team also referred to themselves as perpetually learning from the community collaboratives and applying this knowledge in their provincial work. They perceived that their partnerships with the community collaboratives were interdependent and founded on a mutual learning.

The developmental nature of the CPCLW project, wherein the Health Canada grant deliverables were being created in real time, also fostered an environment for ongoing learning. The CPCLW team did not enter the communities with an established model and strict processes in place. Instead, they incorporated feedback from the community collaboratives to create and refine their deliverables.

“We always saw the communities as partners. [...] Without the learnings that we got, the discussions, we couldn't do the project. So, there's a real equality I think, is what we've always tried to pursue. And I think that [the] developmental aspect of it lent itself to that because if we came in as the experts, ‘*We've got this developed.*’, then that would have set up a different type of power structure.”

- Provincial Team Focus Group Participant



Evaluation Objective 4: Lessons Learned

Identify lessons learned from the perspective of the community collaboratives and the Provincial CPCLW Team.

Below we identify learnings from the CPCLW development and implementation process and offer considerations for the next phase of work. These are grouped by the four evaluation objectives.

Evaluation Objective 1: Contributors and detractors to wellbeing

- Many factors contribute to and detract from a collaborative's wellbeing. These factors are at both the local and systems level and some are more easily influenced than others (e.g., building collaborative teams and a shared vision within them is easier to influence than resource and funding constraints). In the next phase increased attention could be placed on those factors that are more easily influenced to have a greater impact on the wellbeing of the collaboratives.
- Collaboratives who had members who had dedicated time to coordinate collaborative activities appeared to be more successful. If organizations incorporate collaborative work into their mandates, collaboratives may be better equipped to adapt to member turnover, as these individuals would be expected to handover their collaborative responsibilities to new staff.
 - a. Members who had dedicated time were often FCSS/CDS employees. FCSS/CDS appears to be an organization who can dedicate time and resources to this type of work as it aligns with their organizational mission. Some PCNs also invested in hiring dedicated support for collaborative-related work.

Evaluation Objective 2: Implementation Process

- While it is not unusual for innovative projects in dynamic, complex systems to have a degree of development and evolution as part of the implementation process, the degree to which the CPCLW model and supporting documents evolved in real-time was challenging. This was true for the provincial team and the collaboratives. Importantly, the amount of change created confusion and was sometimes perceived as overwhelming by the collaboratives. It was also a notable challenge for the evaluation team.
- Some of the collaborative members struggled with documents and supporting materials that were couched in abstract, theory-driven terms. The potential for confusion is particularly notable in relation to the WBG, which some felt was an overly complex document. The application of these theory-driven terms to a 'front-line' level appeared to be a challenge for the CPCLW team.

Addressing these challenges in the next phase is important as they may affect buy-in for scale, spread and sustainability of the initiative. The key actions for consideration are:

- Exploring ways to ensure communication is **clear and succinct** and considers:
 - The purpose and the value it brings to communities and collaborative members.
 - The need to distinguish between CPCLW and similar initiatives taking place in the communities.
 - The role the CPCLW team has within collaboratives, including specific examples of the type of support that can and cannot be provided.
 - Rationale for CPCLW activities including how the activities fit into the collaboratives existing work and activities.
 - Expectations the CPCLW team has of communities, including activities and expected time commitments.
 - Illustrating the intended/expected use of CPCLW documents and how the collaboratives can use them to support current work.
- Better alignment and tailoring
 - Early engagement with collaboratives to understand existing processes and supports needed.
 - Leverage existing collaborative processes and documents and tailor CPCLW processes and documents. This may be helpful to integrate CPCLW activities into the collaboratives' workflow.
 - Streamline CPCLW processes to make them as straight forward, and time efficient as possible to make use of collaboratives' limited time, including limiting documents, meetings, and emails to an 'as needed' basis.
- Optimization of CPCLW documents
 - Review the purpose of CPCLW documents and carefully consider intended users i.e., where is it appropriate to describe the theoretical lens of the initiative, to what extent should this be included in documents describing the activities, which documents are for external vs. internal groups.
 - Simplify the wording so that they are accessible to the intended users, including using less abstract, theory-driven terms for collaborative members.
 - Consider whether CPCLW documents could better reflect and align with the collaboratives' work.
 - Avoid duplication of concepts within documents.

Evaluation Objective 3: Increased Capacity

- Feedback suggests that provincial support was beneficial for collaborative wellbeing and has increased capacity in many ways. The various stages of collaborative establishment, different contexts, and variation in resources and challenges, means that variety of support the provincial team can provide is an important aspect of the initiative.
- There is evidence of alignment of the principles for both the CPCLW team and the collaboratives. The principles that the collaboratives were less aligned to were mostly due to the stage of implementation reached as well as the limited capacity and time of collaborative members. There is also some evidence that, for some principles, insufficient understanding of collaboratives' goals and needs as well as a lack of tailoring of CPCLW documents and processes caused limited alignment.
- The CPCLW Principles were used by the CPCLW team to describe the initiative to external groups. They were rarely used in engagement with the collaboratives, which meant they were rarely referenced by collaboratives. They may not be key to achieving the desired results.

Evaluation Objective 4: Sustainability

Collaboratives: The collaboratives were asked about the extent to which their future work would involve CPCLW and four said that they would continue with or without provincial support. However, all collaboratives said they wanted to continue working with the CPCLW team/participate in CPCLW in the future, although the type of engagement may differ. For example, four of the collaboratives said they could imagine ongoing collaboration via ad hoc requests or on a consultation basis.

Collaborative	Intended Future Involvement with CPLCW
Community Partners in Action (Innisfail)	Would like to continue working with the CPCLW team in the future but did not provide details on how.
Kneehill Dementia Friendly Communities Collaborative (Kneehill area, including Three Hills)	Will provide the CPCLW team with informal email updates on accomplishments on an annual basis. There may be occasions where the CPCLW team could provide ad hoc support and they may consider evidence gathering support or the use of completed resources.

Building Compassionate Communities (Westlock)	Would appreciate being able to connect with the CPCLW team for connecting to resources and future seed money, if available, for future projects.
WestView Dementia Collaborative (Stony Plain)	Would like to continue their partnership with the CPCLW team for ongoing help for building partnerships and identifying needs as community resources and needs continue to change; continued support for strategic, sustainable growth and planning; potential future use of the WBG; ad hoc requests; and having the CPCLW team provide a bridge to other community collaboratives, AHS, the province, and federal initiatives or resources.
Drumheller Community Seniors' Coalition	Would like to continue working with the CPCLW team on a more ad-hoc or consultation basis such as quarterly check-ins. The support needed would be different as their collaborative needs have changed since their collaborative has been established.

The Provincial Team: The CPCLW team have taken steps to sustain the CPCLW initiative by applying for additional grant funding which they were successful in receiving from Health Canada. Funding has been secured for the next three years (2023-2026) and the main priorities during this period will be to sustain the work of the already participating communities, spread the work to new communities and scale the model to new underserved populations. In addition, a social return on investment of CPCLW is underway to provide evidence on its impact and value. The CPCLW team highlighted additional factors that would be helpful to support CPCLW's sustainability:

- Building multi-sector representation on the core CPCLW team
- Permanent operational funding within AHS, instead of term-limited grant funding. Options for core funding continue to be a focus for the team and their sponsors.
- Investment from the Government of Alberta in holistic wellbeing (i.e., with consideration of mental, emotional, social needs) rather than a healthcare-driven definition that focuses on acute and tertiary care would be welcome.
- Opportunities for partnering with organizations outside of Alberta.

Although steps are currently being explored for CPCLW to be operationalized within AHS it has been mentioned that AHS may not be the most appropriate organization to

lead CPCLW. However, there was also concern that if AHS is not the lead, there may be less investment/representation from the health care system and the involvement of the health care system is important. Regardless of who leads the initiative, the CPCLW team felt that it is important that the initiative continues, and the current work being done will pave the way for the most appropriate organization to lead the initiative.

Conclusion

Over the past three years, the CPCLW team has built supportive relationships with the members of five community collaboratives across Alberta and fulfilled numerous key support activities, including:



Developing and refining a functional **Wellbeing Guide**



Reporting community-level data in **Community Reports & Pandemic Case Studies**



Sharing information provincially, via **40 Partners' Meetings & presentations**



Offering **consultation, mentorship, collaboration, & empowerment** to community collaboratives

Each participating community collaborative experienced the benefits of some or all of these supports, but most also faced challenges in navigating the developmental nature of the initiative, the complexity and time intensity of CPCLW activities, and the effects of system-level constraints on their capacity. Overall however, the provincial team's support was seen as beneficial for many aspects of collaborative wellbeing and capacity building. Collaboratives were open to continuing their engagement with CPCLW to various degrees.

Looking to the future, the CPCLW team has successfully secured additional funding from Health Canada to continue and expand their implementation efforts. As this work progresses, the CPCLW team should consider the following:

- Balancing opportunities to facilitate “quick wins” within community collaboratives, alongside providing support to address longer-term wellbeing needs (e.g., dedicated coordination resources).
- Finding ways to ensure that provincial support (in its various forms) is clear, purposeful, tailored to local needs, and acceptable to intended users.
- Continuing efforts to optimize and sustain the core CPCWL team's operations within AHS, the province, and beyond.

References

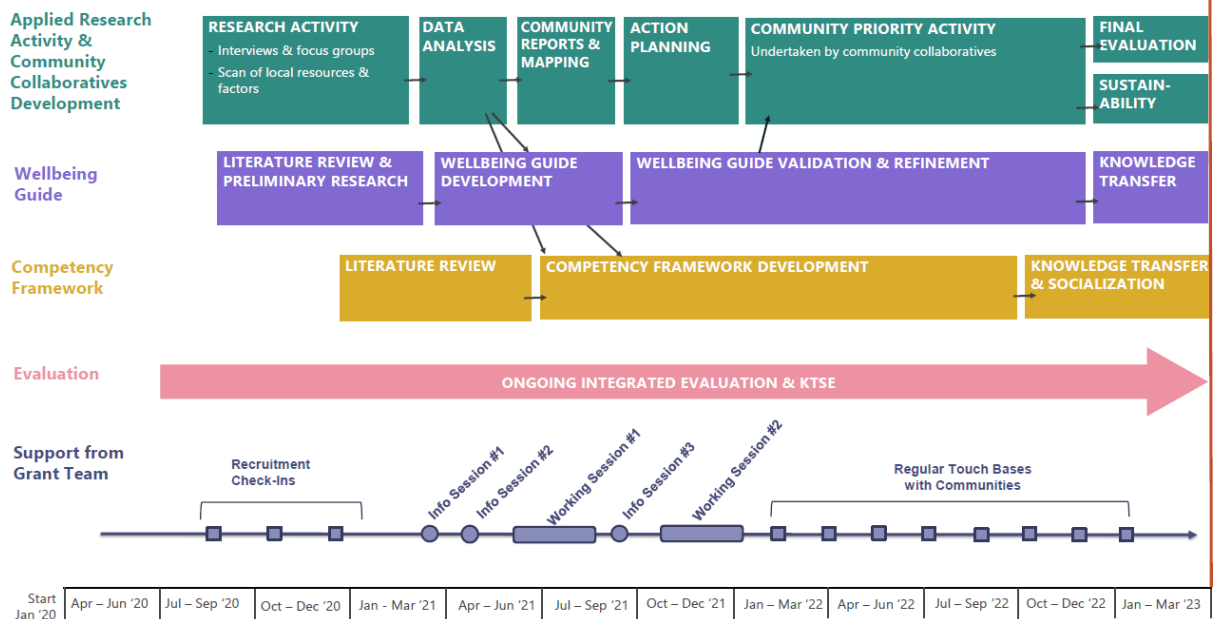
- Bourassa, L., Stasiewicz, M., Graham, L. & Ettarh. R. (2022). Connecting People & Community for Living Well: Innisfail Focus Group Report. Edmonton, AB: Health Systems Knowledge & Evaluation, Alberta Health Services.
- Bourassa, L., Stasiewicz, M., Graham, L. & Ettarh. R. (2022) Connecting People & Community for Living Well: WestView Focus Group Report. Edmonton, AB: Health Systems Knowledge & Evaluation, Alberta Health Services.
- Bourassa, L., Stasiewicz, M., Graham, L., & Mallinson, S. (2023). Connecting People & Community for Living Well: Westlock Case Study Report. Edmonton, AB: Health Systems Knowledge & Evaluation, Alberta Health Services.
- Connecting People & Community for Living Well. (2022). Wellbeing Guide.
<https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-cpclw-wellbeing-guide.pdf>
- Connecting People & Community for Living Well. (2023). Health Canada Grant Project Timeline: January 2020 to March 2023.
- Graham, L., Bourassa, L., Stasiewicz, M., & Mallinson, S. (2023). Connecting People & Community for Living Well: WestView Case Study Report. Edmonton, AB: Health Systems Knowledge & Evaluation, Alberta Health Services.
- Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J. G. (2009). Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics*, 42(2), 377- 381.
- Harris, P. A., Taylor, R., Minor, B. L., Elliott, V., Fernandez, M., O’Neal, L., McLeod, L., Delacqua, G., Delacqua, F., Kirby, J., Duda, S. N., & the REDCap Consortium (2019). The REDCap consortium: Building an international community of software partners. *Journal of Biomedical Informatics*, 95.
- McGregor, J. A. (2007). Researching wellbeing: From concepts to methodology. In I. Gough & J. A. McGregor (Eds.), *Wellbeing in developing countries: From theory to research* (pp. 316-350). Cambridge University Press.

- McGregor, J. A. & Pouw, N. (2017). Towards an economics of wellbeing, *Cambridge Journal of Economics* 41(4), 1123-1142. <https://doi.org/10.1093/cje/bew044>
- Patton, M. Q. (2018). *Principles-focused evaluation: The GUIDE*. The Guilford Press.
- Ritchie, J., Lewis, J., McNoughton-Nicholls, C., & Ormston, R. (Eds.) (2013). *Qualitative research practice: A guide for social science students & researchers*. Sage.
- Stasiewicz, M., Bourassa, L., Mallinson, S., Graham, L. & Ettarh. R. (2022). Connecting People & Community for Living Well: Drumheller Focus Group Report. Edmonton, AB: Health Systems Knowledge & Evaluation, Alberta Health Services.
- Stasiewicz, M., Bourassa, L., Mallinson, S., Graham, L. & Ettarh. R. (2022). Connecting People & Community for Living Well: Kneehill Focus Group Report. Edmonton, AB: Health Systems Knowledge & Evaluation, Alberta Health Services.
- Stasiewicz, M., Graham, L., Bourassa, L., & Mallinson, S. (2023). Connecting People & Community for Living Well: Drumheller Case Study Report. Edmonton, AB: Health Systems Knowledge & Evaluation, Alberta Health Services.
- Stasiewicz, M., Bourassa, L., Graham, L., Mallinson, S. (2023). Connecting People & Community for Living Well: Innisfail Case Study Report. Edmonton, AB: Health Systems Knowledge & Evaluation, Alberta Health Services.
- Stasiewicz, M., Graham, L., Bourassa, L., Mallinson, S. (2023). Connecting People & Community for Living Well: Kneehill Case Study Report. Edmonton, AB: Health Systems Knowledge & Evaluation, Alberta Health Services.
- World Health Organization. (2023, March 15). *Dementia*. <https://www.who.int/news-room/fact-sheets/detail/dementia>

Appendix A: CPCLW Project Timeline

Connecting People & Community for Living Well

Health Canada Grant Project Timeline: January 2020 to March 2023



CPCLW (2023)

Appendix B: CPCLW Principles



1. Provincial Support:

Support for multi-sector community teams to adapt the Model within their community. Build evidence around the model, its implementation, and its impact. Advocate at local and system levels. Build and leverage resources to support broad uptake of the Model.



2. Leadership Engagement:

Engage with leaders to keep them updated and leverage their role as leaders to support and actively champion the work, and where possible to help remove barriers at local, program, organizational, zone and provincial levels.

Engage with local leaders to garner support for staff from their respective organizations to participate in and contribute to the local efforts.



3. Needs Driven:

Develop an understanding of local underserved populations and their identified unmet needs. This information will be used to ensure alignment between needs and actions.



4. Strengths Based:

Identify and build on the resources, assets, expertise and strengths within the community to address the unmet needs of local underserved populations.



5. Multi-Sector Collaboration:

Build relationships across key sectors and groups to leverage local strengths and ensure a broad approach to inclusivity.



6. Context Adapted:

Recognizing that each community is unique, adapt the Connecting People and Community for Living Well model to fit the context and to enhance engagement, sustainability and effectiveness.



7. Community Driven:

The development and implementation of change actions is determined and guided by the community, and based on needs local of the underserved population.



8. Wellbeing Focused:

Promote a shared understanding of wellbeing and what impacts it at both an individual level and a collective level. Incorporate information available to determine priorities, and implement actions focused on improving individual and collective wellbeing.



9. Change Monitoring:

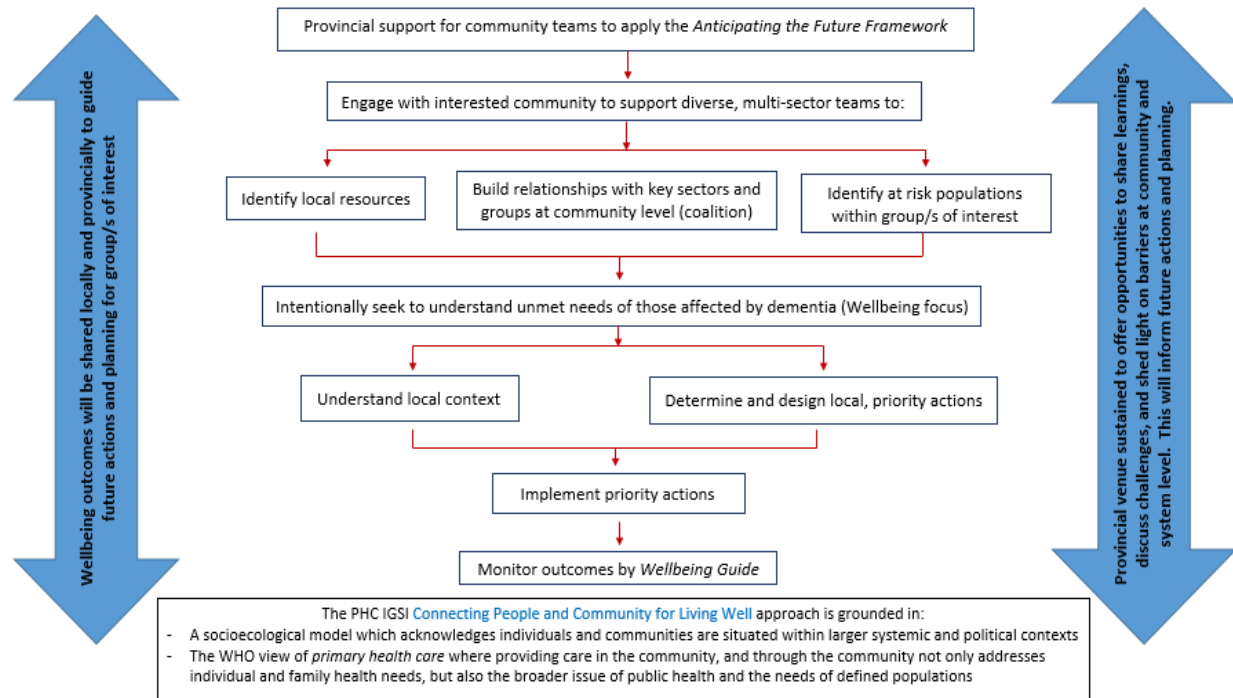
Utilize a Wellbeing Guide to track progress toward expected outcomes of change actions. Changes which require longer term actions will be evident by collating information from the Wellbeing Guide over time.



10. Ongoing Learning:

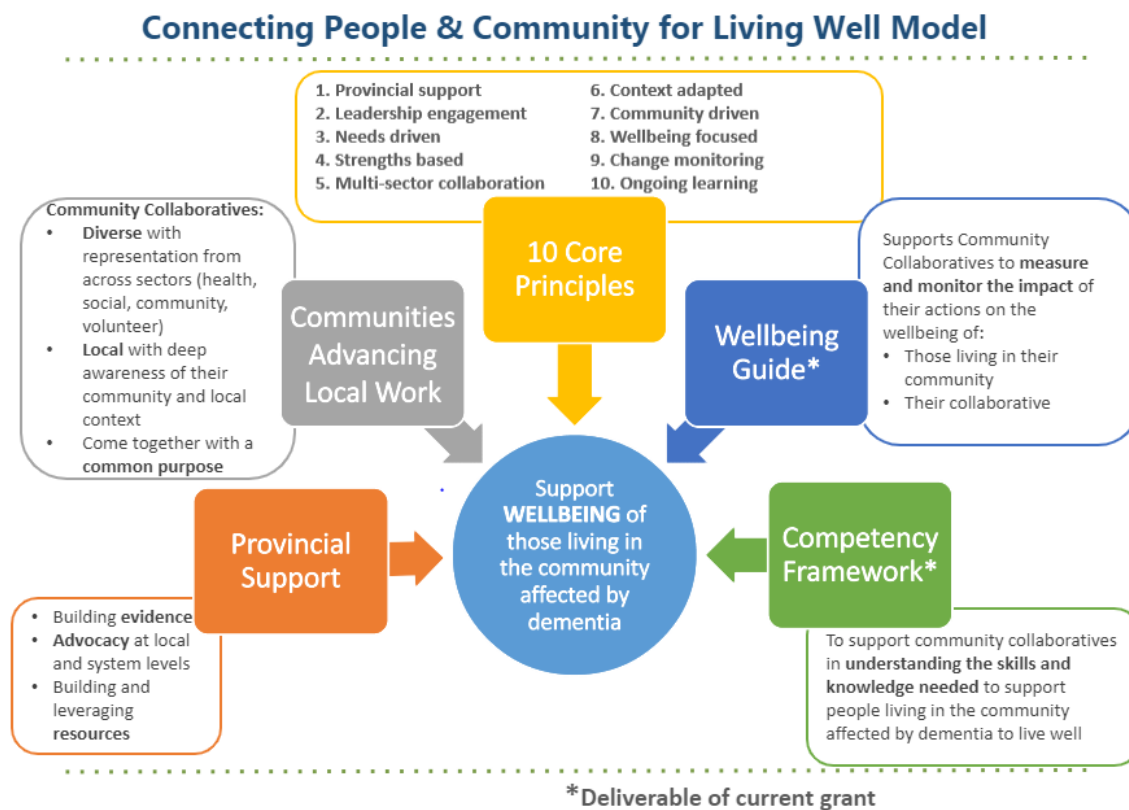
Support networking across communities and with champions of the approach to share learnings and identify potential areas of collaboration. Incorporate new knowledge into ongoing local planning and implementation.

Appendix C: CPCLW Approach



Appendix D: CPCLW Model

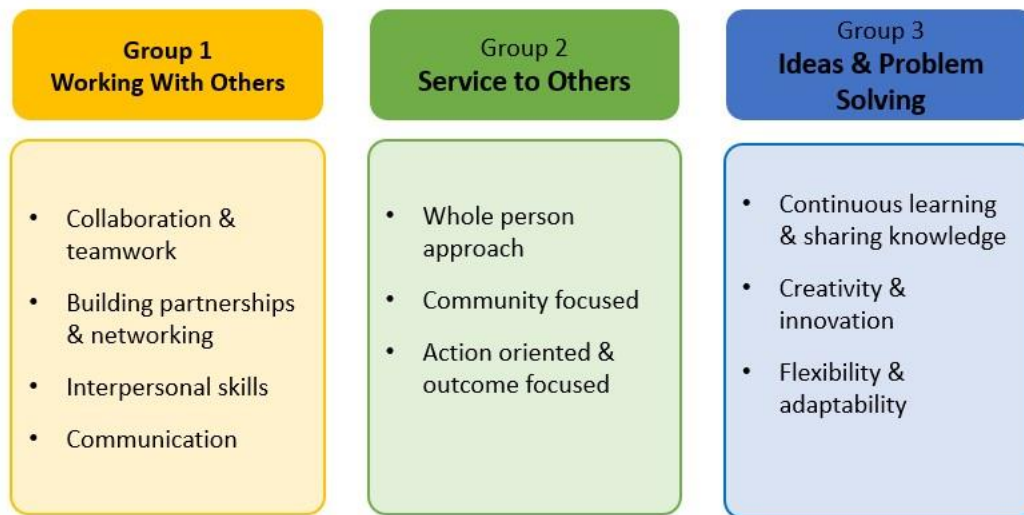
This model can be applied to guide the work of community teams. It includes five components that work in tandem to build and sustain wellbeing at both a provincial and local level.



Appendix E: Competency Framework

Connecting People & Community for Living Well

Ten Competencies for Multi-Sector Teams



Appendix F: Abbreviated Evaluation Framework

Evaluation Objectives	Sample Evaluation Questions	Data Sources
Objective 1: Understand the factors that influence the wellbeing of community collaboratives	<ul style="list-style-type: none"> What are the local strengths/challenges and barriers/facilitators influencing wellbeing? What did collaboratives learn about local resources? What did collaboratives learn about building community-level partnerships? What did collaboratives learn about underserved populations of interest? 	<ul style="list-style-type: none"> ✓ Focus Groups: Community Collaboratives ✓ Survey: Community Collaboratives
Objective 2: Assess if the CPCLW initiative increased community capacity to provide high quality care and support for PLWD and their carers in the community	<ul style="list-style-type: none"> How did the provincial team support help the collaboratives build capacity to apply CPCLW? To what extent do the collaboratives value the support provided by the provincial team? Was support from the provincial team sufficient? 	<ul style="list-style-type: none"> ✓ Focus Groups: Community Collaboratives ✓ Survey: Community Collaboratives
Objective 3: To examine the overall implementation process of the CPCLW initiative	<ul style="list-style-type: none"> How were the five communities identified and recruited? How did the provincial team facilitate the establishment of the collaboratives? How was the Wellbeing Guide and Competency Framework developed? 	<ul style="list-style-type: none"> ✓ Focus Groups: CPCLW Team ✓ Focus Groups: Community Collaboratives ✓ Survey: Community Collaboratives
Objective 4: Identify lessons learned from the perspective of community collaboratives and the Provincial Team	<ul style="list-style-type: none"> Has the CPCLW model been articulated and refined to a sustainable state? How has CPCLW Model been disseminated, to support implementation and sustainability? What were the key lessons learned? 	<ul style="list-style-type: none"> ✓ Focus Groups: CPCLW Team ✓ Focus Groups: Community Collaboratives ✓ Survey: Community Collaboratives

Appendix G: Collaborative Focus Group Topic Guide

1. Tell us about your experience of developing the Wellbeing Guide.
2. We'd like to know if you've used the Wellbeing Guide for planning and monitoring outcomes.
 - o What initiative(s) were chosen as a result?
 - o How far have you have got with implementing these initiatives?
3. Tell us about your collaborative's goals/motivations for joining this initiative?
4. In terms of the CPCLW model, we'd like to check how familiar you feel with the model and what it entails?
5. One of the activities built in the CPCLW model was to understand local capacity, strengths, and resources in your community? We'd like to hear about:
 - o How you went about understanding local capacity/strengths/resources?
 - o If you received the necessary support from the provincial team for this?
6. In the spring focus group, we asked you about building relationships with community partners to support your work.
 - o We want to check if anything changed/happened since that focus group?
 - o We'd also like to hear about the support you needed and if you received it from the provincial team...
7. In terms of identifying underserved (vulnerable) populations within your community,
 - o Tell us which populations you focused on/identified?
 - o How did you integrate their needs into planning & implementation of priority actions?
 - o What about the support from the provincial team for this?
8. We are interested in hearing about progress towards understanding the needs of people living with dementia, carers of people living with dementia, and your collaborative.
 - o Did you receive the necessary support from the provincial team for this activity?
9. The CPCLW model talks about adapting local activities to meet the needs of identified groups and your local context?
 - o Tell us a bit about how you went about adapting activities to needs.
10. We're interested in hearing your feedback on the CPLCW principles.
11. What about working with the Competency Framework?
12. We talked earlier about your goals when you joined this initiative, but now we'd like to hear whether you think your goals were met?
13. How has the provincial team supported the development of a multi-sector collaborative in your community?
14. How have the provincial team engaged with leaders either at a community, organizational and provincial level to facilitate the work in your community?
15. What do you think the role of the provincial team will be in your collaborative after the grant finishes in March?
16. Is there anything else you would like to share about your experience with CPCLW?

Appendix H: Provincial Team Focus Group Topic Guide

1. When the grant first started, you identified and engaged communities. Looking back, what lessons have you learned about engaging with communities and bringing them on board?
2. What did you see as your role in working with the collaboratives at the beginning of the initiative?
3. You supported the collaboratives in understanding and then using the approach/model. Reflecting on this experience, what was most important?
4. Reflecting on the support you've provided for the development of multi-sector collaboratives, what was most important?
5. Reflecting on the support you provided to help the collaboratives understand local capacity, [strengths](#) and resources in their community, what was most important?
6. Your team also engaged with leaders at a community, organizational and provincial level to facilitate the collaboratives' work. Reflecting on this experience, what was most important?
7. You provided support to help communities build relationships with key sectors/additional partners to support their work. Reflecting on this experience, what was most important?
8. Now let's turn our attention to identifying underserved /vulnerable populations. What was most important in providing support for communities in this area?
9. Another task you supported collaboratives with was understanding the unmet needs of those affected by dementia, their [carers](#) and the collaboratives. Reflecting on this experience, what was most important?
10. The CPCLW approach/model also involves adapting local activities to meet the needs of identified groups (PLWD, carers, the collaborative, underserved populations) and local context (local strengths and resources). Reflecting on this experience, what was most important?
11. You supported communities in determining and design local, priority actions. Reflecting on this experience, what was most important?
12. Reflecting on the support you provided to the collaboratives to implement their priority actions, what was most important?
13. Now we'd like to move over to the development of the Wellbeing Guide. Reflecting on this experience, what was most important?
14. Firstly, let's reflect on the CPLCW principles, which we explored in the mid-point focus group. Overall, what role do you think they've played in the initiative?
15. Besides the information sessions, how did you provide support for the understanding the Competency Framework?
16. If you receive additional funding, what do you see as your ongoing role with the collaboratives?
17. What is your vision for long-term operationalization of the CPCLW model?
18. What have been your key learnings with this initiative?
19. Is there anything else you would like to share about your experience with CPCLW?

Appendix I: Collaborative Member Survey

Survey respondents were asked to rate their agreement (strongly agree – agree - neither agree nor disagree -strongly disagree, or N/A) with the following statements:

Provincial support for community teams to apply the CPCLW approach.

1. Support from the Provincial Team helped build our collaborative's capacity to apply the CPCLW model.
2. The Provincial Team has helped our collaborative engage with leadership (including community, organizational, and governmental leaders).
3. Our collaborative values the support provided by the Provincial Team.

Engage with interested community to support diverse, multi sector teams.

4. The Provincial Team has built and nurtured relationships with our community collaborative to support the development of a diverse, multi-sector team.

Identify local resources.

5. Our collaborative has a better understanding of local capacity, strengths, and resources and how they can be used.
6. Our collaborative received the necessary support from the Provincial Team to identify and use capacity, strengths, and resources.

Build relationships with key sectors and groups at community level.

7. Our collaborative has built relationships with key sector partners at the community level.
8. Our collaborative received the necessary support from the Provincial Team to build relationships with key sector partners at the community level.

Identify underserved populations within group/s of interest.

9. Our collaborative has identified underserved populations in the community.
10. Our collaborative received the necessary support from the Provincial Team to identify underserved populations.

Intentionally seek to understand unmet needs of those affected by dementia (wellbeing focus).

11. Our collaborative has been part of local efforts to understand the unmet needs of people affected by dementia (including people living with dementia, carers, and the community collaborative).
12. Our collaborative received the necessary support from the Provincial Team to understand the unmet needs of people affected by dementia.

Understand local context.

13. Our collaborative adapted local activities to meet local needs and context.
14. Our collaborative received the necessary support from the Provincial Team to adapt local activities to meet local needs and context.

Determine and develop local, priority actions.

15. Our collaborative determined and developed local, priority actions.
16. Our collaborative received the necessary support from the Provincial Team to determine and develop local, priority actions.

Use the slider 1 5 10 to answer the following questions:



17. To what degree has your collaborative implemented priority actions identified for your community?
18. To what degree has your collaborative monitored outcomes using the Wellbeing Guide?
19. If there are any additional experiences with CPCLW that you would like to share, please explain them here: