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APPENDIX 4-1

Community Health Assessment NETWORK (CHAN)

Terms of Reference

PURPOSE

To work with the final recommendations of the Community Health Assessment Indicators Working Group and in collaboration with the Funding Opportunities Group (FOG), the Community Consultation Working Group (CCWG) will focus on the process and content of the community consultation piece of the next comprehensive Community Health Assessment (CHA). The objectives of the Community Consultation Working Group are:

1. To define the scope of "community consultation" within the broader field of community (public) participation;
2. To review and discuss Manitoba RHAs' previous experience with CHA community consultations (subject areas/ mechanisms/success or fail/ reasons);
3. To explore potential sources of information in gap areas as identified by WIG and recommend a common consultation process for prioritization by CHAN
4. To recommend the most appropriate and if possible standardized methods to the RHAs (CHAN) for consulting with their communities in the identified subject areas;
5. To present common subject areas and mechanisms/methods for CHAN approval to use in the next comprehensive provincial Community Health Assessment (CHA) process.
6. To recommend appropriate educational opportunities for CHAN members and other key stakeholders.

MEMBERSHIP

Members - The number of members will be limited to facilitate discussion and decision making. Membership to include:

- (a) Regional Health Authority representatives: Sue Crockett, Faye White, Doreen Fey and Val Austen-Wiebe
- (b) Manitoba Health - Regionalization and Health Plan Process: Shahin Shoostari

Representation - Working Group members will represent the RHA's and Manitoba Health. Additional members may be appointed by the CHA Network, or invited as required in consideration for specific issues.

Terms of Appointment - Members are appointed until the Community Consultation Working Group (CCWG) objectives have been met.

Chair - There will be one chairperson representing Manitoba Health, as the group is small enough to manage without co-chairs. All members commit to supporting the chair during and in preparation for ongoing meetings of the working group.

DECISION MAKING

The Committee will make decisions using a consensus approach.

COMMITTEE MEETINGS

- The Working Group plans to meet on a regular basis until the objectives are met.
- The Working Group will determine where and how the meetings will take place and will use telecommunications for routine meetings when appropriate.
- The Working Group chairperson will circulate an agenda prior to each meeting. The Group may alter the agenda.
- Minutes will be kept of each meeting and circulated to each member. Minutes may be circulated to other interested non-committee members for information purposes.
- The Director of the Community Health Assessment Unit/Health Planning will receive all committee minutes.

ACCOUNTABILITY

The Community Consultation Working Group (CCWG) will report to the Community Health Assessment Network (CHAN). In addition, communication will occur with identified stakeholder groups. CHAN will advise and evaluate the subcommittee process.



APPENDIX 4-2

2003-2004 CHA Steering Committee

Terms of Reference

PURPOSE

The North Eastman Health Association Inc. is committed to the implementation of a community health assessment at least once every 4 years.

The CHA Core Team will be made up of the CHA Research & Project Coordinator, and CHA program assistant. The CHA Core Team reports directly to the VP of Programs. The VP of Programs ensures that all relevant correspondence from Manitoba Health is directed to the CHA research/project coordinator.

ROLES AND RESPONSIBILITIES

The CHA Steering Committee will act in an advisory role to the CHA Core Team by

- providing overall direction and guidance to the CHA Project in alignment with NEHA Board Ends, Mission, Vision and Policies.
- developing and supporting a plan for the utilization of staff resources.
- promoting awareness of the CHA project among NEHA staff and the community.
- collecting existing information from specific NEHA programs as requested.

MEMBERSHIP

- VP of Programs, CHA Core Team, Primary Health Care Manager, Medical Officer of Health, Physician.
- AD HOC- CEO, Public Health Manager, Director: Quality & Organizational Development, Quality & Organizational Development Program Assistant.

ORGANIZATION

- The CHA Research/Project Coordinator will serve as the chair of the Steering Committee.
- CHA program assistant will take minutes.

MEETING FREQUENCY

- At the call of the chair.

QUORUM

50% +1.



APPENDIX 4-3

Role of the Community Consultation Team

Community & Staff Awareness

- Development of strategies
- Assist in Implementation

Community Consultation

- Development of questions
- Prioritizing questions with Steering Committee
- Developing strategies
- Contacting community members
- Assisting with Implementation

Community & Staff Information & Validation

- Work with the team leader to implement these meetings.

APPENDIX 4-4

CHA Ethics Guidelines

1. Each RHA will ensure appropriate ethical considerations in the management of the ongoing Community Health Assessment (CHA) process.

2. Each RHA will utilize best practices regarding informed consent for participation in CHA activities.

3. Each RHA will ensure the appropriate handling of data obtained (i.e. storage and utilization of data collected), to ensure confidentiality as outlined under their existing policy. If such a policy does not currently exist, one must be developed.

4. Each RHA may obtain an independent/external review of their proposed activities.

5. Formal ethical approval must be obtained prior to embarking on activities, which may lead to publication in many academic journals.

Ethics Group - a Subcommittee of CHAN
August 25, 2003



COMMUNITY HEALTH ASSESSMENT NETWORK

ETHICS POLICY

POLICY STATEMENT

The RHA is committed to conducting a Community Health Assessment (CHA) that respects personal privacy and safeguards individual record confidentiality and system security in accordance with PHIA legislation. In addition efforts will be made to protect community confidentiality where appropriate. The Participation and Information Consent Form shall be used for activities involving the collection of personal information.

The Community Health Assessment process shall be consistent with the following ethical principles.

1. Accountability

The RHA is accountable for compliance with the following principles when conducting CHA activities. Under the RHA Act Division 2 Section 23(2) (b) states each RHA shall "assess health needs in the health region on an ongoing basis".

2. Limiting Collection

The RHA will only directly or indirectly collect person/community-identifiable information that is necessary to establish sound health policy, effectively manage the health system, support the ongoing CHA process and/or create public awareness. The information maybe allowed under guideline No. 5.

3. Limiting Use

The RHA will only use personal/ community information for purposes of establishing sound health policy, effectively manage the health system, support the ongoing CHA process and/or create public awareness.

In addition aggregate information may be used under ethical guideline No. 5. The RHA will also ensure minimal risk in the use of information and clearly articulate the benefit to public interest.

4. Limiting Disclosure

The RHA may disclose information to support provincial databases for epidemiological studies and policy analysis. The purpose is to be consistent with those for which it was originally collected or as allowed under ethical guideline No. 5.



5. Consent

The knowledge and consent of the individual or his/her guardian are required for the collection, use or disclosure of personal information except where the collection, use or disclosure is permitted by law.

6. Integrity

The RHA shall ensure the integrity (quality, accuracy and reliability) of records under its control, whether in written, electronic or other form.

7. Security

The RHA shall establish and retain the signed informed consent forms in a secure area for a minimum of 7 years.

8. Openness

Upon request, RHA will make available specific information about its policies and practices relating to its handling of personal information.

This policy and guiding principles are based on those contained in the Canadian Standards Association: Model Code for the Protection of Personal Information. A National Standard of Canada. CAN/CSA-Q830-96

APPENDIX 4-5

Diagnostic Categories

Source: ICDS-9 International Classification of Disease, 9th Revision.

REFERENCE TO 18 DIAGNOSTIC CATEGORIES

(referenced from the ICD-9 International Classification of Diseases, 9th Revision)

1. Infectious and Parasitic Diseases

- includes diseases generally recognized as communicable or transmissible as well as a few diseases of unknown by possibly infectious origin.

2. Neoplasms

- includes all cancers, whether or not functionally active

3. Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders

- includes disorders of the thyroid gland, diabetes of other endocrine glands nutritional deficiencies and other metabolic and immunity disorders.

4. Diseases of the Blood and Blood-Forming Organs

5. Mental Disorders

includes:

- organic psychotic conditions, other psychoses,
- includes neurotic disorders, personality disorders, and other nonpsychotic mental disorders
- includes mental retardation

6. Diseases of the Nervous System and Sense Organs

includes:

- inflammatory diseases of the Central Nervous Systems
- hereditary and degenerative diseases of the Central Nervous System
- other disorders of the Central Nervous System
- disorders of the Peripheral Nervous System
- disorders of the eye and adnexa
- diseases of the ear and mastoid process

7. Diseases of the Circulatory System

includes:

- acute rheumatic fever
- chronic rheumatic heart disease
- hypertensive disease
- ischemic heart disease
- diseases of pulmonary circulation
- other forms of heart disease
- cerebrovascular disease
- diseases of arteries, arterioles, and capillaries
- diseases of veins and lymphatics, and other diseases of the circulatory systems

8. Diseases of the Respiratory System

includes:

- acute respiratory infections
- other diseases of the upper respiratory tract
- pneumonia and influenza
- chronic obstructive pulmonary disease
- pneumoconioses and other lung diseases due to external agents
- other diseases of the respiratory system



REFERENCE TO 18 DIAGNOSTIC CATEGORIES - continued

9. Diseases of the Digestive System

includes:

- diseases of the oral cavity, salivary glands, and jaws
- diseases of the esophagus, stomach and duodenum
- appendicitis
- hernia of abdominal cavity
- noninfectious enteritis and colitis
- other diseases of intestines and peritoneum
- other diseases of digestive system

10. Diseases of Genitourinary System

includes:

- nephritis, nephrotic syndrome, and nephrosis
- other diseases of urinary system
- diseases of male genital organs
- disorders of breast
- inflammatory disease of female pelvic organs
- other disorders of female genital tract

11. Pregnancy, Childbirth, Puerperium

12. Diseases of Skin and Subcutaneous Tissue

includes:

- infections of skin and subcutaneous tissue
- other inflammatory conditions of the skin
- other diseases of the skin and subcutaneous tissue

13. Diseases of Musculoskeletal System and Connective Tissue

14. Congenital Anomalies

15. Certain Conditions Originating in the Perinatal Period

includes conditions which have their origin in the perinatal period even though death or morbidity occurs later.

16. Symptoms, Signs and Ill-Defined Conditions

includes:

- symptoms
- signs
- abnormal results of laboratory or other investigative procedures, and
- ill-defined conditions regarding which no diagnosis classifiable elsewhere is recorded.

17. Injury and Poisoning

18. Supplementary Classification of Factors Influencing Health Status and Contact With Health Services

This classification is provided to deal with occasions when circumstances other than a disease or injury classifiable to the above categories, are recorded as "diagnoses" or "problems". This can arise mainly in two ways:

- when a person who is not currently sick encounters the health services for some specific purpose, such as to act as a donor of an organ or tissue, to receive prophylactic vaccination, or to discuss a problem which is in itself not a disease or injury.*
- when some circumstance or problem is present which influences the person's health status but it is not in itself a current illness or injury.*

