

Equity-Focused Health Impact Assessment – A Community Pilot

**An Assessment of a Shared Space Model for Sudbury
Community Service Agencies**

Prepared by the Sudbury & District Health Unit
In Collaboration with the
Sudbury Shared Space Working Group
December 2012



Sudbury & District

Health Unit

Service de
santé publique

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- Northridge Savings & Credit Union
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- United Way Sudbury and Nipissing Districts
- University of Sudbury

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Project Summary

What is Equity-focused Health Impact Assessment?

Health impact assessment (HIA) is a systematic process that seeks to identify both the positive and negative consequences of proposals on the health of the community. The process of HIA allows decision makers to engage a wide variety of stakeholders in the identification of potential positive and negative impacts of proposals. Positive impacts can, therefore, be enhanced and negative impacts reduced or eliminated. There are generally five common steps taken during an HIA which include screening, scoping, appraisal, reporting and monitoring (National Collaborating Centre for Healthy Public Policy, 2009). The equity-focused health impact assessment utilized for this pilot, follows the same multi-step process of HIA, but includes an explicit focus on equity.

How did the Sudbury Shared Space Working Group use EfHIA?

Equity-focused health impact assessment (EfHIA) is an evidence-informed approach to reducing social inequities in health. As such, the Sudbury & District Health Unit has been promoting its application with community partners. Following a presentation made to the City of Greater Sudbury Healthy Community Cabinet, the Sudbury Shared Space Working Group volunteered to participate in a pilot EfHIA of their proposal for a shared space model for local human service agencies. This model of service delivery would bring together diverse, non-profit sector organizations into one location to potentially share services, reduce costs, and serve clients better. The Sudbury Shared Space Working Group was established in 2011 and includes representatives from the United Way Sudbury and Nipissing Districts, Canadian Mental Health Association Sudbury/ Manitoulin Branch, Social Planning Council of Sudbury, Meals on Wheels Sudbury, Northridge Savings & Credit Union, and the University of Sudbury.

What did we do?

The Sudbury & District Health Unit, supported by the Sudbury Shared Space Working Group, led each of the screening, scoping, appraisal, and reporting phases of the EfHIA. Over 47 community partners and stakeholders were provided with details of the shared space proposal prior to their participation in a screening and scoping event that was held in January 2012. Participants from diverse sectors and walks of life provided their insight into the potential positive and negative impacts of the shared space proposal on community health. They considered multiple determinants of health, different populations who may be affected and potential actions to mitigate the effects. Potential impacts were prioritized based on their

potential magnitude and significance. Five questions related to the potential impacts of the shared space proposal emerged as significant priorities requiring further research and assessment.

1. What is the likelihood that the shared space concept will result in increased and/or decreased stigma experienced by service users? Are some groups more likely to experience increased stigma than others? How will any changes in stigma affect service use?
2. What is the likelihood that a shared space concept will result in increased networking between service providers resulting in more effective referrals and advocacy on behalf of service users?
3. What is the likelihood that the shared space concept will result in increased awareness of and access to a broad range of services for service users?
4. Within a shared space concept, what factors need to be considered when grouping agencies with differing service user needs?
5. What elements of a shared space concept could improve community employment opportunities, including those offered within participating agencies?

What did we learn?

A search of the published and grey literature was conducted in combination with key informant interviews with service providers located within other shared space models. The findings of that research informed the development of the following 13 recommendations for the Sudbury Shared Space Working Group as they proceed with the implementation of their shared space proposal.

1. The shared space model adopted by the Sudbury Shared Space Working Group includes a shared intake/reception area that would protect the anonymity and confidentiality of service users.
2. Shared space partners consider and take advantage of opportunities to apply contact strategies in their efforts to reduce stigma experienced at the individual, organizational and societal levels.
3. Shared space partners adopt organizational priorities and standards that encourage ongoing staff development directed towards alleviating stigma and perceived stigma experienced by service users.
4. Shared space partners establish a clear and common understanding of the guiding framework, goals, and objectives of the Sudbury Shared Space Working Group shared space model. Possible shared space frameworks are presented in this report as Table 1, (Lennie, 2010).
5. Shared space partners establish clear policies and procedures that facilitate both formal and informal interagency communication and collaboration. This would include clear and appropriate guidelines regarding the protection of privacy and personal information of service users.
6. Agency directors and leaders create and participate in specific forums to identify, share and address common issues and concerns. This would include the identification of opportunities for collective advocacy on behalf of service users.
7. Shared space procedures include ongoing processes to assess service user satisfaction with the model and services provided. These processes should deliberately seek the input of traditionally marginalized groups and those who are at greater risk of health inequities, (e.g. members of

indigenous populations, individuals/families living in poverty, those experiencing mental health issues).

8. Shared space partners consider the ongoing use of tools and processes that assess the impact of programs and services on community health and well-being. These may include access and equity checklists, program audits, and equity-focused health impact assessments for large scale projects or proposals.
9. The shared space model adheres to guidelines outlined in the Accessibility for Ontarians with Disabilities Act (AODA) and provides appropriate training to staff.
10. Policies, procedures and structures are established which consider the emotional, cultural, and physical safety needs of diverse service users. Specific attention should be directed towards creating safe and welcoming environments for those who have experienced violence or abuse.
11. Shared space partners establish clear processes and supports for interagency human resource collaboration. Examples of collaboration may include shared positions across agencies and internal postings of employment opportunities.
12. The shared space model explores and incorporates peer support and service user volunteer and employment opportunities as appropriate.
13. Shared space partners consider additional overarching recommendations from the literature and key informant interviews, presented in this report as Appendix D.

The following table provides a summary of the findings and recommendations of the Sudbury Shared Space Working Group EfHIA as well as the associated recommendations.

Assessment Question	Findings	Recommendations
1. What is the likelihood that the shared space concept will result in increased and/or decreased stigma experienced by service users? Are some groups more likely to experience increased stigma than others? How will any changes in stigma affect service use?	Literature and key informant interviews suggest that shared space models do have the potential to reduce the level of stigma experienced by service users.	Shared space partners adopt organizational priorities and standards that encourage ongoing staff development directed towards alleviating stigma and perceived stigma experienced by service users.
	The potential to reduce stigma for service users may be maximized through the combined use of organizational and societal level strategies.	Shared space partners consider and take advantage of opportunities to apply contact strategies in their efforts to reduce stigma experienced at the individual, organizational and societal levels.
	The most frequently noted strategies to reduce stigma identified by service providers and administrators of shared space models were contact strategies — increasing the general public's exposure to and familiarity with individuals and groups most likely to experience stigma.	The shared space model adopted by the Shared Space Working Group includes a shared intake/reception area that would protect the anonymity and confidentiality of service users.
	Shared intake and reception areas were noted to help create a sense of anonymity for service users and reduce the potential for stigma.	
2. What is the likelihood that a shared space concept will result in increased networking between service providers resulting in more effective referrals and advocacy on behalf of	Existing literature strongly suggests that a shared space model can increase the opportunities for networking among service providers.	Agency directors and leaders create and participate in specific forums to identify, share and address common issues and concerns. This would include the identification of opportunities for collective advocacy on behalf of service users

Assessment Question	Findings	Recommendations
service users?	Networking among service providers was often identified by administrators as a significant contributor to more effective referrals and advocacy on behalf of service users.	Shared space partners establish a clear and common understanding of the guiding framework, goals, and objectives of the Shared Space Working Group shared space model
	The benefits of shared space models on networking, referral rates and advocacy appear to be partly dependent on complementary characteristics and mandates of partner agencies.	Shared space partners establish clear policies and procedures that facilitate both formal and informal interagency communication and collaboration. This would include clear and appropriate guidelines regarding the protection of privacy and personal information of service users.
3. What is the likelihood that the shared space concept will result in increased awareness of and access to a broad range of services for service users?	Literature generally suggests that service users may experience improved access to services within shared space models. This often meant easier and quicker access to services and to services that were more often preventative or focused on early intervention.	Shared space procedures include ongoing processes to assess service user satisfaction with the model and services provided. These processes should deliberately seek the input of traditionally marginalized groups and those who are at greater risk of health inequities.
	Administrators and service providers noted a perceived increased awareness of services among clients and service users. This was generally attributed to the collocation of services as well as the relationships that were established between agencies within shared space models.	Shared space partners consider the ongoing use of tools and processes that assess the impact of programs and services on community health and well-being. These may include access and equity checklists, program audits, and Equity-focused Health Impact Assessments for large scale projects or proposals.
	Maximizing access to services within shared space models should consider the demographic make-up of the community, the needs of those who are at greater risk of health inequities, as well as the personal, organizational, and social/systemic barriers experienced by service	

Assessment Question	Findings	Recommendations
	users.	
4. Within a shared space concept, what factors need to be considered when grouping agencies with differing service user needs?	The physical accessibility and appropriateness of services for individuals with differing abilities should be a priority within a shared space. The Accessibility for Ontarians with Disabilities Act (AODA) can provide guidance to administrators of shared space models.	The shared space model adheres to guidelines outlined in the Accessibility for Ontarians with Disabilities Act (AODA) and provides appropriate training to staff.
	Both literature and service providers provided examples of measures that could be taken to ensure the safety of service users in instances of past or existing conflict and/or domestic violence.	Policies, procedures and structures are established which consider the emotional, cultural, and physical safety needs of diverse service users. Specific attention should be directed towards creating safe and welcoming environments for those who have experienced violence or abuse.
	Although literature was not available to further inform this appraisal, screening and scoping participants identified confidentiality of information and restriction of access to services in cases of service user/agency conflict as additional issues to be considered in the establishment of a shared space model.	
5. What elements of a shared space concept could improve community employment opportunities, including those offered within participating agencies?	Despite little published literature related to this assessment question, there seems to be a potential for a positive impact on employment opportunities both within shared spaces and for the surrounding community.	Shared space partners establish clear processes and supports for interagency human resource collaboration. Examples of collaboration may include shared positions across agencies and internal postings of employment opportunities.
	Evidence suggests both the potential for an increased demand for services as well as greater organizational efficiencies within shared space models.	The shared space model explores and incorporates peer support and service user volunteer and employment opportunities as appropriate.
	Most service providers confirmed that there was an increase in the demand for their agency services within	

Assessment Question	Findings	Recommendations
	shared space models. This had resulted in more employment opportunities, especially for those agencies operating on a funding per client basis.	
Additional Factors Contributing to the Effectiveness of Shared Space Models	<p>The effectiveness of any shared space is contingent on a solid foundation including the following elements:</p> <ul style="list-style-type: none"> ○ Effective leadership ○ Shared vision and purpose ○ Clear and effective communication ○ Clearly defined roles and expectations ○ Commitment and time ○ Plans for monitoring and evaluation 	Shared space partners consider additional overarching recommendations from the literature and key informant interviews, presented in this report as Appendix D.

Background

The Sudbury Shared Space Working Group and the Shared Space Proposal

In September 2011, the Sudbury & District Health Unit (SDHU) provided a presentation to the City of Greater Sudbury Healthy Community Cabinet which highlighted existing health inequities throughout the CGS. As part of that presentation, equity-focused health impact assessment (EfHIA) was recommended as one tool to help reduce those inequities. Members of the Healthy Community Cabinet were asked to volunteer to participate in a pilot EfHIA, facilitated by the SDHU, that would further the Cabinet's understanding of the EfHIA process. On behalf of the Sudbury Shared Space Working Group, the United Way Sudbury and Nipissing Districts volunteered to participate. The opportunity was timely as it coincided with the group's proposal for a shared space concept and a related stakeholder engagement survey.

The Sudbury Shared Space Working Group was established in 2011 in order to explore the potential of a shared space concept in the City of Greater Sudbury (CGS). This model of service delivery would bring together diverse, non-profit sector organizations into one location to potentially share services, reduce costs, and serve clients better. The Sudbury Shared Space Working Group includes representatives from the United Way Sudbury and Nipissing Districts, Canadian Mental Health Association Sudbury/ Manitoulin Branch, Social Planning Council of Sudbury, Meals on Wheels Sudbury, Northridge Savings & Credit Union, and University of Sudbury.

Shared Space Concept: Definition and Rationale

The term shared space is one that has been used by the Sudbury Shared Space Working Group to describe the co-location of non-profit and/or human service agencies. For the purposes of this report, shared space is used to describe a facility that houses multiple, primarily non-profit organizations.

Shared spaces can take a variety of forms, serve a variety of purposes, and represent diverse agencies and mandates. Some shared spaces share a focused mission or targeted clientele. Others house agencies that work largely independently of one another. Table 1 provides examples of several shared space models as proposed by Lennie (2010).

Table 1: Examples of Shared Space Models

Autonomous	Cooperative	Coordinated	Collaborative	Integrated
Agencies act without reference to each other, although the actions of one may affect the other(s).	Agencies establish ongoing ties and provide limited support to activities undertaken by the other agencies. Communication and sharing information is emphasized. Requires a willingness to work together for common goals, goodwill and some mutual understanding.	Separate partners plan the alignment of their activities. Duplication of activities and resources is minimized. Requires agreed plans and protocols or the appointment of a coordinator or manager.	Partners put their resources into a pool for a common purpose, but remain separate. Responsibility for using the pooled resources is shared by each of them. Requires common goals and philosophy and agreed plans and governance and administrative arrangements.	Links between separate agencies draw them into a single system. Boundaries between the agencies dissolve as they merge some or all of their activities, processes, or assets.

Source: Lennie, 2010

Shared space models of service delivery began emerging in North America in the mid 1990's in response to funding and capacity challenges within the non-profit sector. Combining the resources of multiple agencies may contribute to more stable and affordable rent, improved physical space, amenities and location, reduced overhead and infrastructure costs, access to shared services, increased visibility, and opportunities for cross-organization collaboration and synergy (Malinsky, 2006). All of these factors may also serve to benefit agency clients within those facilities. Some examples of these shared space facilities in Canada include:

- [The Kahanoff Centre, Calgary](#)
- [Centre for Social Innovation, Toronto](#)
- [Saskatoon Community Services Village](#)
- [The Common Roof, Barrie](#)
- [The Community Door, Region of Peel](#)

Several local examples of shared spaces exist within the City of Greater Sudbury. The Samaratin Centre combines the programs of the Blue Door Soup Kitchen, Corner Clinic, and the Elgin Street Mission. Another city facility houses several agencies that assist children and youth including Sudbury Manitoulin Children's Aid Society, Child and Family Centre, and Children's Community Network. Additional examples of shared spaces can be found through the [Nonprofit Centres Network](#) which houses a database of shared space examples and literature.

Overview of Health Impact Assessment and Equity-Focused Health Impact Assessment

Health Impact Assessment

Health impact assessment (HIA) is a transparent, collaborative process that seeks to identify both the positive and negative consequences of a proposal on the health of the community. Generally, HIA processes define health holistically, incorporating elements of physical, social, economic, and environmental well-being. Some HIA frameworks additionally reflect specific cultural understandings of health, such as the medicine wheel. The process of HIA allows decision makers to enhance the positive aspects of their proposals and reduce or eliminate the potentially negative impacts. HIA provides an opportunity to engage a wide variety of stakeholders. “By engaging diverse stakeholders, HIA promotes transparency and accountability and builds credibility for its data, analyses and conclusions” (Healthcare Georgia Foundation, 2012). These aspects of HIA reflect its key values: democracy, equity, sustainable development, and the ethical use of evidence (European Centre for Health Policy, 1999). Health impact assessment is generally applied to sectors outside of health and health care (National Collaborating Centre for Healthy Public Policy, 2009). One might, for example, look at the potential impacts of a policy to extend store hours in a community, or the potential impacts of the closure of a school on the health of a rural community.

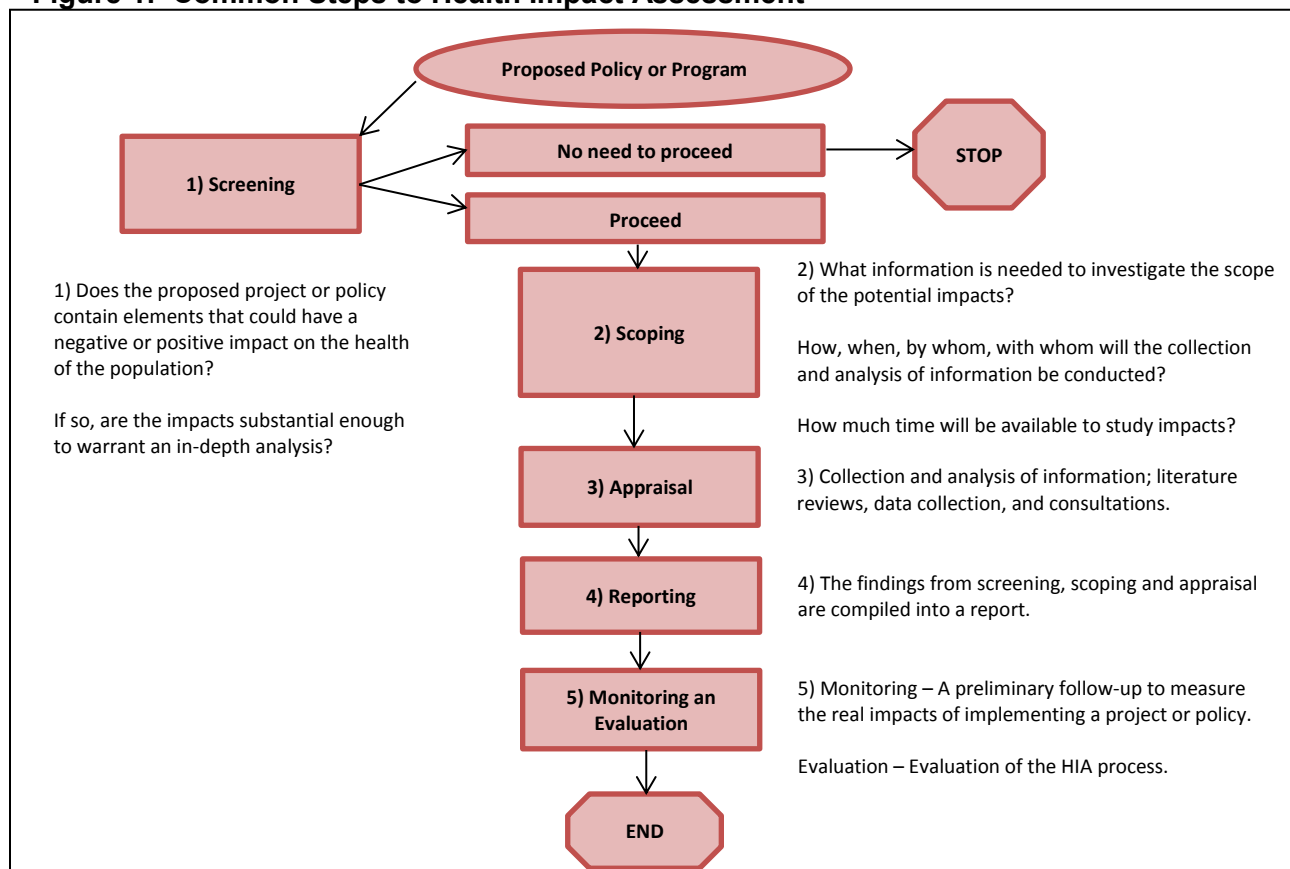
There are generally five common steps undertaken during a HIA: screening; scoping; appraisal; reporting; and monitoring (National Collaborating Centre for Healthy Public Policy, 2009). See Figure 1. Health impact assessments should be conducted as early as possible in the process of planning and proposal development to allow for adjustments to the initiative while there are still ample opportunities for change (Toronto Central LHIN, Wellesley Institute, Ministry of Long-Term Care, 2009).

Equity-Focused Health Impact Assessment

Equity-focused health impact assessment (EFHIA) is a form of health impact assessment and typically follows the same multi-step process. EFHIA, however, includes an explicit focus on equity. The tools used in EFHIA are specifically designed to identify the potential impacts of a proposal on health disparities and/or on already disadvantaged populations (Haber, 2010). EFHIAs ask, “Are some groups more likely to be impacted by this proposal than others?”

EFHIA was suggested as a tool for the Sudbury Shared Space Working Group as it can not only highlight the positive and negative consequences of a proposal or policy but it can specifically highlight the impacts of potential initiatives on health disparities or health disadvantaged populations (Haber, 2010).

Figure 1: Common Steps to Health Impact Assessment



Source: National Collaborating Centre for Healthy Public Policy. Briefing Note: Introduction to HIA. HIA Series. November 2009.

Methods

The Sudbury & District Health Unit (SDHU) led each of the screening, scoping, appraisal, and reporting phases of the EfHIA. The Sudbury Shared Space Working Group (SSSWG), led by United Way Sudbury and Nipissing Districts, provided SDHU with details of the shared space proposal. They consulted with SDHU to coordinate the screening and scoping event, collaborated in the development of project recommendations and advised on the content and format of this report.

Screening and Scoping

In January, 2012, 47 invited partners and stakeholders attended a screening and scoping event that was held at the Radisson Hotel in downtown Sudbury. The purpose of the event was to gather stakeholder perspectives on the potential impacts of the SSSWG shared space proposal on the health of their community. The event was facilitated by members of the SDHU Health Equity Office and included an overview presentation on health impact assessment and details of the shared space proposal being explored.

Event participants represented a variety of sectors, agencies and service users. Table 2 provides an overview of the sectors represented. Participants were seated in small groups to discuss and complete an EfHIA screening exercise. The tool for this exercise (Appendix A), was provided to each of the groups as well as to individual participants via e-mail prior to the event.

After dedicated time to discuss the screening questions within their groups, the full group reconvened to discuss findings. Groups were asked to report back on any potential impacts that they had identified related to the determinants of health outlined in the screening tool. In addition, participants were asked to report and discuss the potential populations affected and possible actions that could be taken to mitigate the potential impacts. Results were recorded by the event facilitators. Appendix B contains the summary of all potential health impacts that were identified by participants during the screening and scoping event.

During a session break, SDHU facilitators reviewed the potential health impacts that had been identified. Topics that were viable for further scoping were identified. These were posted on chart paper around the room.

Table 2: Screening and Scoping Event Participants

Sector	Number of Participants	Positions Represented
Aboriginal	2	Employees
Arts and Culture	1	Executive director
Business	4	Management, employee
Charitable Foundation	3	Management, employees
Children and Youth	2	Executive director, management
Community Advisory	1	Committee member
Education	1	Management
Emergency Services	3	Management, employees
Francophone	3	Management, employees
Government	4	Municipal, provincial
Health Care	4	Management, employees
Legal	2	Management, employee
Mental Health	4	Consumers, employees
Public Health	6	Management, employees
Seniors	2	Management
Social Services	9	Management, community, employees
Sports and Recreation	1	Management
TOTAL	47	

*Note that participant numbers add up to more than 47 as some participants may have identified with more than one sector.

Participants were then asked to prioritize the impacts using a dotmocracy process. They were provided with three dot stickers that could be used to select the impacts that they felt were most important in relation to their community and the work that they did. Participants could assign more than one sticker to an impact. Five impacts emerged as clear and significant priorities requiring further research and assessment.

Assessment Questions Identified

Based on the results of the screening process, the following assessment questions were proposed and endorsed by participants:

What is the likelihood that the shared space concept will result in:

1. Increased and/or decreased stigma experienced by service users? Are some groups more likely to experience increased stigma than others? How will any changes in stigma affect service use?
2. Increased networking between service providers resulting in more effective referrals and advocacy on behalf of service users?

3. Increased awareness of and access to a broad range of services for service users? Are some groups more likely to have increased access to services than others? What about those in outlying areas?

In addition, it was proposed that the appraisal phase would explore the questions:

4. Within a shared space concept, what factors need to be considered when grouping agencies with differing service user needs? This question will include issues related to service user access, safety, culture, language, gender, and age.
5. What elements of a shared space concept could improve community employment opportunities, including those offered within participating agencies?

Appraisal

The EfHIA appraisal process consisted of two main phases, a search for existing literature and published materials related to the assessment questions and interviews with service providers presently working within shared space models. For more information about the literature review process see Appendix C. Findings from the appraisal process are provided in the following section.

Findings

Profile of the City of Greater Sudbury

Equity focused health impact assessment (EfHIA) is a process used to highlight potential health impacts of a proposed policy or initiative. Further, it specifically asks the question, are some members of our community more likely to be impacted than others? In order to understand the likelihood of impacts occurring, it is necessary to understand the make-up of our communities. The following table provides recent demographic data related to a number of groups who may be identified as priority populations – those at greater risk of poor health outcomes due to their social and/or economic conditions.

Table 3: Community Profile of Priority Populations for Sudbury and Manitoulin Districts

Priority Population	Sudbury and Manitoulin Districts Combined	Sudbury District	Manitoulin District	City of Greater Sudbury	Ontario
Households Identified as Low Income Before Tax (2005)	12.2%	9.8%	8.4%	12.7%	14.7%
Aboriginal (2006)	9.2%	13.6%	38.9%	6.6%	2.0%
Francophones (2006)	25.8%	27.2%	2.9%	27.5%	4.1%
New Immigrants (2001-2006)	0.4%	0.2%	0.3%	0.4%	4.8%
Unemployment Rate (2006)	8.4%	11.6%	10.4%	7.8%	6.4%
Individuals With Diagnosed Mood Disorder (2008)	7.0%				7.1%
Individuals Without a Certificate, Diploma or Degree (2006)	17.1%	25.6%	21.2%	15.6%	13.6%

Source: 2006 Census, Statistics Canada, 20% Sample; 2006 Census Community Profiles, CANSIM 2008, Social Planning Council of Sudbury

This community profile data is important as we consider the assessment questions that follow. As it relates to the Sudbury Shared Space Working Group's Shared Space proposal, this data will provide insight into whether some populations within the City of Greater Sudbury are more or less likely to benefit from a shared space model of service delivery and the magnitude of that impact.

Assessment Question #1: What is the likelihood that the shared space concept will result in increased and/or decreased stigma experienced by service users? Are some groups more likely to experience increased stigma than others? How will any changes in stigma affect service use?

Stigma is defined as “an undesirable or discrediting attribute that an individual possesses [or is perceived to possess], thus reducing that individual's status in the eyes of society” (Goffman, 1963). Specific strategies have been recommended in the literature to decrease stigma experienced by service users in a shared space setting. There is considerable research relating to stigma experienced by individuals due to mental health issues, serious illness and disability, especially AIDS, HIV and Hepatitis C, addictions, culture or ethnicity, sexual orientation, and individuals who have recently immigrated to a community. The following summary provides general findings from the literature supplemented by responses from administrators and service providers.

Evidence was found in the literature to support a potential reduction in stigma experienced by service users within a shared space model. For example, Moran, Jacobs, Bunn, and Bifulco (2006) found that early, multi-agency intervention benefited families by reducing the stigma related to contact with agencies such as social services and the police. (Atkinson, Jones, Lamont, 2007). Literature specifically highlights that issues of stigma need to be addressed at individual, organizational, and societal levels, (Vidanapathirana, Randeniya, Operario, 2009; Heijnders, van der Meij, 2006; Canadian Mental Health Association, 2010).

At the organizational level, providing an inclusive, safe and welcoming environment within a shared space model was identified as having the potential to decrease stigma among service users (Raghavan, 2009). Administrators and service providers noted that there was often a sense of anonymity provided by a shared space model — others did not know which specific services were being accessed by service users.

“We have had a fair number of clients commenting on the confidentiality piece whereby with people coming in, you do not know where they are going. There is no judgment about where they are going. Also with the collection of agencies and wide range of services this also helps with confidentiality and anonymity.”

Within the shared space referred to above, there was a shared intake which then directed service users to appropriate agencies and providers. There were, however, other examples of models without shared intake that also noted increased confidentiality for service users.

“There would be a decrease in stigma because it is a collective, a hub, and you cannot pigeon hole who’s there, for what reason, and who they are going to see. They may be going in for counseling, addictions treatment or they may be going in for employment services.”

Another administrator suggested that the design of the intake and reception areas in a shared space could help address issues related to stigma. They added that it helped to understand the source of the stigma — self-generated or imposed by service providers and/or the general community.

“If you have a clear understanding of the specifics, if it is the client coming and going for example, you may be able to address [the issue of stigma within] the system through the reception process. This has worked amazingly.”

Additional organizational strategies to combat stigma include training programs and institutional policies. This could include staff development and training programs to increase awareness of and sensitivity to those prone to stigma, (Heijnders and van der Meij, 2006). Institutional policies, missions or strategic priorities can also help to combat stigma by promoting inclusivity at the organizational level.

Strategies to reduce stigma at the societal level include general awareness campaigns or education, protest strategies, advocacy, contact, and interventions at the policy level (Heijnders, van der Meij, 2006; Canadian Mental Health Association, 2010; Watson, Corrigan, 2001). Administrators and service providers most often identified contact strategies that involved increasing the general public’s exposure and familiarity with individuals and groups most likely to experience stigma. It is believed that prejudicial attitudes and beliefs decrease with increased exposure to and understanding of different people and groups (Watson, Corrigan, 2001). It is suggested that increased contact, in combination with public education, is one of the most promising strategies to combat stigma (Heijnders, van der Meij, 2006).

One service provider commented on the benefits diverse service users bring to raising awareness and challenging stigma.

“We do see instances of stigma but it seems to work to our advantage. Seeing service users with differing needs and issues helps to educate our community and the service users. Our (shared space) has several agencies with users who are dealing with addictions, mental health, justice, youth, etc.”

Another administrator shared how other community groups who rented and used space within their facility added to the centre’s feeling of diversity.

“There is an emphasis on a welcome and comfortable environment. Within the (shared space) there are varieties of common meeting or other spaces that we rent to agencies and other community groups. By having additional community groups renting spaces, this also helps to add to the diversity.”

Summary of Findings: Assessment Question #1

- Literature and key informant interviews suggest that shared space models do have the potential to reduce the level of stigma experienced by service users.
- The potential to reduce stigma for service users may be maximized through the combined use of organizational and societal level strategies.
- Shared intake and reception areas were noted to help create a sense of anonymity for service users and reduce the potential for stigma.
- The most frequently noted strategies to reduce stigma identified by service providers and administrators of shared space models were contact strategies — increasing the general public's exposure to and familiarity with individuals and groups most likely to experience stigma.

Assessment Question #2: What is the likelihood that a shared space concept will result in increased networking between service providers resulting in more effective referrals and advocacy on behalf of service users?

Existing literature strongly suggests that a shared space model can increase the opportunities for networking among service providers. This includes:

- improved communication between agencies/services
- improved interaction amongst professionals
- increased accessibility of other agencies
- improved accessibility to information from other agencies
- greater opportunities for information sharing and problem solving

In some cases, evidence pointed to increased networking as a key factor in the success of shared space models. This benefit, however, appeared to depend on positive elements of communication including opportunities for dialogue, negotiation and compromise, and the sharing of information and feedback (Atkinson, Wilkin, Stott, Doherty, Kinder, 2002). Networking among service providers was identified in the literature as contributing to more effective referrals and advocacy for service users. One paper suggests that depending on a centre's mission, location and structure, agencies could benefit from increased organizational effectiveness through cross-organizational collaboration and synergy (Third Sector, New England, 2002). This effectiveness may be seen in more seamless referral processes and increased capacity to collectively advocate for clients. The goal statement for the Centre for Social Innovation in Toronto reflects this

notion. It states, “It is CSI’s stated goal to begin breaking down the barriers between subsectors and to release the creative energy and potential that comes from cross-sectoral collaboration” (Centre for Social Innovation, 2012).

A 2011 study of the benefits and impacts of shared space, nonprofit centres reports that,

“38% of resident organizations report moderate to significant improvements in the number of clients they serve. Many resident organizations...note in particular the role of co-location with complementary organizations in bringing more clients in to their organization by facilitating client referrals, enabling transportation-challenged clients to meet with multiple providers in a single visit, and reducing other barriers that individuals face who are in need of services” (Nonprofit Centers Network and Tides, 2011).

Other literature reinforces that among the main impacts of shared space models on service users was improved access to services through speedier and more appropriate referral and a greater emphasis on prevention and early intervention (Atkinson, Jones, Lamont, 2007).

Shared space administrators and service providers reiterated many of these potential benefits. When asked about whether their shared space model impacted networking among service providers one administrator answered,

“This is a guaranteed yes. There are several examples of increased referral rates. There are a variety of services, this works very nicely. Networking is a given here. There are frequent meetings to talk about issues in our shared space, as well as how to partner and support each other.”

Another service provider commented that there were benefits and also emphasized the increased level of support available for individual agency leads.

“This is huge. For me personally I feel that this is one of the best aspects of this concept. Agencies are working together in many aspects. Similarly in the instance of executive directors, at the top of an organization you are generally alone but with a shared space model there are other directors to share information and strategies. There is support for one another.”

There are clear benefits to the service users as articulated by another service provider, more so than through their previous agency model.

“We would still refer but we have a better working relationship with the other agencies that we would refer to. You know the other service providers and have that face to face. We can physically take a client to a service downstairs which helps the client who needs it tremendously.”

One provider noted that services were now more efficient within their shared space model. This was despite initial fears among staff of increased competition between colocated agencies.

“(When the shared space was developed) there were two services that could have been characterized as being in competition, there was our Catholic Family Services and non-Catholic counterpart. Previously they worked in similar areas but after coming together they have been able to target specific subsets of the population. One agency deals primarily with youth and the

other has more of an emphasis on seniors. They are much more efficient now that they are working together.”

From one key informant’s perspective,

“Generally (I) believe that there was an increase in service use across agencies. As much as a 30% increase. The location, co-location of services as well as the cross-referral of clients contributed to the increase in service use. There is increased interaction between agencies in the shared space model.”

However, as another provider notes, increased interaction is not a guarantee of more effective service delivery. The characteristics of the partner agencies and staff play a role.

“Within the shared space model partners and staff begin to talk, initiatives happen, and these initiatives happen when agencies are all under one roof. It does, however, depend on the sophistication of the partners. This is also a key factor that needs to be taken into account.”

Summary of Findings: Assessment Question #2

- Existing literature strongly suggests that a shared space model can increase the opportunities for networking among service providers.
- Networking among service providers was often identified by administrators as a significant contributor to more effective referrals and advocacy on behalf of service users.
- The benefits of shared space models on networking, referral rates and advocacy appear to be partly dependent on complementary characteristics and mandates of partner agencies.

Assessment Question #3: What is the likelihood that the “shared space concept” will result in increased awareness of and access to a broad range of services for service users? Are some groups more likely to have increased access to services than others? What about those in outlying areas?

The definition of access is context dependent. In order to further assess the research question identified above, specific dimensions of health care access were explored and used to frame our understanding of the potential impacts of a shared space model. The four dimensions included: 1) service availability, 2) utilization of services and barriers to access (including personal, financial and organizational barriers), 3) relevance, effectiveness and access, and 4) equity and access (Gulliford, Figueroa-Munoz, Morgan, Hughes, Gibson, Beech, Hudson). For the purposes of this assessment, we have focused on utilization of services and barriers to access.

A number of barriers and facilitators to service access have been outlined in the literature. Barriers include personal, social and organizational barriers. Personal barriers might include physical and/or mental disabilities or a person's perception of safety, such as in the case of someone who has been a victim of domestic violence (Dunn, Morgan, 2001; Raghavan, 2009). Other personal barriers might be related to culture, language, gender or age, limited financial resources, child care, transportation or geography (Dunn, Morgan, 2001; Raghavan, 2009).

Organizational barriers to services may take the form of service and program information that is unclear or difficult to access, limited or inconvenient hours of service, wait lists, and strict service eligibility criteria (Dunn, Morgan, 2001).

Barriers to service access may also be social or systemic in nature and characterized as inequitable. As Hyndman states, "groups such as ethnoracial communities, First Nations groups, people with disabilities, gays and lesbians and people with significant serious illnesses (E.g., HIV/AIDS) also experience health inequities arising from systemic barriers to health care and health promotion programs" (Hyndman, 1998). For example, service users may experience stigma as a barrier to service. This social stigma may originate from the perceptions of service providers or other service users.

Improved access to services within a shared space model is related to a number of factors including location, types of services being offered, as well as other factors related to service delivery. However, literature generally suggests that service users may experience improved access to services within these models. As previously mentioned, one study found that service users were reported to have easier and quicker access to services and that those services were more often preventative or focused on early intervention (Atkinson, Jones, Lamont, 2007). The benefit to specific service users such as families with children with disabilities was highlighted. "Focused support offered by multi-agency teams allowed more children with complex health care needs to live at home and attend their local schools, and children were additionally reported to be attending school or nursery on a regular basis" (Atkinson, Jones, Lamont, 2007).

Administrators and service providers noted a perceived increase in awareness of services among clients and service users. This was generally attributed to the collocation of services as well as the relationships that were established between agencies within shared space models. As one provider states,

"With regard to awareness, you will have clients accessing other services within the shared space. This service is ideal as service providers can walk them over to another service. This can enhance service access for people and they do not feel intimidated."

Another service provider commented on increased access from an agency perspective.

"It is nice to be in the downtown core. Our services are all under the same roof. Smaller agencies that might not otherwise be noticed have the ability to increase their access to service users."

Another indicated that increased access was related to the types of services that were offered. Services had to be appropriate and relevant to service users.

“Service users are coming in the door all the time, [increased use of the services] really depends on the mix that you have in a setting.”

Shared spaces should strive to be inclusive — where all people feel valued, their differences are respected, and their basic needs are met so they can live [and participate] in dignity (Cappo, 2002). Among the factors that promote diversity and inclusion are developing cultural knowledge, cultural awareness, cultural sensitivity, cultural reciprocity, and cultural competency (Raghavan, 2009).

As an example, administrators and service providers highlighted both steps they had taken as well as challenges they had encountered to be inclusive of cultural differences with First Nations service users.

“(We) continually try to accommodate people according to cultural needs. Approximately 80% of women are Aboriginal in our agency. We try to bring in culturally sensitive programs, but collectively as a shared space we have not done a lot of this. From what we have seen there is a need to have Aboriginal programming in the hands of and controlled by Aboriginal people. We have smudging ceremonies and a space for elders.”

“Culturally speaking there is an Aboriginal majority of service users. As a result there are different programming aspects with an Aboriginal component. There is a space called the healing room and a place for elders where smudging can take place. There is also a space for community dinners.”

Other shared space models provided examples of efforts that had been made to meet the needs of seniors and new immigrants. Given the demographic profile of the City of Greater Sudbury, specific consideration might be given to ensure the provision of culturally appropriate services for First Nations as well as francophone members of the community. Other needs to be considered include, but are not limited, to those experienced by people who are living on low income; unemployed or underemployed; homeless or precariously housed; disabled; and others who may be discriminated against due to culture, race, language or sexual orientation (Sudbury & District Health Unit, 2009).

Each of these groups may be categorized as vulnerable to health inequities. A study by Flanagan and Hancock in 2010 described several strategies for reaching those who typically access voluntary and community sector services less frequently. For example, it suggested that service users themselves could be utilized as volunteers or member helpers. This could have a positive impact on the self-esteem of the service users who are helping and act as an enabler for those that an agency seeks to serve.

Most key informants interviewed did not feel confident to state whether or not some groups were experiencing more increased access to their shared space services than others. There were, however, several comments made that would suggest a common need to explore ways to improve access for those living in rural or outlying areas. As one service provider notes,

“With regard to service in outlying areas, (our area) is very rural. There are situations where there could be communities that would benefit from hubs in their area. Right now I am not aware of any services that specifically help those in rural areas.”

Summary of Findings: Assessment Question #3

- Literature generally suggests that service users may experience improved access to services within shared space models. This often meant easier and quicker access to services and to services that were more often preventative or focused on early intervention.
- Administrators and service providers noted a perceived increased awareness of services among clients and service users. This was generally attributed to the collocation of services as well as the relationships that were established between agencies within shared space models.
- Maximizing access to services within shared space models should consider the demographic make-up of the community, the needs of those who are at greater risk of health inequities, as well as the personal, organizational, and social/systemic barriers experienced by service users.

Assessment Question #4: Within a shared space concept, what factors need to be considered when grouping agencies with differing service user needs?

As previously highlighted, different groups of services users frequently have different needs, preferences and issues that should be considered in order to make services effective and accessible. Participants in the screening and scoping process of this EfHIA identified that a shared space concept in the City of Greater Sudbury should consider factors related to accessibility, safety, confidentiality and flexibility. The following section explores some of these factors as they relate to service planning and delivery.

Accessibility

A shared space should be accessible to all who may use it. Physical disabilities, chronic or serious illness, lack of physical coordination, blindness or visual impediments, deafness or hearing impediments, learning disabilities and mental disorders, among others, are defined as disabilities under the Accessibility for Ontarians with Disabilities Act (AODA) (<http://www.aoda.ca>). By complying with the requirements of AODA and becoming knowledgeable about visible and invisible disabilities that exist amongst service users, administrators and service providers can ensure that their space is accessible for all.

As noted by participants at the stakeholder screening and scoping event, conflict between clients and providers may, at times, influence service accessibility. It was suggested that participating agencies have clear guidelines for managing conflict in ways that protect user access to services as much as possible.

Safety

Physically accessible spaces contribute to client safety; however, there are other safety needs that warrant consideration when grouping different service users together. Literature specifically highlights barriers related to perceived safety in the context of domestic violence — where perpetrators and victims live in the same community. (Dunn, Morgan, 2001). Similar issues would be relevant, for example, within shared space models that provide shelter, counseling or therapeutic services.

Administrators and service providers provided examples of strategies that they have implemented to address safety in their shared spaces.

“The shelter has always existed within (our agency), so this is not new. However there are very solid security measures in place. The building and stairwell have swipe cards and other security doors. There are also swipe cards to get into the shelter rooms themselves.”

Another administrator commented that different locations within their facility required different levels of security.

“Very different, one space requires a security component. One is open and doesn’t require security. The solution is that we have two governance components in (our shared space).”

Other service providers commented on safety in relation to both service users and their own employees within the shared space.

“From a security perspective we have a contract with a security company who does night checks. We have some people with addictions and mental health challenges, if there is an immediate threat within the shared space; crisis is able to deal with the situation.”

Other safety issues that were identified by screening and scoping participants included those related to confidentiality of information and restriction of access to services in cases of service user/agency conflict. Published literature related specifically to these issues was not available.

Summary of Findings: Assessment Question #4

- The physical accessibility and appropriateness of services for individuals with differing abilities should be a priority within a shared space. The Accessibility for Ontarians with Disabilities Act (AODA) can provide guidance to administrators of shared space models.
- Both literature and service providers provided examples of measures that could be taken to ensure the safety of service users in instances of past or existing conflict and/or domestic violence.
- Although literature was not available to further inform this appraisal, screening and scoping participants identified confidentiality of information and restriction of access to services in cases of service user/agency conflict as additional issues to be considered in the establishment of a shared space model.

Assessment Question #5: What elements of a shared space concept could improve community employment opportunities, including those offered within participating agencies?

An additional priority for participants at the screening and scoping event was to further assess the potential impacts of a shared space model on employment opportunities. This question was initially interpreted as opportunities for employees and service providers within the shared space. With further discussion, it was expanded to include potential impacts on employment for the broader community.

There was not an abundance of literature that directly addressed the question of employment opportunities within a shared space model. The evidence that does exist suggests both the potential for an increased demand for services as well as greater organizational efficiencies within a shared space model (Atkinson, Jones, Lamont, 2007). An increased demand for services could require additional staff to meet client needs. Increased efficiencies could be interpreted as fewer resources (potentially human) required to meet the same level of need. Alternately, it could mean that more resources are available to hire and compensate staff.

A paper prepared for the Nonprofit Centers Network found that “53 percent of (organizations) report moderate to significant improvements in the size and scope of their programs” (Nonprofit Centers Network, 2011). Most service providers confirmed that there was an increase in the demand for their agency services which resulted in more employment opportunities within the shared space.

“There was an increased demand for services which in turn created an increased demand for people who deliver services. This was especially relevant for services that operated on a funding per client basis where there were increased numbers of clients who accessed services. Also within a shared space tenants were generally paying less rent which resulted in increased funding availability and the possible opportunity to hire additional staff.”

Another service provider commented that there was an economic boom in their area which also contributed to the increase in employment opportunities.

“(Our province) is going through a boom. Just in the past year. The larger agencies have identified that they are growing and need more space. Programming has gone through the roof in the shared space and as a result staff has increased quite dramatically.”

Another notes,

“We haven’t found a positive or negative impact. However we have two new employees who work as a result of the shared space.”

New opportunities for sharing employees across agencies were identified by one administrator interviewed.

“With regard to employment, one agency might have a half-time position and another agency might have a half-time position, which results in a full-time job for one employee.”

Within the literature it was also noted that there could be additional benefits outside of the shared space related to community infrastructure. “Many center directors report that their investment has led to new property development and property renovation in the surrounding area. About one-third report moderate to strong impacts related to new property development and property renovation in the surrounding neighbourhood” (Nonprofit Centers Network, 2011). Shared space facilities can act as an anchor in a community and economic development in the surrounding area might improve as a result. This, in turn may impact positively on community employment opportunities.

Summary of Findings: Assessment Question #5

- Despite little published literature related to this assessment question, there seems to be a potential for a positive impact on employment opportunities both within shared spaces and for the surrounding community.
- Evidence suggests both the potential for an increased demand for services as well as greater organizational efficiencies within shared space models.
- Most service providers confirmed that there was an increase in the demand for their agency services within shared space models. This had resulted in more employment opportunities, especially for those agencies operating on a funding per client basis.

Recommendations

The findings highlighted in the previous section have informed the development of the following 13 recommendations for the Sudbury Shared Space Working Group as they proceed with the implementation of their shared space proposal.

Assessment Question #1: What is the likelihood that the shared space concept will result in increased and/or decreased stigma experienced by service users? Are some groups more likely to experience increased stigma than others? How will any changes in stigma affect service use?

Recommendations:

1. The shared space model adopted by the Sudbury Shared Space Working Group includes a shared intake/reception area that would protect the anonymity and confidentiality of service users.
2. Shared space partners consider and take advantage of opportunities to apply contact strategies in their efforts to reduce stigma experienced at the individual, organizational and societal levels.
3. Shared space partners adopt organizational priorities and standards that encourage ongoing staff development directed towards alleviating stigma and perceived stigma experienced by service users.

Assessment Question #2: What is the likelihood that a shared space concept will result in increased networking between service providers resulting in more effective referrals and advocacy on behalf of service users?

Recommendations:

4. Shared space partners establish a clear and common understanding of the guiding framework, goals, and objectives of the Sudbury Shared Space Working Group shared space model. Possible shared space frameworks are presented in this report as Table 1, (Lennie, 2010).
5. Shared space partners establish clear policies and procedures that facilitate both formal and informal interagency communication and collaboration. This would include clear and appropriate guidelines regarding the protection of privacy and personal information of service users.

6. Agency directors and leaders create and participate in specific forums to identify, share and address common issues and concerns. This would include the identification of opportunities for collective advocacy on behalf of service users.

Assessment Question #3: What is the likelihood that the shared space concept will result in increased awareness of and access to a broad range of services for service users?

Recommendations:

7. Shared space procedures include ongoing processes to assess service user satisfaction with the model and services provided. These processes should deliberately seek the input of traditionally marginalized groups and those who are at greater risk of health inequities, (e.g. members of indigenous populations, individuals/families living in poverty, those experiencing mental health issues).
8. Shared space partners consider the ongoing use of tools and processes that assess the impact of programs and services on community health and well-being. These may include access and equity checklists, program audits, and equity-focused health impact assessments for large scale projects or proposals.

Assessment Question #4: Within a shared space concept, what factors need to be considered when grouping agencies with differing service user needs?

Recommendations:

9. The shared space model adheres to guidelines outlined in the Accessibility for Ontarians with Disabilities Act (AODA) and provides appropriate training to staff.
10. Policies, procedures and structures are established which consider the emotional, cultural, and physical safety needs of diverse service users. Specific attention should be directed towards creating safe and welcoming environments for those who have experienced violence or abuse.

Assessment Question #5: What elements of a shared space concept could improve community employment opportunities, including those offered within participating agencies?

Recommendations:

11. Shared space partners establish clear processes and supports for interagency human resource collaboration. Examples of collaboration may include shared positions across agencies and internal postings of employment opportunities.
12. The shared space model explores and incorporates peer support and service user volunteer and employment opportunities as appropriate.

Additional Factors Contributing to the Effectiveness of Shared Space Models

Recommendations:

13. Shared space partners consider additional overarching recommendations from the literature and key informant interviews, presented in this report as Appendix D.

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Appendices

Appendix A: Additional Factors Contributing to the Effectiveness of Shared Space Models

The literature reviewed as part of this EfHIA generally supports many potential benefits of shared space models on community health and well-being. That being said, there are a variety of shared space models available to suit the diverse needs of both service users and agencies and there are some key factors that have been reported to contribute to their effectiveness. Although outside of the original scope of this EfHIA, the following section highlights some of these considerations that were found in the literature. In addition, it provides some of the tips and lessons learned as shared by administrators and service providers currently working within shared space models.

Effective Leadership

While leadership can take many forms — from a lead agency, a funder, a committee, or group of agency directors — evidence suggests that the direction of shared space models needs to be strong and consistent. A review of the literature identified the need for high level leadership and commitment from senior management and boards to increase the sustainability, vitality and success of a shared space (Lennie, 2007). Another review stated that strong leadership from either a multi-agency steering or management group was identified as a facilitator of effective (shared space) partnerships (Atkinson, Jones, Lamont, 2007). Further, lack of leadership was shown to be a barrier to success (Sloper, 2004). One resource articulated some of the key challenges to multi-agency work. It suggested that:

“Where managers did face difficulty was in marrying the need for direction with the avoidance of top down implementation, perceived as heavy-handed management at the operational level. There was evidence that multi-agency initiatives had to be seen as strongly supported and promoted at the strategic level in order to remain credible at the operational level...” (Atkinson, Wilkin, Stott, Doherty, Kinder, 2002).

Shared Vision and Purpose

Literature related to the establishment of shared spaces frequently suggested the need for a shared vision and purpose among agencies (Lennie, 2007). This has been characterized as having a “clear and appropriate mission and objectives” (Third Sector New England, 2002), or clear and realistic aims that are understood and accepted by all agencies (Sloper, 2004).

One study that focused on multi-agency working noted that some individuals “stressed the need for shared goals to be ones which all those believed in” (Atkinson, Wilkin, Stott, Doherty, Kinder, 2002). Beyond a shared vision and purpose, another study mentioned the importance of allowing sufficient time to establish an operational vision and appropriate model (Lennie, 2010).

Clear and Effective Communication

Effective communication was strongly linked with the success of shared space ventures and poor communication was identified as a barrier to effective multi-agency work. The literature suggests the need for effective and clear communication at all levels, within and between agencies.

“Having transparent structures for communication, maintaining constant communication throughout the life of the multi-agency group and good communication between agencies were all found to contribute to success of multi-agency working” (Frost and Lloyd, 2006; Lessard, et. al., 2006) as cited in (Atkinson, Jones, Lamont, 2007). Sloper, 2007 identified the need to ensure good systems of communication at all levels through information sharing and adequate IT systems. Lennie, 2007 stated that communication not only needs to exist between agencies but between agencies and the general public through community and stakeholder engagement. Ineffective communication could contribute to additional barriers to successful shared space ventures such as misperceptions, mistrust, poorly defined roles, and negative professional stereotypes.

Clearly Defined Roles and Expectations

The literature states that there should not only be clearly defined roles and responsibilities within shared space ventures (Sloper, 2004), but that these roles and responsibilities should be established early in order to mitigate potential problems (Atkinson, Jones, Lamont, 2007). When service providers have adequate knowledge of others’ roles and responsibilities they are better able to understand the constraints facing other agencies. Expectations are more realistic and there are fewer assumptions that responsibility for work is somebody else’s (Atkinson, Wilkin, Stott, Doherty, Kinder, 2002). Agencies are better able to streamline services when they have knowledge of what is expected of them from an individual, agency, and collective perspective.

Commitment and Time

In order for shared space facilities to be run effectively, there needs to be commitment and time provided by the individuals and agencies involved. Literature suggests that this commitment is needed from both management and frontline staff (Sloper, 2004). Commitment and time were identified at both strategic and operational levels as key factors to multi-agency working success (Atkinson, Wilkin, Stott, Doherty, Kinder, 2002). As confirmed by one agency service provider,

“You need to be able to put the time in with a shared space. With planning, shared visions, a collective voice on issues, etc. you need to work together. Like any relationship you need to work at it for it to work well.”

Plans for Monitoring and Evaluation

Finally, literature recommended that plans be put in place to measure outcomes related to shared space operations. (Atkinson, Wilkin, Stott, Doherty, Kinder, 2002). These may include systems to examine collective issues on an on-going basis through management committees or boards. There may also be more formal methods used to evaluate the effectiveness of the shared space including feedback from service users, or the monitoring of progress towards specific short-term and long-term outcomes. Effective monitoring and evaluation allows for challenges to be identified and changes to be made to ensure continuous quality improvement.

Additional Perspectives of Administrators and Service Providers

As previously identified, models of service delivery within shared space models can vary from those that are predominantly autonomous to models that are more integrated in nature. Of the shared space facilities that were contacted to provide key informant interviews, there was some variation in the types of models established. There were also some subtle differences in how the shared spaces were originally envisioned by founding agencies. One administrator within a more autonomous shared space model characterized it as predominately a real estate venture.

“One of the biggest lessons learned in the process was to keep your eye on the ball in creating a shared space. Creating your space should be your prime objective and the details can be worked out later. Just build the space and do not put any constraints, no matter how virtuous they are. There are so many things to coordinate; you need to keep it as simple as you can.”

Another shared space facility administrator made the same comment with regard to “*keeping your eye on the prize*,” that the venture was a “*real-estate deal*” and that “*you need to respect each agency’s autonomy*.” This shared space administrator also stressed the importance of creating the space first — that the details should be worked out once the space is established.

“Staying with the model is critical. Some models say you need a social committee, etc. but it is a business deal first and foremost, other things come later.”

Another, more integrated model recommended additional planning and decision-making prior to the establishment of the shared space. In this model there was less of an emphasis placed on the real-estate aspect of the venture and more emphasis on specifically selected criteria that would shape the shared space facility. Within this facility all agencies needed to be non-profit, were decided ahead of time, and agencies were involved in the planning of elements of the shared space that would impact their specific service users.

“From our perspective we have an advantage in that we built our shared space from the ground up. The six agencies were decided ahead of time. All agencies had a voice in what was needed from their perspective. For example, crisis needed to be on the ground floor with access to their vehicles.”

Another agency representative commented on the need for and benefits of planning ahead.

“You need to be able to put the time in with a shared space. With planning, shared visions, a collective voice on issues, etc. you need to work together. Like any relationship you need to work at it for it to work well.”

Whether models were more autonomous or had more integrated aspects, it was commonly suggested that there needed to be, *“a certain sophistication amongst partners.”* A strategy that was implemented in one shared space to assist with this was to have a tenant-partner committee to help address common issues and set policies to govern the shared space facility. Another space had created opportunities for agency executive directors to regularly meet to discuss common issues. Several common issues (positive and negative) that were noted by key informants related to: incubating smaller agencies, what to do when you outgrow your space and funding.

The opportunity and benefits associated with “incubating” smaller grassroots organizations within shared space models was identified in both the literature and by service providers interviewed. Specifically, incubation of and support to small unincorporated community organizations and nonprofits can foster greater visibility of and diversity within the nonprofit sector (Third Sector New England, 2002). As an incubator, the expectation is that the space will help the new or smaller agency grow and strengthen until it can operate on its own, outside of the shared space. One service provider commented on the need to plan for this process.

“We were not prepared for what to do with those smaller agencies we were incubating. There should be an exit plan for those agencies that are being incubated and leave the nest once they are able to get out on their own.”

The same service provider commented that there also needs to be a plan for when other agencies outgrow the space.

“The biggest lesson was that we were not prepared for what would happen when we outgrew the space. We are now in year twelve and hadn’t outlined a plan or even anticipated/expected that we would outgrow the space. We expected to grow into it.”

Issues related to agency and program funding were identified by several administrators and service providers. In the opinion of one administrator, there were some definite benefits to that should not be overlooked.

“With regard to shared space I think it is brilliant and effective. Some people thought that if you have agencies competing there would be problems; we have seen the opposite happen. Funders are appreciating our model and it has forced agencies to streamline their services.”

Another administrator commented on funding in relation to the need to move toward a more coordinated model.

“The biggest threat with regard to shared spaces is if you are not moving toward this model you are at risk of getting your funding cut. (Potential funders) are looking for increased efficiencies with agencies.”

There was a comment from one administrator of a shared space that housed a funding agency within the same space as other service providers.

“There was also initially a concern about having (a funder) who funds some of the agencies in the building. But this has worked out really well as (the funder) does not just hand out money. This way they (the funders) are better acquainted with the agencies and what they are doing in the community and therefore better able to respond appropriately.”

Appendix B: Equity-focused Health Impact Assessment Screening Tool



The following questions will prompt you to identify the potential impacts of the proposed initiative, **a Shared Space Concept** in the City of Greater Sudbury. This tool will enable you to identify population groups that may be affected, especially if these people are at greater risk of health inequities.

Describe the potential health impacts using the symbols '+' for a positive impact and '-' for a negative impact. Use the action column to describe potential actions you could take to reduce negative impacts and enhance positive impacts.

Population Groups (for example)

Whole population	People living on low incomes	People who are accessing services downtown
Children aged 0–12	People who identify as Aboriginal	People with mental health problems
Youth aged 12–17	People who are unemployed	People who have disabilities
Seniors	People who are homeless	Recent immigrants
Parents/guardians	People who identify as francophone or whose first language is not English	People who are living outside of the city centre

Will the initiative have an effect on:	Populations affected	Description of health impact (+ or -)	Action
Example: a proposed increase in rent supplement allowance for people living with serious mental illness. Income levels and the distribution of wealth <i>It is recognized that there is a potential link between people's income and health – wealthier people tend to be healthier. Will the policy reduce inequalities in income?</i>	Whole population People living on low income Ontario Disability and Support Program recipients	+ Increased income for necessities including food, medication, clothing, etc. for individuals with serious mental illness - Increased requirement for public funding + Decreased strain on health care system because of this application of upstream approach that emphasizes prevention	+ Promote support for the policy + Involve service users in advocacy efforts + Implement cost-benefit analysis to demonstrate long-term cost savings
Income levels and the distribution of wealth <i>It is recognized that there is a potential link between people's income and health – wealthier people tend to be healthier. Will the proposed initiative reduce inequalities in income?</i>			

Will the initiative have an effect on:	Populations affected	Description of health impact (+ or -)	Action
Employment <i>Employment gives us income, a sense of purpose, and structure to our lives. Will the proposed initiative affect employment opportunities?</i>			
Healthy beginnings for children <i>Children need positive environments in which to develop and grow. Will the proposed initiative affect healthy beginnings for children?</i>			
Personal support networks <i>People gain a sense of inclusion and belonging from their relationships with friends, colleagues, and community groups. Will the proposed initiative affect community networks and social inclusion?</i>			
People's feeling of control over their own lives and decisions <i>People's health benefits from having a choice in the decisions affecting their employment, income, living conditions, and support systems, etc. Will the proposed initiative affect people's ability to make their own decisions?</i>			
Physical safety, level of and fear of crime in communities <i>Worries about physical safety and security may have a negative impact on health. Will the proposed initiative affect physical safety in communities and people's fear of crime?</i>			

Will the initiative have an effect on:	Populations affected	Description of health impact (+ or -)	Action
Educational opportunities for all age ranges <i>New skills can offer an individual a sense of achievement and well-being. Improved education is linked to factors affecting quality of life and well-being. Will the proposed initiative affect access to education (such as basic skills or numeracy/literacy)?</i>			
Health-related or risk-taking behaviour <i>Lifestyle has a large impact on health. Health behaviours include physical activity, diet and access to healthy food, smoking, drug use, alcohol consumption, and sexual activity. Will the proposed initiative affect healthy lifestyles?</i>			
The provision of quality housing <i>The link between housing and health is well-recognized, with poor housing particularly associated with ill health in children. Housing affects mental and physical health. Will the proposed initiative affect the quality and accessibility of local housing?</i>			
The natural environment <i>The natural environment impacts on health via air quality, water quality, noise pollution, smells and waste. Will the proposed initiative affect the natural environment in a way that will impact on health?</i>			

Will the initiative have an effect on:	Populations affected	Description of health impact (+ or -)	Action
The built environment <i>The way communities are planned and built affects how they function and feel. Will the proposed initiative affect access to urban green spaces and amenities? Will it affect the sustainability of local building and development?</i>			
Transportation and supporting infrastructure <i>Transportation has many health impacts including those related to traffic congestion, pollution, and collisions. Will the proposed initiative affect use of public transportation or cars? Will it affect the accessibility of walking or cycling and address access for those without vehicles?</i>			
The provision of fair, equitable access to public services <i>People expect fair access to public services such as health, social and welfare services, and leisure opportunities. Will the proposed initiative affect access to community services, especially for disadvantaged groups?</i>			
Other impacts on health inequities <i>Are there any other ways in which this initiative will impact health inequities experienced by different groups of people in the community? Will it positively or negatively affect the health of those at greatest risk of poor health?</i>			

Source: Adapted from the Devon Health Forum, Health and Well-Being Screening Checklist, December 2003, www.healthforum.org.uk

Appendix C: Summarized Screening Responses



This document represents a synthesis of participant responses, recorded throughout the screening exercise. For ease of interpretation, some responses have been re-categorized, or duplicated to best reflect their primary determinant(s) of impact.

Will the initiative have an effect on:	Populations affected	Description of health impact (+ or -)	Action
Income levels and the distribution of wealth <i>It is recognized that there is a potential link between people's income and health – wealthier people tend to be healthier. Will the proposed initiative reduce inequalities in income?</i>	Youth Seniors Aboriginal Francophones Persons with disabilities Children (0-12) Parents/ guardians New immigrants Transient population Organizations/ their staff Whole community Individuals living on low income	Positive Possible increased opportunities for education/training for staff and service users (more money, better space availability, critical mass of participants) Less costly for service users to access Less overhead/greater efficiencies (rent, overhead, staff) mean more resources devoted to needs of low income clients (including provision of education/employment/income supports) Possible job creation in shared space model – better recruitment/retention More efficiencies = opportunity for better staff wages Negative Job redundancy – shared wages for support staff	Increase presence/availability of OW/ODSP and employment support services in SSC location Determine which mix of agencies will create best synergies/efficiencies Promote synergies between agencies
Employment <i>Employment gives us income, a sense of purpose, and structure to our lives. Will the proposed initiative affect employment opportunities?</i>	Individuals living on low income Consumers accessing shared space services Youth Parents/ guardians Unemployed New immigrants/ refugees Employees of participating agencies	Positive Better awareness of job opportunities/options Time savings (less lost hours/wages) for those accessing services Opportunity to better provide employment supports across agencies (awareness, referrals) Better recruitment/retention – consistency of staff → youth retention Agency synergies may create healthy work environment Negative Job redundancy – shared wages for support staff	Need for active re-employment program and counselling for staff at risk of job loss Explore opportunities for social enterprise

Will the initiative have an effect on:	Populations affected	Description of health impact (+ or -)	Action
Healthy beginnings for children <i>Children need positive environments in which to develop and grow. Will the proposed initiative affect healthy beginnings for children?</i>	Children Parents/ guardians Youth Families Lone parent families Consumers of service Employees of participating agencies Childcare	Positive Possible location for food banks (infant) to support clients Greater sharing/awareness of supports for children Greater/easier access to diverse services for parents = more stability, less stress for families Possible shared benefits for agency staff – health, childcare Negative Presence of certain service users may not create safe/perceived safe environment for children Potential liability issues for agencies	Inclusion of child-related agencies Consider provision of daycare, food bank services Facilitate connections with existing Best Start Network Consider requirements of a “child friendly” environment Connect with Triple P parenting supports
Personal support networks <i>People gain a sense of inclusion and belonging from their relationships with friends, colleagues, and community groups. Will the proposed initiative affect community networks and social inclusion?</i>	Whole community Consumers of service Employees of participating agencies Agencies involved Individuals who are identified as marginalized Children Parents/ guardians Individuals with mental health or additions issues Lone parent families Non-profit sector agencies	Positive Greater access, sense of community = lower stress Opportunity to provide space for groups to meet Increased volunteer opportunities (number and diversity) Reduced stigma associated with service use Opportunity for intergenerational, culturally diverse networks Sense of community among service providers and users Greater synergies/relationships among providers Negative Agencies/service users not part of SSC may experience sense of exclusion/isolation – may not benefit to same extent from agency collaboration Poor client relationship with (banning from) one agency may negatively impact services from other SSC agencies	Ensure diversity of service agencies to serve variety of diverse populations/clients Careful selection of member agencies to avoid risk of stigma for clients Consider “drop-in” centre Extended hours Policies to guide access to service when client/provider relationship is compromised Maintain network/process for sharing/understanding between agencies – gaps can be identified Maintain active connections/collaborations with non SSC agencies

Will the initiative have an effect on:	Populations affected	Description of health impact (+ or -)	Action
People's feeling of control over their own lives and decisions <i>People's health benefits from having a choice in the decisions affecting their employment, income, living conditions, and support systems, etc. Will the proposed initiative affect people's ability to make their own decisions?</i>	Youth Seniors Parents/ guardians Whole community Individuals with mental health or additions issues Individuals who are identified as marginalized Consumers of service Individuals living on low income Employees of participating agencies	Positive clients better supported to take actions (direct advocacy between agencies, walking clients directly over to other service providers) better capacity to mobilize for policy advocacy (service users and providers) Reduced stigma because of multiple agencies synergies/sharing among providers may better support client options and decision-making less time accessing services – more control over time opportunities for agencies and service users to be more proactive, less reactive Negative Increased stigma because of services collocated Stress caused by potential job loss among agency staff May feel pressured to access other agency services	Ensure diversity of service agencies to serve variety of clients Explore opportunities for joint client advisory committees, councils etc.
Physical safety, level of and fear of crime in communities <i>Worries about physical safety and security may have a negative impact on health. Will the proposed initiative affect physical safety in communities and people's fear of crime?</i>	Individuals who are identified as marginalized Employees of participating agencies Whole community Seniors Women Victims of violence Consumers of service	Positive Long term, better provision of supports/services may impact (reduce) crime Efficiencies may mean more \$ available to support rent in safer building/location Negative Mix of services may result in increased fear among clients (services for victims and offenders in same location...) – physical, mental, emotional safety Increased communication/information sharing between agencies – privacy/confidentiality concerns	Policies re: safety standards and procedures Sensitivity training for all staff Consideration of SSC location, hours of service Building design to incorporate different “wings”, entranceways etc.

Will the initiative have an effect on:	Populations affected	Description of health impact (+ or -)	Action
Educational opportunities for all age ranges <i>New skills can offer an individual a sense of achievement and well-being. Improved education is linked to factors affecting quality of life and well-being. Will the proposed initiative affect access to education (such as basic skills or numeracy/literacy)?</i>	Consumers of service Employees of participating agencies Individuals who are identified as marginalized Children Parents/ guardians Non-profit sector agencies Whole community Volunteers	Positive Possible increased opportunities for diverse education/training for staff and service users (more money, better space availability, critical mass of participants) Increased “in-community” service education opportunities for students of partner educational institutions ¹	Targeted educational programming for priority populations Ensure space made available for education and training events Ensure agreements are in place to guide sharing/management of common spaces/resources
Health-related or risk-taking behaviour <i>Lifestyle has a large impact on health. Health behaviours include physical activity, diet and access to healthy food, smoking, drug use, alcohol consumption, and sexual activity. Will the proposed initiative affect healthy lifestyles?</i>	Consumers of service Children Parents/ guardians Individuals with mental health or addictions issues Youth Individuals who are identified as marginalized Participating agencies Employees of participating agencies	Positive Provision of welcoming, supportive, non-judgemental environment – supportive of healthy choices Opportunity to create joint policies/supports that promote workplace health (healthy food options; flex time to enable physical activity; EAP, etc.) Negative Potential exposure to increased, multiple “triggers” of relapse – drug use, smoking, etc.	Consider locating in place that could be accessed by foot/bicycle, safe walking routes
The provision of quality housing <i>The link between housing and health is well-recognized, with poor housing particularly associated with ill health in children. Housing affects mental and physical health. Will the proposed initiative affect the quality and accessibility of local housing?</i>	Consumers of service Homeless Individuals who are identified as marginalized Parents/ guardians Families/ children Employees of participating agencies	Positive Greater awareness of housing supports/availability – opportunity to jointly address barriers If overall service/supports are better for clients, better chance that client housing can be obtained/maintained Opportunity to brainstorm housing options from multi-agency perspective (common problem)	

¹ Potential health impact identified following the group screening exercise.

Will the initiative have an effect on:	Populations affected	Description of health impact (+ or -)	Action
The natural environment <i>The natural environment impacts on health via air quality, water quality, noise pollution, smells and waste. Will the proposed initiative affect the natural environment in a way that will impact on health?</i>	Whole community Aboriginal Employees of participating agencies	Positive Fewer separate trips to multiple agency locations – less pollution (air, noise, etc.) Opportunities for car-pooling (more staff) Opportunity to explore energy efficiencies, eco-friendly building options Less of a “footprint” left from one physical location Negative Possible increase in traffic pollution in location of SSC (parking/idling)	Consider location with green space – community gardens Designated idle-free zones, outdoor smoking areas Explore links to new downtown plan Need to make special considerations to incorporate Aboriginal traditions (smudging)
The built environment <i>The way communities are planned and built affects how they function and feel. Will the proposed initiative affect access to urban green spaces and amenities? Will it affect the sustainability of local building and development?</i>	Whole community Persons with disabilities Consumers of service Employees of participating agencies	Positive Opportunity for agencies to plan space to best suit type of service delivery May be used as an example across community (hub model)	Become jointly involved in community/neighbourhood planning issues Explore links to new downtown plan
Transportation and supporting infrastructure <i>Transportation has many health impacts including those related to traffic congestion, pollution, and collisions. Will the proposed initiative affect use of public transportation or cars? Will it affect the accessibility of walking or cycling and address access for those without vehicles?</i>	Whole community Consumers of service Employees of participating agencies Persons with disabilities Agencies Individuals living on low income Individuals who are identified as marginalized	Positive Central location to public transportation might decrease traffic Negative Increased difficulty with parking, traffic (more agencies in one location), especially in downtown location One central location of service does not meet needs of those in outlying areas	Explore opportunities for outreach programming – branch locations Ensure parking lot is not located between building and bus stops Ensure close to bus routes

Will the initiative have an effect on:	Populations affected	Description of health impact (+ or -)	Action
The provision of fair, equitable access to public services <i>People expect fair access to public services such as health, social and welfare services, and leisure opportunities. Will the proposed initiative affect access to community services, especially for disadvantaged groups?</i>	Whole community Consumers of service Persons with disabilities Individuals who are identified as marginalized Seniors New immigrants/ refugees Individuals with mental health or addictions issues Employees of participating agencies	Positive Opportunity to ensure new space meets accessibility standards (AODA) Ease of referrals between agencies Simplified processes Greater awareness of multiple services Opportunities to “passively” build relationships with variety of services Greater efficiencies = more \$ to provision of services Central location – greater access to public transportation Less duplication of services Shared dollars to provide transportation to agency services Greater opportunities to access shared grants/funding Increased capacity for research, planning, and evaluation provided by students as part of “service learning” model ² Negative Decrease choice in access location Poor client relationship with (banning from) one agency may negatively impact services from other SSC agencies central location may not meet needs of those in outlying areas Increased awareness may create a demand for service that exceeds agency capacity Not all services collocated – may be confusing or misleading for some clients	Marketing campaigns to increase awareness of services ensure new space meets accessibility standards (AODA) location central to public transportation Explore opportunities for outreach programming – branch locations Targeted programming to meet needs of certain “at-risk” groups New immigrants Common “drop-in” time so that clients can access multiple services without appointments Good communication about which services are provided within SSC
Other impacts on health inequities <i>Are there any other ways in which this initiative will impact health inequities experienced by different groups of people in the community? Will it positively or negatively affect the health of those at greatest risk of poor health?</i>	Consumers of service Employees of participating agencies Other service providers Non-profit sector agencies Individuals who are identified as marginalized	Positive Opportunity to provide actual clinic/counselling services to larger client population (those potentially at increased risk) Overall greater awareness of services/agencies within SSC (among both clients and providers) Greater collaboration – reduction in tension between non-profits	Explore opportunities to provide clinic services

Source: Tool adapted from the Devon Health Forum, Health and Well-Being Screening Checklist, December 2003, www.healthforum.org.uk

² Potential health impact identified following the group screening exercise.

Appendix D: Literature Review Methodology

The literature review for this Equity-focused health impact assessment was conducted by members of the Sudbury & District Health Unit (SDHU), Health Equity Office, with the assistance of the SDHU librarian.

Multiple search terms were used to capture the concept of a shared space. These, as well as the other key concepts that were queried are provided below.

Literature Review Search Terms and Related Databases

Questions and Search Terms	Databases/Sources
KEY QUESTIONS	Community Based Research
Effective service delivery for vulnerable populations	
Models of effective service delivery	CIHI
Creating/ operating shared space facilities	
Lessons learned/ best practices; shared space facilities	RNAO Best Practices
SUB QUESTIONS	The Cochrane Library
Barriers to health/ social service access	
Service access	Ontario Public Health Virtual Library
Improving access	Ebsco
Shared space facilities	Health Evidence
Multi-tenant facilities	
Non-profit centres	NOSM Library
Human service centres	
Collaborative service delivery	OCT Database
Joint delivery	
Stigma	Academic Search Complete
Stigma reduction best practices	Eric
Stigma/ service delivery	
Stigma reduction interventions/ strategies	
Stereotype threat/ stereotypes	
Service user needs/ differing needs	
Unique needs/ clients	
Client-centered care	
Awareness of services	
Rural services/ outlying areas	
Employment	

