



Investing in our future

Strategic Directions

2008 - 2011

Our Journey as BCHS

Background

Bendigo Community Health Services continues to work for the health and well being of its community. This is achieved through a range of services and programs being delivered to people as individuals, families and as members of communities of interest, locale, and need. Integral to securing a prosperous future is the acknowledgment of appreciating our past as well as understanding our present. BCHS has adopted the concept of the futures triangle¹ to bring the three perspectives into view during its strategic planning.

Bendigo Community Health Services has roots in the Bendigo community that extend from more than thirty years ago when the community expressly agitated for, and developed, its local community health services. In the early 1990s five community health agencies joined together to form the current entity, Bendigo Community Health Services. In more recent times BCHS has negotiated many transitions and trends in health care, funding priorities, local needs, and emerging community issues. Throughout its time BCHS has maintained a strong vision for the health and wellbeing of the community. It has worked within the principles of social justice and its foundations remain firmly in the context of the social model of health.

During the past seven years BCHS has experienced significant growth in its program and service delivery, building from a base of \$4million in 2000 to a current base of \$11million. The breadth of programs has also increased and other core services have expanded in reach and impact. It has not however just been about program growth and revenue generation. BCHS' expressed mission is 'to work to strengthen the capacity of individuals and communities to maintain and improve their health and wellbeing'. BCHS achieves this through its values of trust; acceptance; innovation; learning; fairness; respect; and unity. In meeting its purpose as an incorporated association BCHS demonstrates its values – based commitment through a strong corporate, clinical and community governance framework. The framework guides our strategic thinking, ethical conduct, professional behaviours and governs our important relationships with community, our business partners and other stakeholders.

Our Position

Vision

Healthiest People, Healthiest Community, Excellence in Innovation and Service.

Purpose

The purpose of Bendigo Community Health Services is to work to strengthen the capacity of individuals and communities to maintain and improve their health and wellness.

We

- Promote healthy lifestyles and preventative practices, that lead to improvements in the health and wellness of the community
- Provide services which enable improved individual and community health and wellbeing
- Lead and coordinate an extensive range of primary care and community services and activities, including those provided in cooperation with other agencies and providers
- Commit to safety, quality and continuous improvement for all stakeholders

Since 2000, BCHS has continued to work on its strategic knowledge and planning. As described earlier, we were first and foremost concerned with organisational viability, and then a phase of significant growth shaped our performance. The impact of this organisational and service development has influenced our strategic thinking and decision making, and has contributed to building practice-wisdom supported by solid intellectual property and knowledge. The application of the balanced scorecard approach was beneficial for achieving goal alignment with performance measures in ways that resonated with who we are as an organisation.

BCHS will continue to focus on people and their health and wellness. We will be outward looking, and willing partners with others to bring relevant policy, practice, research and evidence to meet and influence the challenges of the local, national, and global environments. BCHS understands that it serves its communities at a time when a constantly changing environment is perceived to be business as usual. BCHS will ensure that the internal needs and the strategic outlook of the organisation remains in balance so that clients and consumers can be confident in the services and programs provided, whilst also aware that we will diligently scan our future environment, so as to anticipate and respond in our planning and provision in timely and appropriate ways.

We are effective in and respected for our:

- Client relationships and service responsiveness
- Commitment to quality services and appropriateness of care
- Leadership in planning, service provision, governance and consumer advocacy
- Reputation as an employer, a provider, and a partner, of choice
- Contribution to building healthier communities, by looking forward and working towards positive change

Our Position

Principles

We are committed to working in ways that reflect the fundamental values of our community such as respect, truthfulness, fairness, independence, responsibility and acceptance. These are principles that govern our strategic thinking, ethical conduct, and professional behaviour to guide our individual relationships, community and business partnerships.

We

- respect personal lifestyle, privacy and confidentiality, and are culturally sensitive
- provide services that meet ethical, legal, professional and community standards;
- provide a range of information to assist individual decision-making
- are financially responsible and accountable in disbursing funds and resources
- are committed to responding to consumer and community need
- develop and maintain strategic partnerships that contribute to our vision.

Our values are

Trust	We seek to act with integrity and justice.
Acceptance	We listen and are non-judgmental in understanding each other.
Innovation	We celebrate and encourage a dynamic and adaptive environment.
Learning	We foster a culture of learning that captures and creates opportunities to share knowledge.
Fairness	We promote and encourage equity of access; encourage clients and community to advocate for fair service responses.
Respect	We appreciate diversity and encourage understanding in how we relate to each other.
Unity	We create welcoming and harmonious environments and seek to build a shared vision.

Our Position



The external critical drivers and influences are:

An increase in

- health technology development – new treatments and interventions
- expectations in electronic health record management
- demands associated with an ageing population
- consumer expectations for access to information & service delivery
- funding body requirements & levels of accountabilities
- chronic disease, co-morbidities and impacts
- expectations in managing partnerships
- regulating and professionalising health workforce
- evidence about population health issues for children, mental health needs, indigenous communities, & pandemic events
- environmental health impacts associated with climate change
- expectation to produce accurate and relevant evidence in community health
- nationally driven health policy agenda
- perception of viability of cost shifting from the state to federal arena

A decrease in

- interest in longer term government investment in capital & appropriate infrastructure
- investment in federal health dollars – Medicare rebate scheme
- availability of skilled workforce
- government investment in service and program delivery
- continuity of knowledge and practice wisdom in community health

From then to now

This strategic planning process was scheduled to commence with review and reflection and move through to strategy and action over the course of the past year. The foundational work was informed by the tools and methods of strategic foresight. The BCHS process has been primarily aligned with the generic strategic foresight process which creates the following phases and critical questions. We have built a solid base of documented evidence that will support the further development of objectives under the proposed strategic directions.

The work to date:

Strategic intelligence

- Strategic review with Dr Wellington
- Scoping sessions with managers
- Reflections with partners & external bodies
- Board discussion paper #1 (background - March)

Analysis – Interpretation - Prospecion

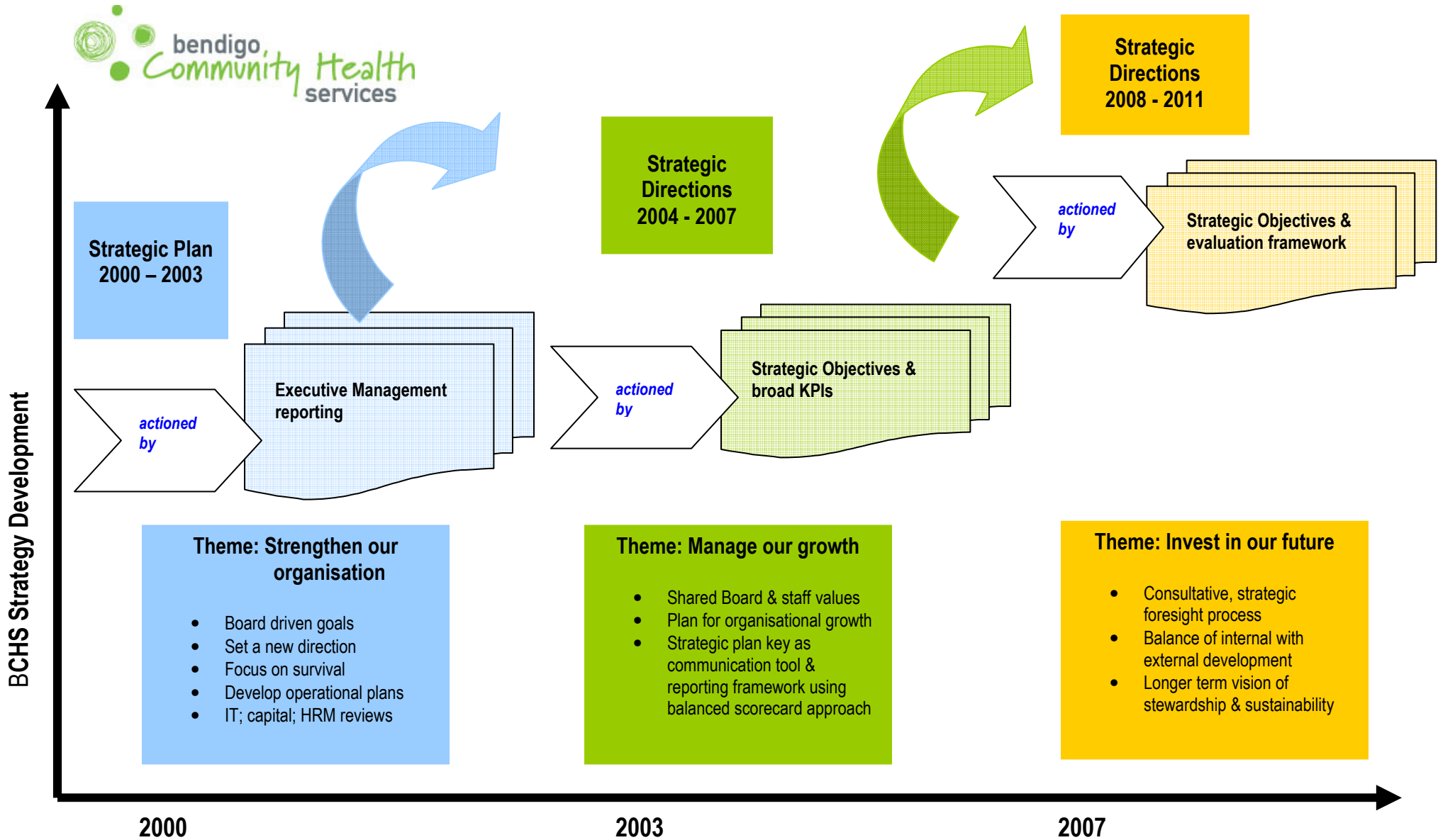
- Team & program based review sessions
- Performance data & program trend analyses
- Strategic Planning sessions – Board, managers & coordinators, teams
- Board discussion paper #2 (background - June)

Perceptions of Strategic Options

- Set of Key Questions from the Chair – board discussion
- Community consultations & Staff Climate survey – consultant led
- Visioning sessions
- Review of previous plan & impact analysis
- Proposal of Strategic Directions paper



Generic Strategic Foresight model Voros, 2000 ©



Our Key Directions

Framed by our overarching goal, 'Investing in Our Future', and committed to our core purpose, our four key directions are:

1 Strengthen the Foundation

We want to strengthen our spirit of enterprise in order to contribute for our community's health, well being and resilience. We will work with our people to build operational excellence, and foster innovation, collaboration and processes with our partners that build creative and sustainable solutions. We will maintain and continue to build our expertise in primary health and promote our commitment to the social model of health by demonstrating the dependencies and connections between promotion, early intervention, education practices and individual as well as community health benefit. We will be responsible in our review, planning and improvement strategies and work collaboratively with service users, community and professional representatives to provide the 'right' care in the 'right' place with timeliness, effectiveness and efficiency. We will focus on sustaining our growth and ensuring a stable infrastructure to support the work of the organization.

2 Invest in our Community

We will build on our membership base and encourage meaningful community participation at all levels of the organization. We will work with our community to develop service models where access and equity are fundamental. Our role as advocate is based on sound policy, practice and knowledge. We understand the importance and value of vibrant and engaged participation in the planning, development and delivery of services and programs in our community. These relationships will occur at all levels of our community so we best respond to key local, state & national challenges and opportunities.

3 Influence through Evidence

We understand the sector we work in and the challenges facing our organisation. We value and promote partnerships that support sound research and development based on accurate and relevant evidence. This will be how we inform our practice, provide practical solutions and options to build knowledge and wherever possible, influence policy makers.

4 Foster Leadership

We will provide leadership about health and well being in order to foster positive change within our community. We will seek to be innovative in our work through the introduction of new holistic models of health and wellness. We understand that there are many needs amongst our community. In seeking to be more responsive, and having built our knowledge and relationships, we will invest in areas where our effort has a direct impact on social disadvantage.

Strategic Objectives

- Develop planning for capital improvement
- Ensure future infrastructure is IT enabled and resourced
- Consolidate our revenue & resource base
- Develop annual review process of core business and initiative development
- Develop an appropriate model of social enterprise
- Demonstrate commitment and accountability to quality and safety in care
- Consolidate our identity and build a strong organisational profile
- Develop a responsive and responsible workforce strategy

- Implement a comprehensive whole of organization client & community participation strategy
- Identify client & community needs
- Demonstrate the value BCHS places on protecting the rights of clients, staff & community



- Adhere to highest levels of governance
- Demonstrate respect and commitment to key partnerships
- Seek opportunities to influence the community health and wellness policy environments
- Demonstrate expertise in developing holistic models of care
- Understand and advocate for education, prevention and early intervention

- Capture community and practice ,knowledge to provide leadership, advocacy and influence for improved program resources
- Understand and promote the social model of health in establishing needs, demand and service models
- Build expertise in documenting evidence of our work
- Build proficiency in research & evaluation methodologies and process
- Build a research profile through the promotion of key partnerships

Think Strategy, Build Action

Planning for our actions

We have invested significant time and effort into understanding the needs and expectations of people using our services and programs. The work in reviewing, reflecting and setting directions for our future has been approached with optimism and candour about our prospects. We are at an important cross road. There are opportunities in the primary health environment emerging, and the potential to work more closely with others as we build on our collective knowledge and practice within our communities could bring significant benefit. We will not lose sight however of our specialist knowledge and role in advocating for, and enabling community health and wellbeing.

Setting the key directions and objectives creates solid ground from which the areas for priority action can be shaped. The expectation to be able to measure performance and describe the difference we make is a responsibility shared by members of the Board, management and staff.

We will continue to consider the key policy drivers and use high quality performance measurement tools to develop an accurate picture that responds to the following queries:

- where we are up to, & is it where we should be on this?
- how we are going – against plan/resources/expectations?
- is this the difference we proposed to make?

Our governance framework and accreditation programs will work beside the integrated client management system through which we will account to our community, partners and stakeholders. Performance measurement will take account of the levels of BCHS and the Board will develop its own measures against the Key Directions. An integrated evaluation framework will be developed to manage the information and knowledge for ongoing planning, accountability and continuous improvement.



Strategic Plan

2008 - 2011

<2008-2011>

Investing in our future



Strategic Direction	Strategic Objective	Strategies
<p>Strengthen the Foundation</p> <p>We will strengthen our spirit of enterprise and work with our people to build operational excellence, foster innovation, and collaborate with our partners to build creative and sustainable futures that support the health and wellness of our communities</p>	<p>1. Develop planning for capital improvement</p>	<p>1.1.1 Review current capital needs, and determine projections aligned within BCHS Strategic Directions</p> <p>1.1.2 Develop a 3 - 5 year strategic plan for Capital Improvement based on existing infrastructure and future capital requirements</p> <p>1.1.3 Actively advocate for and seek capital funding</p> <p>1.1.4 Explore alternative business models for Capital planning, funding and infrastructure development</p>
	<p>1.2 Ensure infrastructure is IT enabled and resourced</p>	<p>1.2.1 Undertake a mapping exercise to identify current IT enabled infrastructure and make for further IT support or upgrade</p> <p>1.2.2 Develop a BCHS IT Strategic Plan inclusive of Infrastructure planning, a focus on integration of services, and the identification of innovative IT applications to health services settings</p> <p>1.2.3 Undertake a Staff IT skills audit to inform the development of an IT training program</p>
	<p>1.3 Consolidate our revenue and resource base</p>	<p>1.3.1 Develop a 3 - 5 year Financial Plan using the Board Financial Planning Framework</p>

Strategic Direction	Strategic Objective	Strategies
		<p>1.3.2 Undertake a range of targeted reviews of major Expenditure areas to ensure best value for resource use is achieved</p> <p>1.3.3 Maximise leverage of assets across BCHS through innovative partnerships</p>
	<p>1.4 Develop an annual review process of core business and initiative development</p>	<p>1.4.1 Develop a systematic core business review process</p> <p>1.4.2 Establish a set of guidelines to inform the consideration and development of new initiatives to ensure alignment with BCHS Strategic Directions</p>
	<p>1.5 Develop an appropriate model of social enterprise</p>	<p>1.5.1 Facilitate a process with the Board of Directors & Executive Management team focused on determining a shared understanding of social enterprise</p> <p>1.5.2 Build a Social Enterprise model suitable for application to BCHS business, and underpinned by BCHS organizational philosophies and values</p>
	<p>1.6 Demonstrate commitment and accountability to safety and quality in care</p>	<p>1.6.1 Implement and evaluate the BCHS Safety & Quality Schema & associated safety & quality plans</p>

Strategic Direction	Strategic Objective	Strategies
		<p>1.6.2 Develop and implement a system to embed continuous integrated Quality Improvement processes across BCHS</p>
	<p>1.7 Consolidate our identity and build a strong organisational profile</p>	<p>1.7.1 Develop a process for identifying community, service providers and staff perceptions of BCHS' identity</p> <p>1.7.2 Determine an agreed position on our preferred identity for BCHS</p> <p>1.7.3 Develop a BCHS marketing plan to promote our preferred organizational identity</p>
	<p>1.8 Develop a responsive and responsible workforce strategy</p>	<p>1.8.1 Map the current BCHS workforce profile</p> <p>1.8.2 Identify workforce needs in line with current and future program and service delivery trends and informed by the BCHS Strategic Directions</p> <p>1.8.3 Develop a workforce strategy consistent with current demands and future requirements</p>

<2008-2011>

Investing in our future

Strategic Direction	Strategic Objective	Strategies
<p>Invest in our community</p> <p>We will work with our communities to develop service models where access and equity are fundamental, and our role as advocate is based on sound policy, practice and knowledge</p>	<p>1.1 Implement a comprehensive whole of organization client and community participation strategy</p>	<p>1.1.1 Develop and implement the BCHS client & community engagement plan</p> <p>1.1.2 Develop opportunities for civic participation and community engagement</p> <p>1.1.3 Contribute to local community strengthening activities</p> <p>1.1.4 Build a vibrant membership base</p> <p>1.1.5 Develop a local community marketing strategy</p>
	<p>1.2 Identify client and community needs</p>	<p>1.2.1 Strengthen current processes used to support the systematic identification and analysis of client and community health and wellness needs</p> <p>1.2.2 Identify & develop relationships with communities of need or interest</p>
	<p>1.3 Demonstrate the value BCHS places on protecting the rights of clients , staff and the community</p>	<p>1.3.1 Develop and implement an integrated approach to adopting a Human Charter of Rights & Responsibilities for clients, staff and community</p>

Strategic Direction	Strategic Objective	Strategies
		1.3.2 Ensure BCHS values underpin program planning and models of service delivery to clients and community

<2008-2011>

Investing in our future

Strategic Direction	Strategic Objective	Strategies
<p>Foster leadership</p> <p>We will provide leadership in the area of health and wellness in order to foster positive change within our community. We will seek to be innovative in our service development and delivery, and responsive to the needs of our communities</p>	<p>1.1 Adhere to the highest levels of governance</p>	<p>1.1.1 Consolidate our understanding, and application of contemporary governance policy & practice</p> <p>1.1.2 Implement and monitor the BCHS Quality & Safety Schema & Framework</p> <p>1.1.3 Develop & implement a best practice model of organisational management</p>
	<p>1.2 Demonstrate respect & commitment to key partnerships</p>	<p>1.2.1 Map existing partnerships and scope potential new partners to support the BCHS Strategic Directions</p> <p>1.2.2 Managers & Coordinators to identify the key principles and values that will underpin the BCHS approach to partnering</p> <p>1.2.3 Develop an annual partnership strategy inclusive of a comprehensive evaluation framework and supported by appropriate allocation of resources to partnering</p>
	<p>1.3 Seek opportunities to</p>	<p>1.3.1 Strengthen our knowledge & experience of</p>

Strategic Direction	Strategic Objective	Strategies
	influence the community health and wellness policy environments	<p>community health and wellness issues</p> <p>1.3.2 Support the development of an increased understanding of the community health and wellness policy environment</p> <p>1.3.3 Scope the range of opportunities for membership of, and participation in local, regional, statewide and national forums related to BCHS core business</p> <p>1.3.4 Build organisational capacity around the principles and practice of advocacy and influence</p>
	1.4 Demonstrate expertise in developing holistic models of care	<p>1.4.1 Undertake a process for developing a shared understanding of the range of holistic health models appropriate for a community health setting</p> <p>1.4.2 Identify opportunities for the development and application of holistic models of care within BCHS programs and services</p>
	1.5 Understand and advocate for education, prevention & early intervention	<p>1.5.1 Strengthen organizational knowledge, skills and practices that underpin education, prevention & early intervention</p> <p>1.5.2 Seek opportunities to influence and advocate for additional funding to support education, prevention & early intervention in both the government and non government sectors</p>

Strategic Direction	Strategic Objective	Strategies
		<p>1.5.3 Promote the benefit of education, prevention & early intervention as a key element of our health promoting framework through all BCHS services and programs</p>

<2008-2011>

Investing in our future

Strategic Direction	Strategic Objective	Strategies
<p>Influence through the evidence</p> <p>We will value and promote partnerships that support the conduct of sound research and the development of models of service that are based on accurate and contemporary evidence. This is how we will inform our practice and build knowledge to influence policy makers</p>	<p>1.1 Capture community & practice knowledge to provide leadership, advocacy & influence for improved program resources</p>	<p>1.1.1 Establish an electronic BCHS knowledge bank</p> <p>1.1.2 Through the implementation of the BCHS Client & Community engagement plan ensure community knowledge is sourced, documented and analysed using a systematic process</p> <p>1.1.3 Link the BCHS integrative evaluation strategy to the development and maintenance of the Knowledge Bank as a repository of information</p> <p>1.1.4 Identify opportunities to utilize our knowledge to actively inform, and seek to influence relevant bodies to achieve improved program resources</p>
	<p>1.2 Understand & promote the social model of health in establishing needs, demands & service models</p>	<p>1.2.1 Consolidate a shared understanding of the social model of health and its application to planning, implementation and evaluation of programs and services</p> <p>1.2.2 Ensure the principles of the social model of health inform all program and service planning</p>
	<p>1.3 Build expertise in</p>	<p>1.3.1 Review & strengthen current systems to support</p>

Strategic Direction	Strategic Objective	Strategies
	documenting evidence of our work	<p>review and evaluation of BCHS programs and services</p> <p>1.3.2 Develop a whole of organization integrative evaluation strategy</p> <p>1.3.3 Use key partnerships to assist in building the capacity of staff to undertake effective evaluation and dissemination of findings</p>
	1.4 Build proficiency in research, & evaluation methodologies and process	<p>1.4.1 Foster research partnerships with a range of Universities</p> <p>1.4.3 Develop a collaborative capacity building program with an academic partner focused on improving research and evaluation skills for staff</p> <p>1.4.4 Establish a Research and Evaluation Network of Interest</p>
	1.5 Build a research profile through the promotion of key partnerships	<p>1.5.1 Determine an agreed BCHS research agenda</p> <p>1.5.2 Support and resource a BCHS research program</p> <p>1.5.3 Convene an annual research forum with academic partners to identify research opportunities and plan a collaborative approach to accessing research funding</p>

Key Policy Context

There are a range of policy statements at all levels of government that are taken into account when setting strategy. The key policy context for BCHS is set by the Victorian Department of Human Services, and is outlined in three policy statements. The following is outlined in the DHS Rural and Regional Health & Aged Care Services Division Policy and funding Plan 2006-07 to 2008-09.

Growing Victoria Together

This is a whole of government statement that sets out the Victorian Government's vision for state growth through to 2010. It describes the primary goals for human services as:

- High quality, accessible health and community services
- Building friendly, confident and safe communities
- A fairer society that reduces disadvantage and respects diversity
- Protecting the environment for future generations, and
- Greater participation and more accountable government.

www.growingvictoria.vic.gov.au

A Fairer Victoria

This policy statement describes the actions that are to be taken to tackle disadvantage by improving access to vital services, reducing barriers to opportunity, strengthening assistance for groups and locations experiencing disadvantage and ensuring people get the assistance they need.

www.dpc.vic.gov.au

Victorian Charter of Human Rights and Responsibilities

The Victorian Charter became law in July 2006 and imposes obligations on public authorities to act in a way compatible with the rights in the Charter. These obligations commence in January 2008. Under the Charter there are a range of obligations that require organisations to conduct their business and provide services that evidence this compliance.

www.justice.vic.gov.au/humanrights

Appendix: Key Terms and Definitions

Social Model of Health

A social health model, that is, one aimed at incorporating the social and economic, as well as biophysical context of health status, is now acknowledged as having greater impact on the determinants and generation of health. Health policies now contain more of the principles of a primary health care model, such as partnerships, public participation and community development. The social model of health intrinsic to our approach is evident in our health promotion, planning and service provision. Through it, we seek to strengthen the capacity of individuals and communities to more actively plan and manage their own health and well being, and enjoy a healthier life.

Health Inequalities

Social mobility and intergenerational poverty add to the complexity of understanding health inequalities. Longitudinal studies suggest that it is a social position which predominantly determines health, rather than the reverse. However, selection mechanisms also result in less healthy people being more likely to be downwardly socially mobile. Thus, the relationship between poor health and socioeconomic disadvantage, and between selection and causation mechanisms, may become cyclical across the lifespan. This can also be described as the relationship between life chances and health chances. In addressing health inequalities, the distribution of scarce health resources is a major concern for health promotion. A critical challenge in this is whether we are concerned with improving the health of the poorest alone, or reducing the differences across the gradient of socioeconomic disadvantage from poor to rich.

Equality refers to people having equal shares of a resource such as government resources for health programs. Equity is concerned with the fairness of the distribution, which may or may not result in people having equal shares depending on the resources they already have, for example, the extent of their own health resources or level of health.

Primary Health Care

Primary health care is defined as 'socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those most need, maximises community and individual self-reliance and participation, and involves collaboration with other sectors. It includes the following:

- health promotion
- illness prevention
- care of the sick
- advocacy
- community development.

Appendix: Key Terms and Definitions

Primary Care

This is a term used for the activity of a [health care provider](#) who acts as a first point of consultation for patients. This most often is a service provided by a General practitioner or nurse practitioner. While prevention and promotion activity needs to occur in all modes, primary care is the spearhead for integrated health promotion and illness prevention, and the health care mode that most people will encounter most frequently throughout their lives.

Community Health Services

Agencies in receipt of Victorian Community health program funding that also deliver a wide range of primary health and support services to meet local community needs.

Integrated Health Promotion and Illness Prevention

Population health approaches are increasingly being recognized as a key element in the planning of quality, efficient and equitable health systems internationally and in Australia. These approaches increase understanding about what makes and keeps people healthy and describe strategies that aim to reduce inequities and improve the health and wellbeing of whole populations. In particular, consideration is given to interventions and strategies that address the broad biological, social and environmental determinants of health. The Ottawa Charter for Health Promotion underpins these population health approaches, stressing the importance of advocacy for health; enabling people to achieve their full potential; and mediation between different interests in society.

Integrative Health/ Complementary Therapy

This section is an amalgam of web sourced definitions and comments. It provides a brief introduction to the general relationship between traditional and complementary medicine. Standard, conventional, or orthodox medicine, also called allopathy, defines health as the absence of disease. This definition is based on a negative. In contrast, holistic medicine concurs with the definition of health used by the World Health Organization (WHO), which posits that it is a state of complete physical, mental, and social well-being.

The allopathic and holistic definitions of health differ greatly in regard to the diagnosis and treatment of illness. Holistic medicine, focuses on preventing illness and maintaining health. It views health as a balance of body systems - mental, emotional, and spiritual, as well as physical. All aspects of a person are seen as interrelated - a principle called holism, meaning "state of wholeness." Any disharmony is thought to stress the body and perhaps lead to sickness. To fight disease, alternative medicine uses a wide range of therapies to bolster the body's own defenses and restore balance.

Appendix: Key Terms and Definitions

Integrative medicine is a new concept of healthcare and the term has two definitions. The first definition is a healthcare system 'that selectively incorporates elements of complementary and alternative medicine (CAM) into comprehensive treatment plans....' The second definition is an approach that emphasizes 'health and healing rather than disease and treatment. It views patients as whole people with minds and spirits as well as bodies....'

One view is that the whole-person concept has always been at the core of good medicine, particularly primary care, and that coining a new name for an old value is counterproductive. If we can agree that the whole-person concept needs no other name, we can greatly simplify matters by letting integrative medicine stand for just one thing--incorporating elements of CAM into routine health care.

Integrative Health Care

Integrative health care is a personalized, comprehensive and collaborative approach to assess and respond to a person's body, mind and spirit needs for healing. Integrative care includes conventional medicine, spiritual/pastoral care, behavioral health, and complementary modalities. The initial working definition of integrative health care eventually became: A holistic approach to health care delivery that unites providers, modalities and systems of healing in order to address and respond to body-mind-spirit connections in every patient, resident or community encounter. In integrative care, the focus of all encounters between practitioners and patients is the healing relationship or "patient/resident/client-centered" approach to care.

Community

A *community* may be a geographic location (community of place), a community of similar interest (community of practice), or a community of affiliation or identity (such as industry or sporting club) (Department of Sustainability and Environment, 2005).

Engagement

This term is used as a generic, inclusive term to describe the broad range of interactions between people. It can include a variety of approaches, such as one-way communication or information delivery, consultation, involvement and collaboration in decision-making and empowered action in informal groups or formal partnerships (Department of Sustainability and Environment, 2005).

Community engagement

This refers to a planned process with the specific purpose of working with identified groups of people, whether they are connected by geographic location, special interest or affiliation, to address issues affecting their well-being. Linking the term 'community' to 'engagement' serves to broaden the scope, shifting the focus from the individual to the collective, with associated implications for inclusiveness, to ensure consideration is given to the diversity that exists within any community (Department of Sustainability and Environment, 2005). In any discussion of consumer participation, the meaning of 'consumer' and 'consumer participation'

should be determined. **'Consumer'** refers to people who either directly or indirectly make use of health services. Consumers are as diverse in nature as the full range of people living in contemporary Australian society. Any definition of 'consumer' must incorporate women and men, people from diverse cultural experiences, class positions and social circumstances, sexual orientations, health and illness conditions (Consumer Focus Collaboration, 2000).

Consumer participation

This may include activities such as complaints mechanisms, advocacy functions and partnerships in health care planning at all levels as well as other formal and informal exchanges between consumers and providers (Consumer Focus Collaboration, 2000).

Community participation

This refers to processes that enable individuals and groups in the community to contribute to debate and decision making about a particular activity. This means opportunities for community members to participate in planning, managing and evaluating health services, and in identifying issues and ways of addressing them.

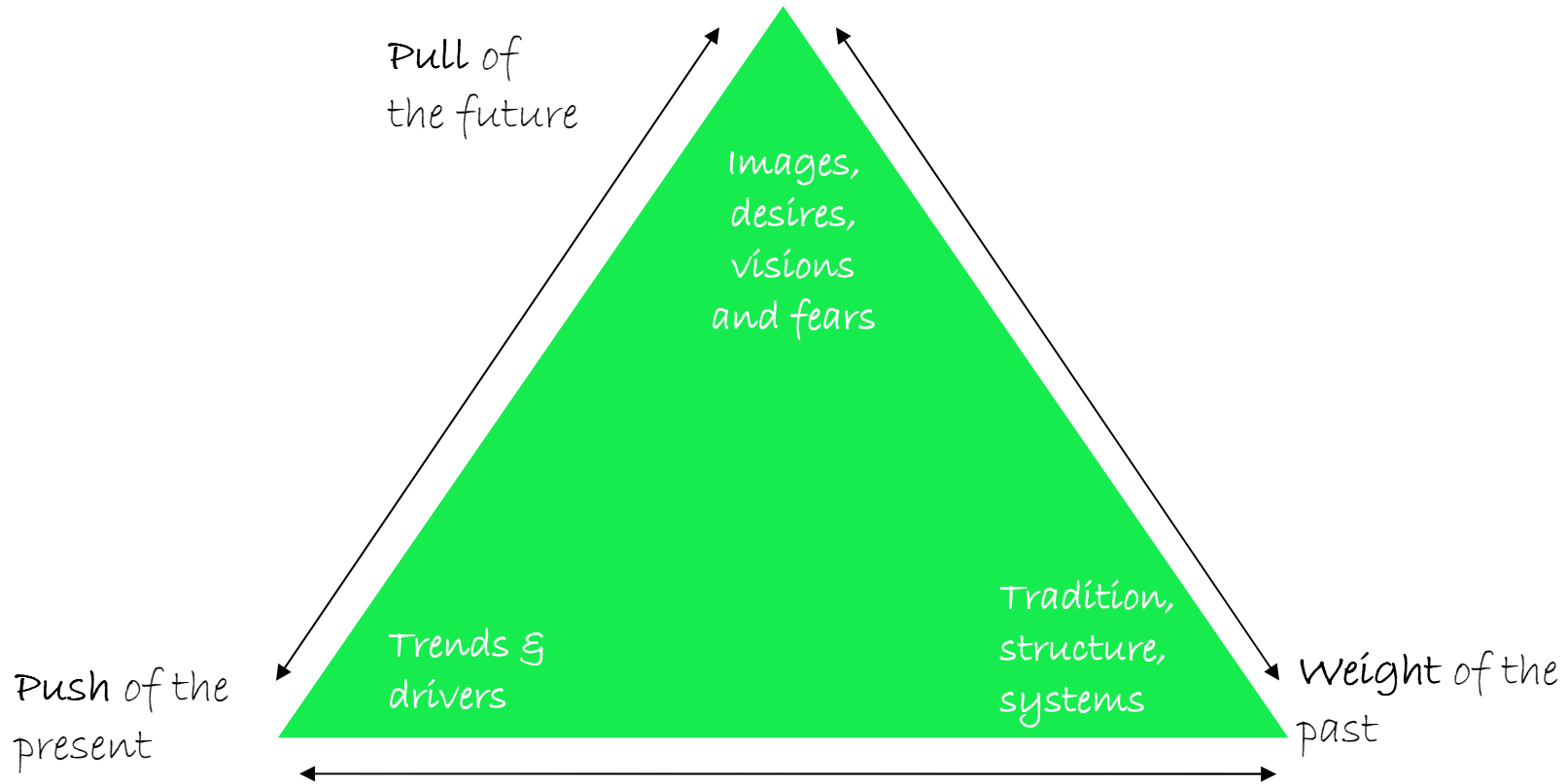
Best Practice

A concept of organizational change and improvement that has been adopted from the industrial sector where it is seen as the pursuit of 'world class' performance. Best practice is considered a comprehensive, integrated and cooperative approach to continuous improvement of all facets of an organisation's operations. Best practice guidelines are statements based on the careful identification and synthesis of the best available evidence in a particular field. They are intended to assist people in that field, including practitioners and consumers, to make the best use of the available evidence.

Evidence-based Practice

A process through which professionals use the best available evidence, integrated with professional expertise, to make decisions regarding the care of an individual. It is a concept that is now widely promoted in the medical and allied health fields and requires practitioners to seek the best evidence from a variety of sources; critically appraise that evidence; decided what outcome is to be achieved; apply that evidence in professional practice; and evaluate the outcome. Consultation with the client is implicit in the process.

Appendix: Futures Triangle



Futures Triangle – Sohail Inayatullah: Balancing the three perspectives