

**A Collaborative Governance Process:  
The City of Vancouver's 2014-2017 Healthy City  
for All Leadership Table**

**by  
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Project Submitted in Partial Fulfillment of the  
Requirements for the Degree of  
Master of Urban Studies

in the  
Urban Studies Program  
Faculty of Arts and Social Sciences

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Spring 2022

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## **Abstract**

Collaborative governance is an emerging form of public administration; it can be defined as formal consensus-driven arrangements between government and non-government actors in order to tackle systemic urban challenges. Municipal governments may embark upon a network governance initiative for a variety of reasons such as recruiting expertise, increasing inclusion, or securing public buy-in. How a municipality understands an issue is necessarily tied to the method it selects to address it with. In choosing a collaborative method, the process convener will make preliminary decisions which will have effects on the ensuing proceedings. This research is focused on the City of Vancouver's 2014-2017 35-member collaborative leadership table for its Healthy City Strategy & Action Plan (the municipality's social sustainability plan). It examines the City's reasons for choosing to initiate a participatory process, and the ways in which those strategic aims influenced the configuration and therefore the unfolding of the process. The research conducted as part of this case study was qualitative, multi-method, and involved three sources of data collection: online participant surveys, semi-structured participant interviews, and a document analysis.

**Keywords:** collaborative governance; social innovation; public administration; social sustainability; participatory democracy; social justice

## **Acknowledgements**

Warmest thanks to my supervisor Dr. Peter V. Hall for his insightful and supportive guidance. I sincerely appreciated his encouraging and relaxed approach.

Thank you also to other Urban Studies Department faculty members for their contributions to my time in the Master's program— Paddy Smith for his wealth of anecdotes and humour, Meg Holden for the philosophical lines of inquiry and for incorporating physicality into our coursework through movement workshops and theatre skits, and Karen Ferguson for her help in refining my SSCHC application and for introducing me to the Pomodoro Technique (which was truly instrumental in breaking the otherwise overwhelming task of thesis writing into manageable bursts of effort).

I am very appreciative of my student colleagues for the feedback, assistance, and laughs throughout the semesters (with a special nod to my Urban Ethics skit crew: Steve Kim, Stephen Wilkinson and Alasdair Butcher), as well as of my fellow 'Canadian Heritage + Urban Studies club' members, Sarah Moore (for the shared classroom & field trip experiences), and Jeremy Arbuthnot (for leading me to join the program in the first place, and for providing helpful advice and perspectives along the way).

I am grateful to all the people who participated in my research, and for the generosity with which they shared their time and recollections. I feel lucky to have had the rich and wide-ranging conversations that I did with each of them.

None of this would have been possible without the support of my friends, family, and colleagues; particular thanks to my cousin Andrea Johnson for the many hours spent working side-by-side on our respective academic projects.

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## List of Acronyms

CoV	City of Vancouver
FOI	Freedom of Information
HCS	Healthy City Strategy
HCLT	A Healthy City for All Leadership Table
SFU	Simon Fraser University
VCH	Vancouver Coastal Health

# 1. Introduction

This research is focused on the City of Vancouver's 2014-2017 35-member collaborative leadership table for its Healthy City Strategy (the municipality's social sustainability plan). It examines the City's reasons for choosing to initiate a long-format participatory process for this particular initiative, and the ways in which those strategic aims influenced how the table was set and what took place, or put another way, the manner in which the "why" determined the "how".

Ansell & Gash (2007) define collaborative governance as "a governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented, and deliberative and that aims to make or implement public policy or manage public programs or assets" (p. 544), which is the definition I worked with. In this first chapter, I will discuss the emergence of collaborative governance writ large, and the political context in which this particular instance of collaborative governance took place (both the Vancouver environment and the broader backdrop of changing societal expectations of government). I will also define the notion of collaborative process variables, and outline my research question and its relevance. Subsequent chapters will establish the conceptual framework, lay out the methodology and research design, examine the internal and external political landscape of the City at the time by way of a timeline I constructed to establish the chronological order of events, and present my data collection methods and analysis. This data includes 16 responses to an online survey I designed and sent out, 17 videoconferencing interviews I conducted with members of the HCLT and other key City staff, as well as a document analysis. The documents I looked at were the 3,000 pages I obtained by way of a Freedom of Information Request (FOI), in addition to documents provided to me by interviewees, publicly available City-produced documents, and external reports.

In this research I asked how the City of Vancouver's motivations for undertaking a collaborative governance process for its Healthy City Strategy influenced the configuration and therefore the unfolding of the process. What I found is that while the municipality's motives were not the only factor that shaped the proceedings, the City's

strategic aims did indeed inform the approach to collaborative process variables such as membership, meeting format, and the functioning of the group.

## **1.1 Context**

### **1.1.1 The Emergence of Collaborative Governance**

From public sector innovation labs (PSILs), to participatory budgeting, municipal governments are increasingly experimenting with social innovation processes, including collaborative governance, as ways of dealing with complex problems such as poverty and climate change. While it can take many forms, collaborative governance goes beyond simple interaction or transactional relationships, and includes the “processes and structures of public policy decision making and management that engage people across the boundaries of public agencies, levels of government, and/or the public, private and civic spheres in order to carry out a public purpose” (Scott & Thomas, 2017, p. 18). Scholars have described it as a “revolution in governing” and “the new paradigm for governing in democratic systems” (Emerson, Nabatchi, & Balogh, 2012).

### **1.1.2 The Downloading of Governmental Responsibilities**

This emerging form of public administration takes place in the context of shrinking resources due to the downloading of responsibilities from higher levels of government as result of neoliberal policies (Shields & Mitchell, 1998). Since the end of the post-Second World War economic boom that facilitated the creation of the Keynesian social welfare states system, a climate of public sector downsizing shaped by state fiscal stress and economic globalization has materialized (Shields & Mitchell, 1998). “The old social contract that was forged around the Keynesian social welfare state has come undone. Consequently, one of the chief challenges for democratic governance today is to construct a new social contract that can balance fiscal and global imperatives with an understanding and practice of equity” (Shields & Mitchell, 1998, p.17). Governments are having to do more with less, while meeting higher expectations of social justice. Without a commensurate increase in funds, cities find themselves saddled with increased costs, and many municipal governments have come to pursue gentrification as a capital accumulation strategy to address added duties and gaps in

funding from senior levels of government. The City of Vancouver has increasingly come to rely on real estate development through the use of Community Amenity Contributions (CACs), in-kind or cash contributions provided by property developers when City Council grants development rights through rezoning, as described by Regan & Hall:

“As senior Canadian governments turned to more neoliberal policy stances starting in the 1980s and 1990s, local governments came to rely more and more on real estate development to fund the gaps left by their retreat. This has been done through aggressive up-zoning to maximize property values, and with such tools as Development Cost Levies and Community Amenity Contributions collected by the City to fund both essential infrastructure and desired public amenities. Despite the retrenchment of funding for cities from senior governments over the past few decades, critical voices have observed that local government risks becoming ‘addicted’ to these value-capture tools that are a feature of neoliberal entrepreneurial cities seeking to leverage development as a means to finance growth (Condon 2014; Ladner 2014)” (Regan & Hall, 2018, p.57).

This is an economic model that brings with it challenges in terms of equity and social inclusion (Regan & Hall, 2019) - for instance, rental units or multiple-family dwelling being incentivized to be built on arterial roads while the quieter side streets are left for the single-family dwellings, or the proportionally inadequate number of social housing units required in exchange for density. The City may seek to mitigate equity-related concerns brought about by this real-estate economic model through the use of participatory tools like collaborative governance processes. While collaborative governance models are time-consuming and therefore costly to conduct, they can provide access to resources such as stakeholder expertise (and can potentially result in cost-sharing during implementation), they can respond to an increased demand for transparency and public engagement, and can serve to legitimate City decisions.

### **1.1.3 Changing Expectations of Government**

Positive public perception of and trust in government has been declining. In addition, Shields and Mitchell describe the loss of state autonomy that globalization has engendered, and how neoliberal discourse has pushed for a leaner state that has shifted away from the social and economic rights of citizens:

“It is no exaggeration to pronounce that government is in a state of profound crisis, which has helped pave the path for widespread structural transformation. Both the institutional legitimacy and the political

sovereignty of governments are under mounting challenge (Purchase and Hirshhorn 1994: 1). Large numbers of people have come to the conclusion that government is being done poorly, and trust in public officials, both elected and non-elected, continues to fall (S. Peters 1995: Ch. 6). There is widespread belief that taxes are too high for the services being delivered, especially where there exists at least the perception of ever higher taxes to pay for the delivery of ever fewer public services. There is also a strong sense that the bureaucracy is failing to provide public services that are fully responsive, accessible and reliable (Seidle 1995: 2, 10). A disaffected public, the loss of public policy autonomy and state fiscal concerns have all resulted in increased scrutiny and questioning of the way in which the business of government is done. Public administration is under intense pressure to reinvent itself, to “get government right” and to adapt to radically changed economic and social circumstances and the commensurate new policy environment” (Shields & Mitchell, 1998, p.14).

The call for government to re-invent itself, re-structure its bureaucracy, and run things differently includes a re-thinking of the role of citizens.

“In fact, others have suggested that we will need to move beyond “reinventing government” and its concerns with the size and management of the public service to the broader and fundamental issue of “reinventing governance.” The latter is concerned with the link and relationship between governments and citizens (Seidle 1993b: 213) and the structure and nature of democracy itself. On this score, there has been considerable movement directed towards the reshaping of citizenship rights, expectations and obligations and the commensurate roles of government with respect to these. What is being debated and politically contested is the very fate of the post-war social compromise that has characterized liberal democratic capitalism since 1945” (Shields & Mitchell, 1998, p. 11).

Citizens’ evolving needs and expectations of government exist in tandem with broader trends of changing notions of authority and expertise (Torfing & Ansell, 2017). Sirianni (2009) speaks to rising public expectations for deliberation and inclusion, and declining trust in the political process as evidence for the need for governments to embrace the role of ‘civic enabler’, designing public policy and administration to facilitate “productive engagement and collaborative problem solving among ordinary citizens, civic associations, and stakeholder groups” (p. 1). Corbun echoes this call for increased public participation, underscoring the growing recognition of the value of lived experience:

“Research and decision making in both planning and public health are often criticized for relying solely on professional knowledge at the expense of democratic participation. Such critiques also claim that professional “knowledge elites” tend to view the “public” as largely ignorant of technical

and scientific issues, reflecting a professional loss of confidence in the public's capacity to make sense of complex problems and disputes. However, increasing evidence in the natural sciences, public health, and urban planning reveals that expert assessments can miss important contextual information and need to be tempered by the experiences and knowledge offered by lay publics" (2004, p.543).

The increase in the number of participatory processes in recent years can be linked to the many compelling reasons to deepen democracy through direct citizen participation: resource constraints in the public sector, an increasing demand for citizen engagement and a greater ability to do so via advances in technology, intensifying legitimation deficits of representative government, and the growing recognition of the rights of equity-denied groups (Fung, 2015, p. 513). Shields and Mitchell posit that while liberal forces seek to ameliorate government and conservative forces question the value of government, the heart of the issue is about societal power sharing:

"[T]he crisis of the welfare state is not unidimensionally fiscal in nature—there is a crisis of legitimacy stemming from Keynesian/Fordist methods—but the mere transformation of these structures will not guarantee a restoration of legitimacy. To this extent Mulgan (1991) is nearer to the point when he speaks of a crisis of purpose, for this is at the heart of the debate over the future of the public sector in which neo-liberals contest the very existence of the public sector while the broad left counters with proposals to reform it. We should not make this the crux of the debate, because it allows the left to fall into the trap of making the technicalities of public sector reform the centrepiece of its political program, in much the same way as it did with Keynesianism. Rather, the debate is about power and, more broadly, the distribution of power in civil society, which is reflected in the apparatus of the state" (1998, p.122).

In chapters 4 and 5, I will seek to explore the ways in which the issues of legitimacy, equity, power, and lay expertise prompted the formation of the HCLT.

#### **1.1.4 Setting the Table: Collaborative Process Variables**

Ansell and Gash emphasize the importance of how 'the table is set' prior to collaborative undertakings: "the literature is clear that conditions present at the outset of collaboration can either facilitate or discourage cooperation among stakeholders and between agencies and stakeholders" (Ansell & Gash, 2007, p. 550). They outline four broad 'collaborative process variables'; the first three variables (starting conditions, institutional/process design, and leadership) are all seen as critical contributions or

context for the fourth and final variable, the collaborative process itself (Ansell & Gash, 2007).

Starting conditions include power-resource-knowledge asymmetries, incentives for and constraints on participation, and prehistory of cooperation or conflict; these “set the basic level of trust, conflict, and social capital that become resources or liabilities during collaboration” (Ansell & Gash, 2007, p. 550). Institutional design (also referred to as ‘process design’) includes participatory inclusiveness, forum exclusiveness, clear ground rules, and process transparency; these design features set the foundation and tone, and are critical for procedural legitimacy. Effective leadership that is both credible and capable of addressing power imbalances is a crucial factor in stewarding the process and managing the interpersonal dynamics and momentum. All the aforementioned variables exert influence on the collaborative process itself, made up of a virtuous cycle between face-to-face dialogue, trust-building, commitment to process, shared understanding, and intermediate outcomes (Ansell & Gash, 2007).

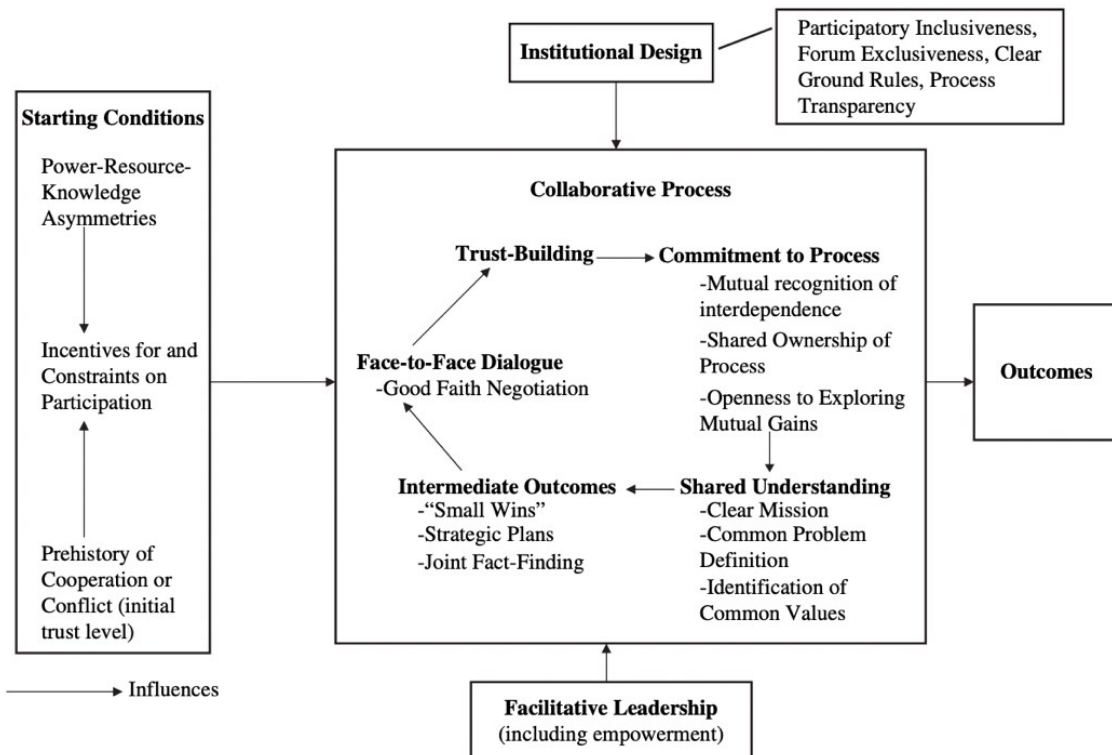


Figure 1. A Model of Collaborative Governance (Ansell & Gash, 2007, p.550)



### **1.1.5 Research Question**

Municipal governments may embark upon a collaborative governance process for a variety of reasons: to recruit expertise, to increase inclusivity, or to secure public buy-in for instance. My research question, ‘how did the City of Vancouver’s motivation for undertaking a collaborative governance process for its Healthy City Strategy influence the configuration and therefore the unfolding of the process?’, seeks to look at the ways in which key conditions such as process design, starting conditions, and leadership were shaped by the municipal motives underlying the collaboration. This research focuses on the City of Vancouver’s 2014-2017 35-member Collaborative Leadership Table for its Healthy City Strategy (the municipality’s social sustainability plan). The HCLT was comprised of leaders from the public, private, and civil sectors, “such as senior government, early childhood development, social justice, public health, business, education, arts and culture, and senior city staff” (City of Vancouver, n.d.). This research looks at the City’s reasons for choosing to initiate a collaborative process, and the ways in which the “why” determined the “how”.

### **1.1.6 A Healthy City For All: Vancouver’s Healthy City Strategy 2014-2025 (Phase 1)**

‘A Healthy City For All: Vancouver’s Healthy City Strategy 2014-2025 (Phase 1)’ is the CoV’s social sustainability plan, and represents the third pillar (social sustainability) in the City’s long-term sustainability plan, which includes the Greenest City Action Plan (ecological sustainability) and the Vancouver Economic Action Strategy (economic sustainability). The introductory message from Mayor Gregor Robertson references the more than 10,000 people reached through the Talk Healthy City for All public engagement in the development of the HSC, as well as the review of international research and best practices, the consultation with key stakeholders and experts from both Vancouver and elsewhere, the Memorandum of Understanding (MOU) with Vancouver Coastal Health, and the two Healthy City Summits that took place. Robertson describes the work on this strategy as led by an interdepartmental staff team, and an initially 30-member Leadership Table comprised of a broad range of community leaders. The HCS is comprised of 13 long-term goals along with targets that the City describes as having been chosen according to the following criteria: aspirational, meaningful,

challenging, transformative, collaborative, evidence-based, and measurable (HCS, 2014, p. 12).

1. A Good Start: Vancouver's children have the best chance of enjoying a healthy childhood.
2. A Home for Everyone: A range of affordable housing choices is available for all Vancouverites.
3. Feeding Ourselves Well: Vancouver has a healthy, just, and sustainable food system.
4. Healthy Human Services: Vancouverites have equitable access to high-quality social, community, and health services.
5. Making Ends Meet and Working Well: Our residents have adequate income to cover the costs of basic necessities, and have access to a broad range of healthy employment opportunities.
6. Being and Feeling Safe and Included: Vancouver is a safe city in which residents feel secure
7. Cultivating Connections: Vancouverites are connected and engaged in the places and spaces that matter to us.
8. Active Living and Getting Outside: Vancouverites are engaged in active living and have incomparable access to nature.
9. Lifelong Learning: Vancouverites have equitable access to lifelong learning and development opportunities
10. Expressing Ourselves: Vancouver has a diverse and thriving cultural ecology that enriches the lives of all residents and visitors.
11. Getting Around: Vancouverites enjoy safe, active, and accessible ways of getting around the city.
12. Environments to Thrive In: Vancouverites have the right to a healthy environment and equitable access to livable environments in which they can thrive.
13. Collaborative Leadership for A Healthy City for All: Leaders from the public, private, and civil sectors in Vancouver work in integrated and collaborative ways towards the vision of a healthy Vancouver for all.

The HCS is prefaced by an overview that sets the stage for the City's broad understanding of 'health' and the municipality's role in relation to this topic (which falls outside its mandate):

“In Canada, 80 per cent of the population lives in urban areas, and Vancouver is expected to grow by 23 per cent to an estimated population of 740,000 by 2040. Decisions we make affect the air we breathe and the water we drink; our ability to move about the city; where and in what type of housing we live; what food we can easily access; what kinds of jobs are available; how much and what kind of green space we have; and how connected and included we feel in our neighbourhoods. These ‘determinants of health’ are recognized as having as much influence on health and well-being as biology and genetic endowment. While the City is not mandated to deliver health or social services, as the World Health Organization (WHO) has pointed out, municipalities are well-placed to influence these determinants of health and inequalities. Municipalities also have a responsibility to support and advocate for the health and wellbeing of residents. Through their tools, ranging from policy and regulation to planning, research, and direct services, cities can have significant effects on the well-being of their residents. The Healthy City Strategy builds on work that began in Canada almost 30 years ago. In 1986, the WHO convened the First International Conference on Health Promotion, which resulted in the Ottawa Charter for Health Promotion” (HCS, 2014, p.4).

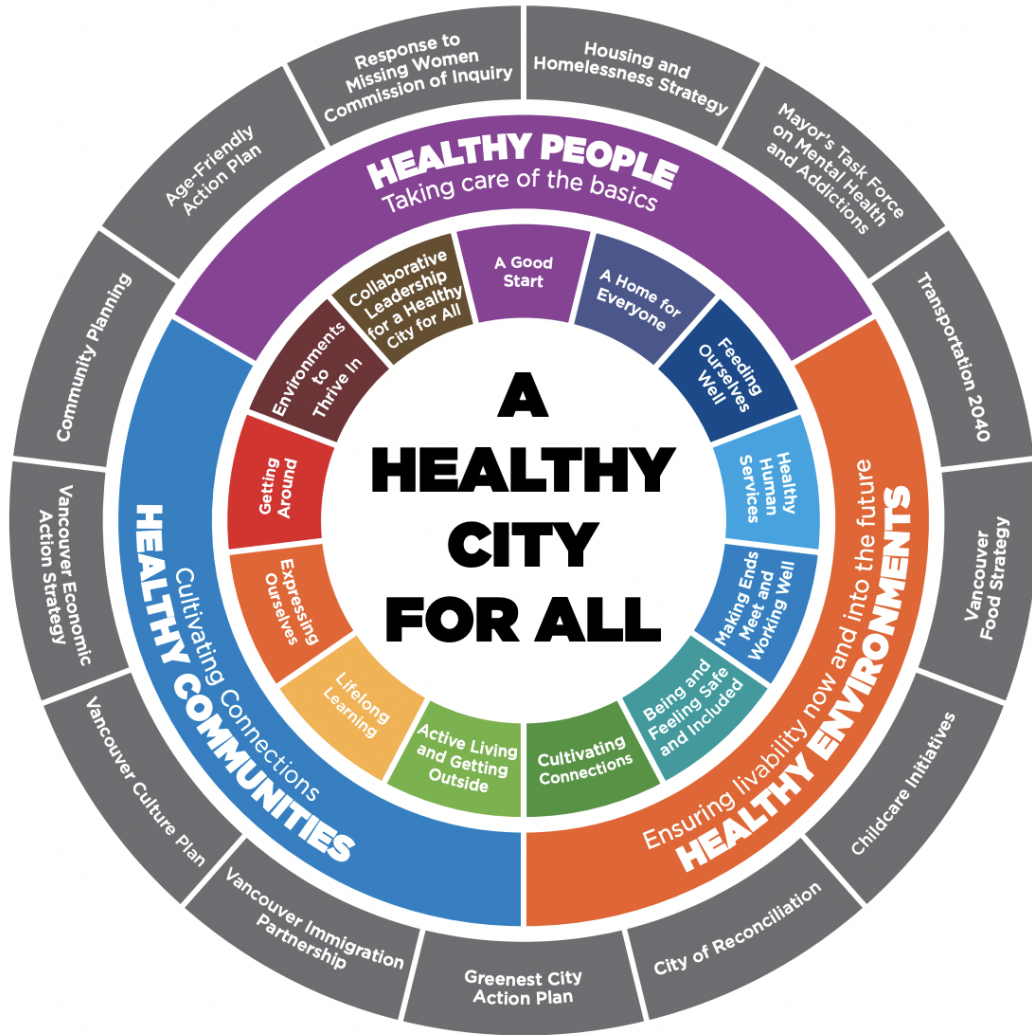


Figure 2. City Tools For Health and Well-Being (Healthy City Strategy, 2014, p.7)

### **1.1.7 Healthy City Strategy – Four Year Action Plan 2015-2018 (Phase 2)**

The Healthy City Strategy – Four Year Action Plan 2015-2018 (Phase 2), the action plan that emerged from the strategy, is comprised of 19 action items deemed high priority that were developed in consultation with the HCLT, an interdepartmental staff team, key stakeholders such as provincial and federal governments, public institutions, foundations, the private sector, and the public; engagement efforts resulted in over 1,300 ideas and an initial list of 112 potential actions). The Action Plan was approved by City Council in July 2015, and the document speaks to the fluid and iterative approach required for implementation due to the collaborative nature of the undertaking:

“The actions were selected for the significant impact they will have given they cross cut multiple Healthy City Strategy goals and targets. These actions augment existing plans or fill in gaps where strategies do not exist, and will guide the work of the City for the next four years. Implementing these actions will depend on a high degree of collaboration between City departments and with external organizations, the Leadership Table, and Vancouver residents. Some actions are identified as “Quick Starts” and can be implemented within 12-18 months; others are more complex, require further scoping and will take longer. In several cases, actions will be phased in during the four-year time period and are dependent upon availability of resources and capacity of staff and partner organizations to lead and implement initiatives. Due to the extensive partnerships and collaboration inherent in social innovation, the details of implementation will evolve over time. To begin with, the actions are presented as concepts: including enough description to show intent and anticipated outcomes, but allowing for flexibility and experimentation in delivery. Ongoing learning and improvement will occur as details are fleshed out throughout implementation” (HSC Action Plan, 2015, p.8).



**Figure 3. Vision, Focus, and Goal Areas of the Healthy City Strategy (HCS Action Plan, 2015, p.7)**

### 1.1.8 A Healthy City for All Leadership Table

The HCLT membership, described as “representatives from: all levels of government; health and service providers; researchers and academics; non-governmental organizations (NGO) and community alliances working in the health, social, arts and culture sectors; agencies involved in services for immigrants and refugees; Vancouver Board of Education; philanthropic foundations; and credit unions” (HCS, 2014, p.8) shifted in composition over the years. It was initially made up of 30 members, with 5 additional members added in January 2016; HCLT membership also changed on the City’s side when Dr. Penny Ballem was voted out as City Manager by

City Council in September 2015 (and therefore lost her role as HCLT Co-Chair) while Sadhu Johnson became Acting City Manager (and thus the new HCLT Co-Chair).

**Table 1. A Healthy City for All Leadership Table Members (City of Vancouver, n.d.)**

<b>SADHU JOHNSTON</b>	City Manager, CoV (Co-Chair)
<b>DR. PATTY DALY</b>	Chief Medical Health Officer, VCH (co-chair)
<b>MICHAEL ANHORN</b>	Executive Director, CMHA, Vancouver and Burnaby
<b>JANET AUSTIN</b>	CEO, YWCA
<b>KEVIN BARLOW</b>	CEO, Metro Vancouver Aboriginal Executive Council
<b>DAVID R BOYD</b>	Co-chair of Greenest City Action Team, CoV
<b>DEB BRYANT</b>	CEO, Association of Neighbourhood Houses of BC
<b>STEVE BUTZ</b>	CEO, YMCA
<b>MARY COLLINS</b>	Director of the Secretariat, BC Healthy Living Alliance
<b>DAVE DOIG</b>	Director, Grants and Community Initiatives, Vancouver Foundation
<b>AL ETMANSKI</b>	Co-chair, BC Partners for Social Impact
<b>NATASHA GOLBECK</b>	Director Strategic Deployment, VCH
<b>MATT HERMAN</b>	Executive Director, Healthy Living Branch, Population & Public Health, BC Ministry of Health
<b>MAGGIE IP</b>	Patron and Founding Chair, SUCCESS
<b>CHIEF ROBERT JOSEPH</b>	Reconciliation Canada
<b>DR. PERRY KENDALL</b>	Provincial Health Officer, BC Ministry of Health
<b>KATHY KINLOCH</b>	President, BCIT
<b>ISOBEL MACKENZIE</b>	Seniors Advocate, British Columbia
<b>KEVIN MCCORT</b>	CEO, Vancouver Foundation
<b>HEATHER MCKAY</b>	Director, Centre for Hip Health and Mobility
<b>MICHAEL MCKNIGHT</b>	President and CEO, United Way of the Lower Mainland
<b>ADRIENNE MONTANI</b>	Provincial Coordinator, First Call: BC Child and Youth Advocacy Coalition
<b>EYOB NAIZGHI</b>	Executive Director, MOSAIC
<b>STEPHEN OWEN</b>	Public Policy Mediator
<b>LUCILLE PACEY</b>	President and CEO, Arts Umbrella
<b>DENNIS PADMORE</b>	Executive Director of Service Vancouver/Richmond, BC Ministry of Children and Family Development
<b>AJAY PATEL</b>	Dean, International Education, Langara College
<b>ELLEN PEKELES</b>	Senior Vice President, Operations,
<b>CHARLES PERRIN</b>	Founding member of The Learning City
<b>TRACY PORTEOUS</b>	Executive Director, Ending Violence Association

<b>BOB RENNIE</b>	President and CEO, Rennie Marketing Systems
<b>SCOTT ROBINSON</b>	Superintendent, Vancouver School Board
<b>AART SCHUURMAN HESS</b>	CEO, Greater Vancouver Food Bank Society
<b>MICHAEL SPOWART</b>	Regional Director, Western Region, Public Health Agency of Canada
<b>ROB TURNBULL</b>	CEO, Street to Home Foundation

### 1.1.9 Relevance

Collaborative governance is a rapidly emerging field, and academics have recognized a gap in the related literature: “The growth of innovative collaborative governance systems has outpaced scholarship—researchers, practitioners, and students are working hard to understand how such systems emerge, what makes them work, and whether they are producing their intended effects “(Andrews & Entwistle, 2010, p.718). This project aims to help fill that gap in scholarship by examining the ways in which the ‘why’ that precedes the establishment of these collaborative systems influences the ‘how’ of their formation, and to add to the literature about the ‘legacy of practice’ of the use of participatory methods in Vancouver, as the effects of innovation are cumulative, and work undertaken through any singular municipal strategy lays the foundation for sustained bureaucratic and social change in the future (Regan & Hall, 2019).

How a municipality understands an issue is necessarily tied to the method it selects to address it (be it by way of a collaborative process, unilateral action, bilateral agreements, or public consultation methods for instance). In choosing a collaborative method, the process convener will make decisions that take place prior to the first gathering of the participants, which will have effects on the proceedings that ensue. Bryson et al. (referring to Alter, Hage, Provan, and Kenis), note that “the nature of the task to be addressed could be expected to have a significant impact on the membership, structure, and process of an interorganizational network” (Bryson et al., 2015, p. 652). Purdy reminds us that the convener’s understanding of the issue at the heart of any given collaboration affects whose presence is requested to address the problem: “participation is often determined by leaders whose interpretation of the situation determines which stakeholders are invited to collaborate and which are excluded” (2012, p. 411), and that “the decision making of process design occurs before the actual content of the collaboration occurs” (Purdy, 2012, p. 411). Purdy goes on to note that

according to Bingham (2009) there is a shortage of public administration research focused on collaborative process design, which Purdy describes as the “where, when, and how of collaborative governance, influencing the nature of interaction and the modes that are used for communication and decision-making” (Purdy, 2012, p. 411); the design is also connected to participants’ perceptions of fair treatment, sense of equality within the group, and satisfaction with procedural outcomes.

Understanding the correlations between motives and process design can allow local governments to make informed decisions as to whether a participatory process is the best tool for a particular set of circumstances. By more fully appreciating the ways in which particular local context creates specific opportunities and constraints, municipal governments can be deliberate in their use of collaborative mechanisms, as these processes require significant investments of resources (Huxham et al., 2000). If a municipality decides that they do indeed want to pursue a collaborative path, understanding how best to connect their primary aims to process variables can help them refine their initial decision-making. As Bryson et al. conclude, there is no one-size-fits-all approach to collaboration, but research can help provide direction nonetheless. “Theory, empirical research, and practice all reveal that because cross-sector collaborations are so complex and dynamic and operate in such diverse contexts, it is unlikely that research-based recipes can be produced. Probably the best that research can offer is design guidance (Romme & Endenburg 2006) and what Huxham and colleagues have called “handles for reflective practice” (Huxham & Vangen 2005; Popp et al. 2014)” (Bryson et al., 2015, p. 658).

I chose this case study as it represents an ambitious collaborative process that the CoV has undertaken to date. It is important in relation to my research question because the City was the convener, and therefore ultimately had a large part in shaping the process, and because the unique political and environmental context of each city contributes to its motives, and the tension between Vancouver’s largely progressive values and its status as a one of the most expensive cities in the world make it a complex locale to examine. Desroches describes how these realities can be at odds:

“As Andersen and Ploger (2007) highlight, urban policies of Western cities are in tension between two opposing trends in terms of goals and effects, i.e. the inclusive city and the entrepreneurial global city. Even if local governance is based on an inclusive rhetoric, stakeholders may have a



strong disagreement on the interpretation of the way to translate its principles into real actions. Also, this consensual and inclusive rhetoric can be used to legitimate exclusive policies (Galvis, 2014), to marginalize the needs and the realities of certain groups (Imrie, 2013; Karsten, 2009; Raibaud, 2015) or to foster economic development (Dabinett, 2010; Lees, 2003)” (Desroches, 2017, p. 100).

My research looked at the ways in which the tensions between those two trends showed up in the HCLT.

### **1.1.10 What Follows**

The following chapters will explore the research question in greater depth, beginning with a conceptual framework in Chapter 2. This framework includes an analysis of three bodies of literature that situate my research question, namely: the complex challenges faced by Canadian cities today & the necessity for collaboration, municipal motivations for undertaking collaborative processes, and social justice as a central aim of both collaborative governance and of the Healthy Cities approach. Chapter 3 is an overview of my research design, including case selection, research methods, and data collection. Chapter 4 establishes the political context at the time of the HCLT, and a timeline of key events that took place during the collaborative process. In Chapter 5 I present the results of my data collection as connected to collaborative process variables (the ‘who’, ‘what’, ‘how’), and to municipal motives for using a collaborative format in the first place (the ‘why’). Chapter 6 is an analysis of the results as related to my research question and to the literature, while Chapter 7 outlines the conclusions and limitations of this research project along with opportunities for further study.

## **2. Conceptual Framework**

Having discussed in the previous chapter the context that has contributed to public desire for new forms of democratic administration such as collaborative governance, in this chapter I will explore three bodies of literature that will set the stage for my analysis of this particular case study. This conceptual framework will then be employed in Chapter 5 to interpret the results of my data collection in terms of collaborative process variables (the 'who', 'what', and 'how' of the collaborative process), as well as the municipal motives for using a collaborative format in the first place (the 'why').

### **2.1. Bodies of Literature**

My conceptual framework is based on three bodies of literature:

- The complex challenges faced by Canadian cities today & the necessity for collaboration via inter, intra, and extra-governmental partnerships
- Municipal motivations for undertaking collaborative processes
- Social justice as a central aim of collaborative governance and of the Healthy Cities approach

The first body of literature examines the multi-faceted contemporary issues that municipalities are contending with, such as the widening income gap, climate change, and ageing populations. I will also examine factors particular to the Canadian context, such as cities' dependence on senior levels of governments for decision-making authority, and the lack of money to execute decisions due to the national governance framework and revenue structure. These pieces of scholarship will also serve to highlight the necessity for collaboration across organizational boundaries in order to access the resources, expertise, legitimacy, and authority needed to effectively address the aforementioned types of urban challenges, as well as the emergence, practice, and scholarship regarding various models of collaboration.

The second body of literature will explore municipal motivations for selecting a collaborative tool such as a participatory process to address public issues.

The third body of literature will look at the ways in which social justice aims are embedded in collaborative governance, as well as to the Healthy Cities movement and approach.

## **2.2. Complex Challenges & the Need for Collaboration**

Rittel & Webber (1973) emphasize the importance of recognizing the difference between societal and scientific or engineering problems. They term social problems (which include nearly all public policy issues) 'wicked problems', clarifying that they do not mean the problems are ethically deplorable: "We use the term "wicked" in a meaning akin to that of "malignant" (in contrast to "benign") or "vicious" (like a circle) or "tricky" (like a leprechaun) or "aggressive" (like a lion, in contrast to the docility of a lamb)" (Rittel & Webber, 1973, p. 160). The authors describe wicked problems as ones with neither a definitive formulation nor solution:

"Planning problems are inherently wicked. As distinguished from problems in the natural sciences, which are definable and separable and may have solutions that are findable, the problems of governmental planning--and especially those of social or policy planning--are ill-defined; and they rely upon elusive political judgment for resolution. (Not "solution." Social problems are never solved. At best they are only re-solved--over and over again.)" (Ritter & Webber, 1973, p.160).

Head & Alford (2015) state that while government organizations are well-suited to implementing public policies and delivering services when it comes to routine and standardized tasks, they are less well-suited to handling 'wicked problems', those that are "complex, unpredictable, open ended, or intractable" (p. 712). Torfing & Ansell make the connection between such multi-faceted problems, and the need for innovation:

"Our point of departure is the urgent need for policy innovation in our increasingly complex and globalized societies in which a growing number of deep-seated and emerging problems appear to be 'wicked and unruly' (Hofstad and Torfing, 2015; Ansell and Bartenberger, 2016). Problems like climate change, congested cities, integration of refugees, protection of natural resources and social inequalities in health and education are hard to define and even harder to solve due to a complex mixture of cognitive and political constraints. They can neither be solved by standard solutions nor by increasing public spending, but call for innovative out-of-the-box solutions that can break the trade-offs between conflicting goals and externalities that seem to prevent their solution" (Torfing & Ansell, 2017, p.1).

The multi-faceted nature of systemic urban challenges that cities are contending with, such as housing insecurity and the opioid crisis, often requires a sharing of resources and risks that is better achieved through the integration of collaborative or horizontal governance efforts with traditional vertical structures of government (Rogers & Weber 2010), and with extra-electoral citizen participation in addition to the recalibration of inter and intra-governmental relations. The CoV was certainly contending with ‘wicked problems’ prior to and during the HCLT’s tenure, with homelessness and the drug poisoning crisis being particularly prominent issues at the time (and to this day).

### **2.2.1. Canadian City Context**

The City of Vancouver is a coastal seaport city on the mainland of British Columbia, located on the unceded homelands of the *xʷməθkʷəy̓əm* (Musqueam), *Sḵw̓x̓wú7mesh* (Squamish) and *səlilwətał* (Tsleil-Waututh) Peoples who have lived on this territory since time immemorial. The colonial settlement known as the CoV turned 130 years old in 2016. It is 114 square kilometres (44 square miles) in size, has a population of 631,486 (according to the 2016 census), is the largest city in British Columbia, and the eighth largest municipality in Canada. The Greater Vancouver metropolitan area (which includes neighbouring cities such as Burnaby, Richmond, and Surrey) is the third largest in Canada (City of Vancouver, n.d.). Metro Vancouver (formerly known as the Greater Vancouver Regional District) is a federation of 21 municipalities, one Electoral Area and one Treaty First Nation that collaboratively plans for and delivers regional-scale services (Metro Vancouver, n.d.).

In 1986, the CoV hosted Expo 86, the World Fair that marked the City’s centenary, accelerated its transition to a more cosmopolitan identity, and attracted global real estate investment. Regan & Hall note that this mega-event set the City on its course towards a post-industrial real estate model of urban development with the attendant increased costs of living and inequities: “It is in this decisive turn towards a post-industrial real estate-based model of urban growth, which Vancouver shares with other cities in Canada and elsewhere (Olds 2001), that we find the sources of the current urban sustainability challenges and tensions” (Regan & Hall, 2018, p.58).

While all cities grapple with complex social issues such as poverty and systemic racism, Tindal et al. (2017) note that Canadian municipalities are in a constitutionally

weak position, dependent on their respective provincial governments; as Regan & Hall (2018) note, from the 1990s onward “they have experienced strain as an increasingly broad and complex set of responsibilities traditionally falling under the work of senior government ministries has been downloaded onto them” (p. 57). Municipalities have resorted to corporate strategies to cope with these additional fiscal burdens, such as land development and place marketing in order to attract investment and compete with other municipalities, often “without substantive debate or policy choice” (Bradford, 2016, p. 661). Enacting these corporate strategies with minimal or token public input can have negative effects on public perceptions of municipal governmental legitimacy. In addition to seeking the expertise, technology, relationships, and financial resources non-government partners may contribute to a joint endeavour (Bryson et al., 2015), municipal governments may wish to collaborate to be seen as more transparent, accountable, and responsive. The HCS (as a social sustainability initiative) and the HCLT may have been a way for the City to grapple with the public’s anxieties and frustrations brought on by the rising costs of living in Vancouver, and perceptions that municipal corporate strategies may be exacerbating rather than alleviating these issues.

### **2.2.2. Former Governing Approaches**

Forms of public administration and decision-making have changed over the years in response to changing needs and expectations of government. Head & Alford (2015) outline the dissatisfaction that emerged in the 1970s with rational-technical approaches to decision-making that assumed that adequate information alone would lead to the efficient achievement of specified objectives. Systems theory-based critiques argued that problems are interrelated, context-dependent and cannot be understood or addressed in isolation, social policy scholars pointed out that technical rationality is unequipped to take into account the role that values play in terms of orientation towards major social issues, and planning academics claimed that top-down ‘engineered’ solutions were not appropriate for increasingly pluralistic societies (Head & Alford, p. 2015, p.713). Head & Alford (2015) note that traditional hierarchical forms of public administration centered around compliance are not conducive for contending with wicked problems which are linked to “social pluralism (multiple interests and values of stakeholders), institutional complexity (the context of inter-organizational cooperation and multilevel governance), and scientific uncertainty (fragmentation and gaps in reliable

knowledge)” (p. 716), and that collaborative ways of working may be helpful in better understanding the nature, underlying causes, and provisional solutions to these problems.

Emerson and Nabatchi (2015) note that for more than twenty years, emerging systems of collaborative governance have piqued the interest of scholars and practitioners in multiple fields, including political science, public administration, public management, planning, conflict resolution, and environmental studies, and that the growth of innovative collaborative governance systems has outpaced scholarship (p.23), pointing to a need for further academic inquiry. As set forth in the introduction, Ansell & Gash (2007) define collaborative governance as “a governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented, and deliberative and that aims to make or implement public policy or manage public programs or assets” (p. 544), which is the definition I chose to work with. The direct involvement of non-state stakeholders in the decision-making process is part of what allows the authors to consider a variety of partnerships as constituting ‘collaborative governance’: “advisory committees may be a form of collaborative governance if their advice is closely linked to decision-making outcomes” (Ansell & Gash, 2007, p. 546). They ascribe the emergence of collaborative governance to failures of downstream intervention, the high cost and politicization of regulation, a lack of accountability, and changing notions of expertise; they also attribute the trend towards collaboration to the growth of increasingly specialized knowledge and complex institutional infrastructures (Ansell & Gash, 2007, p. 544).

Collaboration across organizational boundaries has many benefits. Rogers & Weber (2010) note that while progress has been made in the analysis of ‘process’ outcomes (such as getting diverse interests to make jointly agreed decisions), ‘social’ outcomes (such as improved social capital, creation of shared meaning, increased trust among participants), outcomes affecting systemic collaborative capacity (such as changes in network structure and shifts in power distribution), and the identification of second- and third-order consequences (such as norms of interaction and expectations), there remain gaps for practitioners and scholars alike in recognizing and measuring the impacts of collaborative governance using conventional frameworks. Rogers and Weber point out that developing systemic collaborative capacity can be a valuable outcome:

“Or are we missing creative, important, and useful outcomes that may well be unique to governance arrangements as opposed to those associated with more narrowly focused and hierarchically or vertically inclined efforts (Kettl, 2002). Put differently, are outcomes about more than just legal compliance and improved substantive policy outcomes (e.g., improved environmental quality or higher test scores) for a particular agency, or are they also about the development and application of innovative new methods for developing the capacity to resolve difficult policy problems across agency, jurisdictional, and public problem domains?” (2010, p. 547).

Skill transmission and joint learning are outcomes/benefits that can change mental models, and go beyond any single innovation process to create a legacy of practice that will lead to changes that are sustained in the bureaucracy and in civil society over time (Regan & Hall, 2018, p. 69).

While my research is not specifically focussed on evaluating the outcomes of the HCLT, it is relevant to consider what the CoV as the convener understood to be the desired outcomes of the collaborative process, and how that understanding shaped the process formation & structure. It will also be useful to consider whether these desired outcomes were co-developed with, communicated to, or shared by the group. Mismatches between the outcomes sought and anticipated by the CoV and by the members of the HCLT would necessarily colour the way participants perceived the usefulness of the collaboration.

### **2.2.3. Innovation**

Sorensen & Torfing emphasize that while all innovation involves change, not all change is innovative, and they concur with Hartely’s (2005) definition of innovation as “the development and practical realisation of new and creative ideas in order to produce some added value” (Sørensen & Torfing, 2015, p. 147), which includes the features of implementation and improvement. They note that while innovations can be small, incremental, and related to products and practices, or large, radical, and tied to operational goals and logic, innovation always involves some discontinuous change, or break with the past (Sørensen & Torfing 2015, p. 147). While the authors state that “[t]he disruptive character of innovation means that it is very different from continuous improvement that aims to enhance the quality of public services through marginal adjustments (Hartley, 2011; Osborne and Brown, 2005)” (Sørensen & Torfing 2015, p. 147), they also specify that local context plays a role in determining whether something

is innovative, as an innovative solution can be the invention of something new, or the adaptation of an innovative solution replicated from elsewhere (Sørensen & Torfing 2015, p. 147). The CoV didn't come up with the Healthy Cities framework, but applied the Healthy Cities principles to the Vancouver context, making the HCLT an adaptation of an innovative solution rather than the creation of an entirely novel concept.

The tendency has often been to perceive innovation as exclusive to the private sector, fuelled by research & development departments, competition and a profit motive, while “[p]ublic innovation was considered an oxymoron as innovation was assumed to be incompatible with institutional inertia and the bureaucratic ‘red tape’ of the public sector” (Sørensen & Torfing 2015, p. 148). Sorenson and Torfing refer to this common misperception as a ‘persistent myth’, and while they acknowledge that the public sector faces sector-specific barriers, they contend that these are balanced by sector-specific advantages (Sørensen & Torfing 2015, p. 148). They stress that while the need for innovation has in part stemmed from outside the public service and can be linked to changing notions of the role of the public sector (which include a much more active and co-productive role for citizens and civil society organizations), the desire for innovation has also more recently come from within the public sector, with policy makers seeking to intentionally stimulate innovation “in response to globalisation, fiscal and demographic pressures and the rising service of citizens and private companies” (Sørensen & Torfing 2015, p. 149). My research concludes that the degree to which the desire for innovation is felt by and acted upon amongst CoV staff members varies significantly from employee to employee, and may be influenced by a wide range of factors such as generational lens, personality, positional rank, workload, and competing priorities.

#### **2.2.4. Social Innovation**

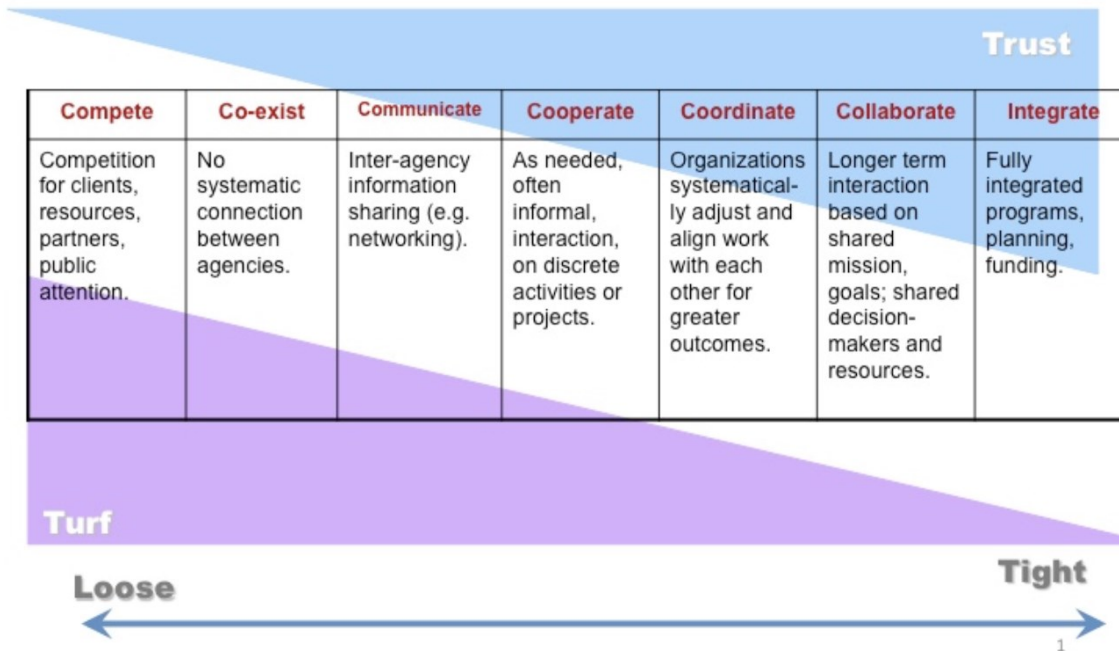
In the 1980s, innovation in relation to the public sector was often tied to achieving administrative efficiencies and contributing to technological advancements (Sørensen & Torfing 2015). The public innovation agenda has since expanded to include the notion of social innovation. Westley et al. (2014) define social innovation as “a complex process of introducing new products, processes or programs that profoundly change the basic routines, resource and authority flows, or beliefs of the social system in which the innovation occurs. Such successful social innovations have durability and broad impact” (Westley & Antadze, 2010, p. 2). This definition speaks to the fact that social innovation



can affect everything from day-to-day functioning, to power, to mental models, but most importantly, the change produced must be meaningful, as well as far-reaching and long-lasting. Collaborative governance can be said to be both a *form* of social innovation, as well as a *vehicle* for social innovation.

While collaborative governance can be seen as a socially innovative method seeking to bring about collaborative innovation to tackle complex problems, it is also useful to clarify what collaboration entails. Sørensen & Torfing note that “[c]ooperation involves the exchange of relevant information and knowledge across organisational and sectoral boundaries, while coordination involves conscious efforts to create synergies and prevent overlaps in public regulation and service delivery. Collaboration, meanwhile, is based on a sustained interaction through which a plethora of actors aim to find common solutions to shared problems” (Sørensen & Torfing 2015, p. 154). They go on to add that collaborating on a problem may transform participants’ shared objectives, roles, identities, and underlying logic, or in other words, that true collaboration often brings about deep internal changes, rather than merely practical or technical ones.

Lastly, governance. According to the Institute of Governance, governance is about power, relationships, and accountability: who has influence, who decides, and how decision-makers are held accountable (Institute of Governance, n.d.). As a general term used in both the private and public sector, ‘governance’ refers to the act of governing, but the term can also in and of itself represent a new method of engagement as distinct from ‘government’, or as Stoker puts it, “governance is about autonomous self-governing networks of actors involved in collective action” (1998, p.18).



**Figure 4. The Collaboration Continuum. Source: Tamarack Institute (Healthy City Strategy Evaluation Final Report, 2017, p.42)**

The December 2017 HCS Evaluation Final Report (a third-party evaluation commissioned by the City of Vancouver and conducted by SHIFT Collaborative to assess the collaboration involved in the development and implementation of the HCS across sectors and stakeholders) describes the HCLT’s place on the collaboration continuum in the following way: “The descriptions from Leadership Table members suggest that their experience is somewhere between “Communicate” and “Cooperate,” quite a distance from true collaboration. Internally at the City the experience varied, but was typically described as somewhere between “Co-exist” and “Coordinate.”” (HCS Evaluation Final Report, 2017, p.43).

## 2.3. Municipal Motives

### 2.3.1. Strategic Aims, Structural Constraints, and Public Actor Roles

What prompts a municipality to decide to work on certain policy questions in a collaborative fashion? Teisman & Klijn (2002) note that the trend towards partnership and cooperation in societal decision-making is on the rise (between government organizations, between government and citizens, and between government organizations and private-sector organizations) as a means to manage increased

interdependencies between a range of societal actors (p. 198). Despite this trend towards partnership and collaboration, the motives driving it are understudied.

Scott & Thomas (2017) point to a gap in the scholarship about collaborative governance, citing an underdeveloped examination of the rationale behind using public funds towards collaborative rather than unilateral decision-making and implementation processes (p. 209). They assert that this lack of inquiry into the impetus “is an important theoretical gap and a significant empirical question in light of the considerable time and resources that governments invest in collaborative governance. In short, collaborative governance is time consuming, costly, and has highly uncertain outcomes, and so the reasons why public managers employ collaborative tools merit consideration” (Scott & Thomas, 2017, p.195). While collaborative governance is proven to have many benefits (Scott & Thomas, 2017, p. 195), understanding what motivates public managers to initiate, support or participate in collaborative governance processes is important, as there are considerable expenses related to launching, facilitating, running, and overseeing collective organizational arrangements.

Scholars are quick to point out that cross-sector collaboration is by no means an easy answer to complex policy issues: “Indeed, it is typically frustrating for participants (although sometimes exhilarating as well) and full of opportunities for what Huxham and Vangen (2005) call “collaborative inertia” (Bryson et al., 2015, p. 648). According to Waardenburg (2019) collaborative governance challenges fall into three categories: substantive problem-solving challenges, collaborative-process challenges, and multi-relational accountability challenges. Downsides such as pressure to relate to positions one doesn’t 100% agree with or having one’s agenda re-shaped can be understood through such categorization:

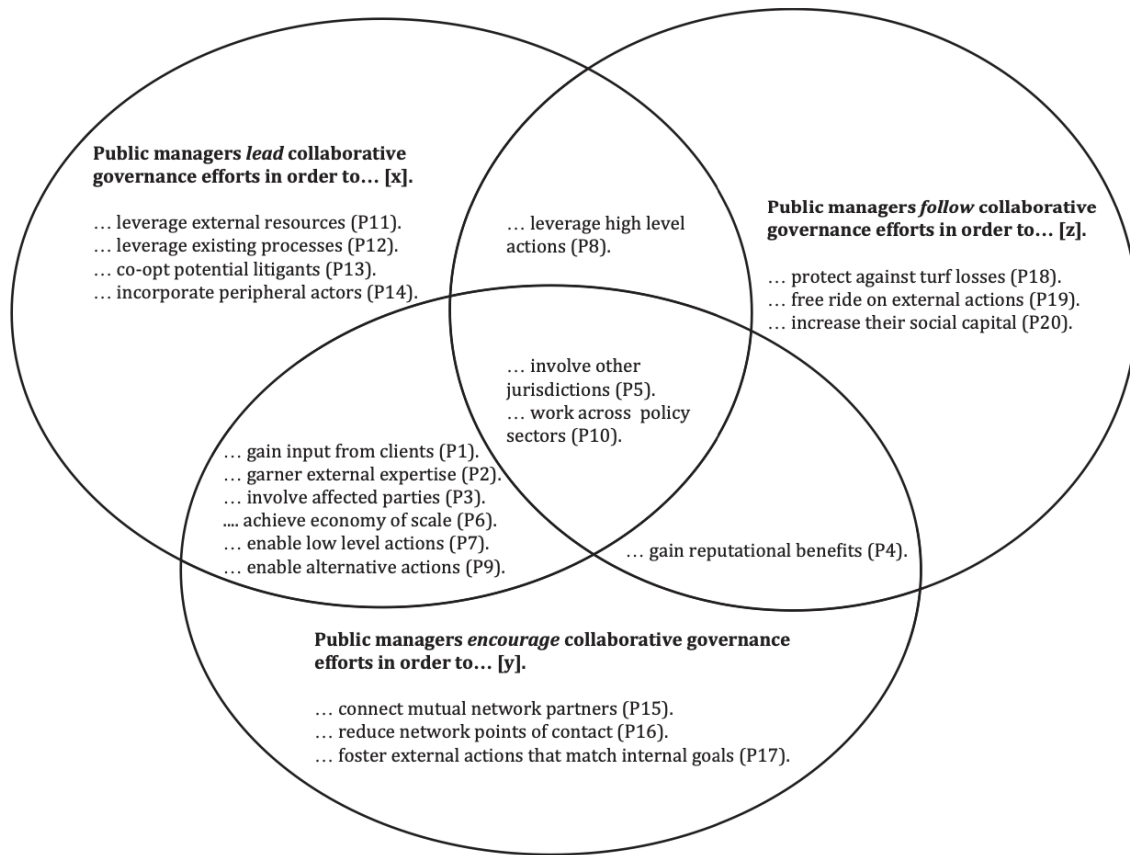
“Substantive problem-solving challenges comprise the technically and politically difficult work of defining the problem a collaboration should work on, developing a collaborative response, and designing measures of success (Waardenburg et al. 2018). Collaborative-process challenges pertain to reconciling different perspectives and interests and building trust. Finally, multi-relational accountability challenges refer to tensions between new channels of accountability, including to other organizations and society at large, and old channels of accountability” (Waardenburg et al., 2019, p.387).

In spite of the numerous challenges, cities choose to engage in collaborative processes, motivated to do so by reasons I will examine below.

**Table 2. Overview of Collaborative Governance Challenges (Waardenburg et al., 2019, p.390)**

Category	Challenges
Substantive problem solving	Identifying, diagnosing, and defining the problem Developing a sound theory of change Measuring performance against the theory of change
Collaborative process	Reaching a shared understanding on goals and approach Building trust among collaborators Generating commitment to the process
Multi-relational accountability	Managing tension with parent organization accountability Accounting to collaboration partners Accounting to (new) external channels of accountability

Scott & Thomas (2017) propose that collaborative governance is always a means to an end, and that City staff have specific strategic intents in choosing collaborative tools rather than policy tools; while policy tools such as government loans and regulations can be used to accomplish public purposes, collaborative governance encompasses a variety of tools to address public problems through inter-organizational coaction such as resource pooling, participatory forums, and formal partnerships. While recognizing that structural conditions such as the fragmentation of policy responsibilities and the limitations of institutional regulations are key drivers of collaborative governance, they argue that “there are specific strategic aims that motivate a public manager to devote funding, staff time, or other resources to a collaborative institution or process (and likewise, reasons why a different manager within a similar structural environment might not)” (Scott & Thomas, 2017, p. 194). The authors go on to put forward twenty propositions that link structural conditions with strategic choices public managers make to employ collaborative governance tools (or not); their propositions are then linked to three main roles public actors can play - leader, encourager or follower (Scott & Thomas, 2017). The CoV would certainly fall under the ‘leader’ role in the context of the HCS. While many Canadian cities likely have similar structural contexts, looking into the CoV’s particular goals will help to reveal why the municipality’s leaders chose to use a social innovation process for the HCS while a comparable urban centre may have chosen a different approach towards its social sustainability initiatives.



**Figure 5. When Public Managers Lead, Encourage, or Follow Collaborative Governance (Scott & Governance (Scott & Thomas, 2017, p.208)**

Scott & Thomas (2017) look at how collaborative governance can be a strategic response to structural conditions (such as a diseconomy of scale in independent production, or organizational mandates and authority which limit the ability to fund certain kinds of recipients or projects). For example, partners' sharing in the production of public services can reduce per-unit production costs, and taking advantage of organizations' unique resources can avoid a duplication of investment (Scott & Thomas, 2017, p.198), while "[i]n instances where a public agency is authorized to act only in certain ways or provide funding only for certain goods or services, issue diversification can be a way to redefine the issue so as to enable more or different actions" (Scott & Thomas, 2017, p.200). Collaboration can be used as a strategy that seeks to improve policy outcomes in a number of ways—"and thereby benefit the public decision maker—by improving policy outputs (either outputs of the decision maker's agency or outputs produced by the collaborative institution), increasing the perceived legitimacy of actions, bridging different levels of institutional hierarchies, increasing the scope or

comprehensiveness of actions, realizing economies of scale, and diversifying what issues are governed” (p. 195). The authors recognize that there may be overlap between these results categories, but that all collaborative processes are employed as measures to address public challenges within specific structural contexts (Scott & Thomas, 2017).

Scott and Thomas (2017) build on Koontz et al.’s 2004 work that identifies the general roles that public servants play in collaborative governance (leaders, encouragers, and followers); public managers take a leadership role when they convene and initiate a collaborative process (p. 201). The authors point out that “while collaboration entails benefits and costs for all participants, the decision calculus for forming and leading a collaborative institution differs from simple participation” (p. 200); the CoV’s motivations as the convener of the HCLT would necessarily have been different than those of other participants. Issue diversification and bridging levels of institutional hierarchies would almost certainly have been considerations for the HCLT, as ‘health’ per se is the purview of the Province.

### **1.1.11 Narratives**

Some scholars have focused on the link between ideas and the choice of policy or collaborative tools, and the role of ideas in inciting joint action. Bradford (2016) argues that today’s most pressing issues are beyond the reach of any one actor, yet localized in their expression, and that under conditions of uncertainty, “ideas play a pivotal role in motivating collective action, channeling policy resources, and shaping governance relations” (p.559). Two ideational dimensions that enter into public policy discourse are the cognitive aspect (knowledge and expectations about causality), and the normative aspect (the evaluative dimension, or the norms and values that motivate actors)” (Braun & Capano, 2010, p. 2). Focusing on the urban scale, Bradford (2016) calls his approach ‘discursive localism’, and describes discourses that join normative and cognitive ideas in mutually reinforcing combinations as ‘integrated policy discourses’ that “express large purposes widely perceived as both legitimate and feasible, situating evidence-based policy programs in wider narratives about civic identity and community meaning” (Bradford, 2016, p. 665). If ideas can motivate collective action, what sort of narratives specific to this particular locale (Vancouver as a green city, an unaffordable city, or a self-proclaimed City of Reconciliation, for example) might have propelled the City to choose collaborative tools, and how might those have influenced the process design?

Alongside the idea of shared narratives inciting collective action, there is the notion of collectively produced knowledge. In their work on multi-level governance and the formation of cross-sectoral knowledge communities, Matiuzzi & Chapple begin by looking at the recurring time a group spends together, and describe the products they jointly produce as a result as ‘boundary experiences’ and ‘boundary objects’:

“Scholars use the terms “boundary experience” and “boundary object” when describing the collaborative production of knowledge at the interface of fields or actors with different epistemological backgrounds (Star and Griesemer 1989, Fujimura 1992). Feldman et al. (2006) define “boundary experiences” as opportunities for repeated interaction among members of a network, or the “shared or joint activities that create a sense of community and an ability to transcend boundaries among participants” (pp. 93–4). These experiences provide time and context for developing a shared knowledge base or understanding of a problem. The outcome of this interaction, such as a report or plan, can provide a “boundary object,” or a touchpoint for communication across fields or ways of knowing, without necessarily representing consensus (Harvey and Chrisman 1998, pp. 1687). However, shared understandings of regional planning problems generated through common experiences may fail to adequately reflect issues that affect marginalized groups without an inclusive network and process of knowledge generation” (Matiuzzi & Chapple, 2020, p.3).

In addition to spending time together, and jointly producing products, how does a multi-stakeholder network develop a shared knowledge base, and become internally cohesive and influential? Beginning with Foucault’s 1970 definition of the term ‘episteme’ as “referring to a set of basic ideas or assumptions that a group of people share, sometimes underlying an entire society or time period” (Mattiuzzi & Chapple, 2020, p.3), Mattiuzzi & Chapple (2020) trace the evolution of the term ‘epistemic communities’, from the 1960s use of it as a way to describe scientists working together voluntarily to define the core problems of their field, to the subsequent generalization of the term to refer to any network of professionals generating knowledge within a field, and later still, the term’s association with a network’s collective power to influence specific policy issues (p.3). They note that the term was further developed to pertain to a particular locale, and to encompass notions of equity and representation:

“Adding a focus on responsiveness to community voices and equitable outcomes, Benner and Pastor (2012) adapt the idea of epistemic communities to cross-sector regional governance networks. They narrow the term to a specific geography, but broaden its application to different policy areas and participation. In their conceptualization, which has roots in collaborative rationality, epistemic communities are regional in scope,

“diverse in their membership and sources of knowledge, and dynamic in their ability to withstand shocks, continuously learn, and adjust over time” (Benner and Pastor 2015, 3). Diversity in this context refers both to the variety of policy fields of professionals and to the different lived experiences that inform the perspectives of participants of different racial and socioeconomic backgrounds” (Mattiuzzi & Chapple, 2020, p.3).

In looking at the HCLT process design, I consider how the ‘boundary experience’ time that was scheduled (through frequency of meetings) and the degree of inclusivity of the network contributed not only to the ‘boundary object’ produced (the HCS), but to the process of collective knowledge generation within the group, and the HCLT’s ability to exert influence on policy makers.

### **2.3.2. Individual Motives**

Institutional decisions to use a collaborative governance process are also impacted by the motives of the individuals within the institutions in question. Gustafson and Hertting (2016) examined individuals’ motives for participating in a collaborative governance process; they found that common good, self-interest, and professional competence were the three most common motives. While it is useful to consider individual motivations, it was important for me to distinguish them from institutional motivations. Jun and Weare (2010) highlight that researchers’ use of individual-level surveys to measure and distinguish between various dimensions of motivations fails to take into account the fact that an organization’s goals are not a simple combination of individual interests; organizations may be motivated primarily by internal operations or by environmental pressures, which the authors believe can be viewed through the two dimensions of the level of the decision, and the goal orientation of the organization (p. 499). While I used individual-level surveys as one of my data collection methods, I assessed City motives not simply by amalgamating participants’ responses, but by using Scott & Thomas’ aforementioned theoretical framework to help uncover institutional rationales.

### **2.3.3. Political Context & Windows of Opportunity**

Bryson et al. recognize that “dynamics in the political environment also can strongly affect the formation of cross-sector collaborations” (2015, p. 652). These dynamics can include notions such as Lober’s (1997) collaborative windows of



opportunity and Kingdon's (1995) notion of policy windows of opportunity, and can significantly impact the formation of cross-sector collaborations (Bryson et al., 2015). Much as Scott & Thomas (2017) noted that structural constraints, though influential, are not deterministic, Bryson et al. make a similar argument with regard to environmental factors:

“Also important is the mix of environmental factors over which managers have little control and strategic choices over which managers have some control. Support from the institutional environment is critical for legitimizing cross-sector collaboration, but it is not easily controlled by local managers. On the other hand, the choices of governing mechanism, stakeholder participants, planning processes, and conflict management techniques, for example, are at least partially within the purview of managerial choice. Research and practice must pay attention to the external environment and also recognize that many of these components represent strategic contingencies that will influence, but not necessarily determine, managerial or collaborative action. Leaders and managers, constrained though they may be, are likely to produce independent effects—in part by design—on collaboration success (Agranoff 2007; Agranoff and McGuire 2003). Future research should explore what the range of those effects might be in different circumstances (Bryson Crosby Stone, 2015, p. 658)”.

The twin crises of drug overdose (due to supply toxicity) and homelessness may have constituted a ‘problem window’ in Vancouver (i.e., a recognized pressing issue combined with a ripe political climate) that contributed to municipal and stakeholder receptivity to employing a social determinants of health lens, to a shared sense of urgency and recognition of the necessity for collaboration, and to institutional support at both the provincial and municipal levels for multi-sectoral collaboration on health-related issues.

#### **2.3.4. Public Participation – A Moral Imperative?**

A growing demand for a more active involvement of citizens in policymaking raises questions regarding what makes public participation worthwhile, and whether it is inherently so. Some scholars speak of the moral imperative for public participation, claiming that meaningful engagement is a core municipal duty, and not merely a tick-box exercise; according to Sirianni, “the public administrator should be held “ethically responsible” for encouraging participation of the citizenry in the process of planning and providing public goods and services” (Sirianni, 2009, p.40). Fung (2015) discusses some broad trends in participatory innovation, including expansion (the far-reaching spread of mechanisms such as participatory budgeting for instance), and scope (the use of

participatory methods to tackle a wider range of issues, up to and including constitutional questions, as was the case in 2004 with the British Columbia Citizen’s Assembly) (p. 514). While acknowledging the impressive diversity in the practice of public participation, Fung cautions that these variations in collaborative process design matter, that “participation is not just good in itself. Carefully crafted—which is not to say manipulated—participation can be an effective means to accomplish the values of good governance (Fung, 2015, p. 514). Process design plays a critical role in aligning outcomes with intentions.

## **2.4. Social Justice: A Central Aim**

Fung (2015) addresses three common aims of collaborative arrangements, noting that “public participation can be a potent means to achieve key democratic values such as legitimacy, justice, and effectiveness in governance” (p. 514). Not only is justice central to this definition of collaborative governance, but it is a core principle of the Healthy Cities approach.

### **2.4.1. Cities & Public Health: Planning and Health Promotion**

While health is a provincial mandate in Canada, it is interesting to consider the role that cities historically played in regards to public health: “during the 18th century, the latter [cities] developed sanitation practices and social programs to improve health conditions, to limit the spread of infectious diseases and to reduce mortality (Hancock, 2002)” (Desroches, 2017, p. 98). Corburn describes the co-evolution of public health, city planning, and civil engineering, and the fields’ shared goal of preventing urban outbreaks of infectious disease; “the emergence of urban planning as a profession and academic discipline had its basis in nineteenth-century public health initiatives, including tenement housing reforms, the construction of urban water supply and sewerage systems, and the design of parks and playgrounds” (2007, p.688).

Canadian public health physician (and the first leader of the Green Party of Canada) Trevor Hancock is one of the founders of the global Healthy Cities movement; he co-authored the original background paper on the subject with Leonard Duhl for the European Regional Office of the World Health Organization (WHO) in 1986. He notes the importance of the urban environment, stating: “We became an urban species early in

the 21st century, with more than half the world's population living in cities. In Canada, four in five live in urban areas (Hancock, 2018, p. E206)". He provides some Canadian context regarding the historic links between urban planning and public health:

"In 1914, the Public Health Committee of the federal Commission on Conservation (the equivalent of what today would be a Commission on Sustainable Development) invited Thomas Adams, a leading British town planner, to Canada. He laid down the basis of town planning, and thus the roots of urban planning were closely linked with public health a century ago. Over the ensuing decades, as the focus of health became more biomedical than environmental and social, these links were lost" (Hancock, 2018, p. E206).

Desroches describes the emergence of health promotion as a concept (as opposed to health care), and the attendant policies that seek to impact the social determinants of health; the Healthy Cities approach is based on health promotion, and aimed at strengthening cities' role in regards to public health. Desroches describes this connection as directly related to social justice: "This [Healthy Cities] strategy aims to increase municipalities' involvement in public health, thus, it seeks to strengthen the bond between public health and land use planning (Hancock, 2002). [The] Healthy City approach is oriented toward social justice because it aims to improve population health through community empowerment (Corburn, 2009)" (Desroches, 2017, p. 99).

Corburn makes a case for rejoining the disciplines of urban planning and public health, and for the indispensability of the use of participatory methods such as collaborative governance in doing so:

"Planning must increasingly be understood as a profession that manages conflicts over political power and values that arise when, for instance, state or private-sector objectives clash with those of local communities. If planning is to be reconnected with public health, planning practice must be conceptualized as a set of outcomes (e.g., housing, transportation systems, urban designs) and processes that can ( 1) involve the use or abuse of power, ( 2) respond to or resist market forces, ( 3) work to empower certain groups and disempower others, and ( 4) promote multiparty consensual decision making discourses or simply rationalize decisions already made. In other words, planning practice involves choices regarding which information is deemed relevant, what decision making processes will be used, and when, or if, various publics will be involved in making the plan. Reconnecting the fields will require increased attention to the politics of planning practice (i.e., in terms of shaping public agendas and attention), available evidence and norms of inquiry, inclusive or exclusive deliberations, and responses (or lack thereof) to bias,

discrimination, inequality, and recalcitrance [...] Finally, reconnecting planning and public health will require a new conception of participatory democracy to ensure that practices are accountable to communities that have historically been excluded from decisionmaking but face the greatest burden in terms of inequalities” (Corburn, 2004, p.543).

#### **2.4.2. Healthy Cities Approach: Oriented Towards Social Justice**

The Healthy Cities approach is an international movement that recognizes the social, economic, environmental, and physical determinants of health; as noted on the World Health Organization’s website, this approach strongly emphasizes equity, participatory governance, intersectoral collaboration and action, and recognizes the process to be as important as the outcomes (World Health Organization, n.d.). In sketching the central tenets of the Healthy City lens, Hancock emphasizes the necessity of good urban governance, describing the focus of the Healthy Cities approach as one that “holds that the central focus of government should be to maximize human development for all of a city’s residents [...] healthy cities and communities must become ecologically sustainable as well as socially just” (Hancock, 2018, p. E206).

The Healthy City movement, in addition to being oriented towards social justice, has collaborative governance at the very heart of its approach. This may allow for a more representative and thorough understanding of the local particularities of common issues, as well as for contextually viable and desirable avenues for progress on these issues. Desroches describes how cities apply the Healthy City approach in their own ways, but the participatory nature of the approach remains foundational:

“Several countries, regions, and governments support Healthy City initiatives. In Canada, this approach has been used by many cities and communities. Even though each community has their own reception and interpretation of the approach (Clavier, 2013), they all involve local collaborative governance that brings various local stakeholders to identify issues related to determinants of health and formulate healthy policies. These governance modes are arrangements that allow the coordination of local actors working together toward a common goal which is, in this case, health promotion. This collaborative work is made possible through deliberative and participative mechanisms that encourage stakeholders to consider different interests, opinions, and perspectives on health inequalities. Thus, local stakeholders are involved in policy formulation processes because they have to work together in order to raise issues on the agenda, define problems and to select solutions to reduce health inequalities” (Desroches, 2017, p. 99).

### **2.4.3. Social Justice: a Central Aim of Collaborative Governance**

In considering the three governance values he has identified as the central ones that municipalities may wish to advance (legitimacy, effectiveness, and justice), Fung (2015) states that social justice is the most elusive goal of the three; “the principal reason is that those who possess the political authority and resources to initiate substantial participatory governance reforms—public officials or powerful civil society actors—have often been motivated to enhance legitimacy or efficacy rather than rectify injustice”(p. 520). Skillful leadership, a clear articulation of (and agreement on) the role of non-electoral public participation in contemporary democratic institutions, and the need to give governance initiatives meaningful reach so as to avoid rendering them trivial are all important considerations (Fung, 2015, p. 521). If the City of Vancouver was significantly motivated by aims of increasing social justice, there would perhaps have been an increased focus on removing barriers to participation, on addressing power imbalances within the collaborative process, and on giving the HCLT meaningful influence over public decisions related to the HCS so as to avoid tokenizing the participatory efforts.

### **2.4.4. City of Reconciliation: Inclusion & Social Justice**

The ongoing need for governments to improve their efforts at implementing equity-based principles is also documented in the literature:

“Canadian cities have proved to be able to adapt their land planning practices to multiculturalism and to develop more inclusive living environments through community participation (Qadeer, 1997). Also, Canadian scholars and institutions have a great reputation for having carried out numerous theoretical developments in health promotion (Coburn et al., 2003; Collins & Hayes, 2007) and the intersectionality of determinants of health (Hankivsky, 2012; Hankivsky & Christoffersen, 2008; Hankivsky et al., 2014; E. McGibbon & McPherson, 2011). Despite this reputation, governments, public health agencies, and professional health organizations struggle to implement these concepts and principles (Hankivsky & Christoffersen, 2008; E. A. McGibbon, 2012; Raphael, 2008)” (Desroches, 2017, p. 103).

An aspect of inclusion and social justice that the CoV has proclaimed to be of high importance is reconciliation with Indigenous peoples. City Council adopted a framework in July 2014 that led to Vancouver being designated a ‘City of Reconciliation’.

The City's stated goals related to this designation included strengthening relationships with local First Nations and urban Indigenous communities, and incorporating First Nations and urban Indigenous perspectives into the City's work and decisions (City of Vancouver, n.d.). Incorporating Indigenous perspectives would presumably include incorporating Indigenous ways of knowing; this espoused value would then inform municipal motivations, including those that led to the undertaking of any collaborative processes. Buuren (2009) points out that welcoming and reconciling different ways of knowing (WOK), or inclusive knowledge management, is an important nuance to consider in collaborative arrangements. "Different WOKs give rise to different understandings of precisely which factual knowledge is valid and relevant; they feed different world views, problem perceptions, and values" (Buuren, 2009). Buuren (2009) contends that different WOKs contain different bodies of factual knowledge, prefer different methods of inquiry, encompass different frames, interpretations, and normative perceptions of reality, and organize that information in different ways- knowing what, why, and how. Diverging frame interpretations go beyond disagreements about facts or interpersonal friction; they require reflecting on one's own frame, and validating others' frames in order to move towards collective reframing that can lead to the formulation of a joint problem definition; "in controversial policy processes, actors with different WOKs mobilize their own expertise; they formulate partisan research questions based on their own interpretation of the relevant policy space, and take seriously only that knowledge which corresponds with the main assumptions of their WOK" (Buuren, 2009). Ways of knowing can come from different cultures and worldviews, as well as fields of study. Mattiuzzi & Chapple caution that a group's shared understanding of regional planning problems generated through their repeated interactions requires adequate representation in the collaboration of marginalized groups to yield an inclusive knowledge generation process (2020, p.3). My research considers the extent to which the HCLT recognized or invited different ways of knowing into the agenda-setting and the collaborative process itself.

#### **2.4.5. Collaboration: Process Design vs Process Outcomes**

In examining how motives such as increasing social justice may shape process design, it is important to consider some scholars' critique of the merit of valuing process over outcomes. John Forester (2012) speaks to critical pragmatism's concern with

consequences in terms of planning (and what is consequential, and of significance and value), rather than any one actor's intentions (or hopes or promises) (p. 8), a claim echoed in conversations in social justice circles about the rightful valuing of impact over intent. Susan Fainstein (2011) values justice over democracy, noting that even as authority has become decentralized and decision-making more participatory, inequality has increased (p.35); she states that "in an unequal society democracy and justice are frequently at odds. My criticism of the proceduralist emphasis in planning theory is not directed at its extension of democracy beyond electoral participation but rather at a faith in the efficacy of open communication that ignores the reality of structural inequality and hierarchies of power (p. 30)". In response to the process vs outcome debate, Healey (2016) argues that the social situatedness of planning endeavours means that notions of "just" or "good" are constructed through relations of knowledge and power (and that the meaning of both concepts is contingent and contested), and that substance and process are co-constituted (p. 110). In Healey's understanding, both process and results matter, as values are embedded in every step along the way and contribute to the shaping of any outcomes. Through the data, I attempt to determine the ways in which the CoV and the HCLT valued the collaborative process in comparison to the process outcomes.

## **3. Methodology & Research Design**

### **3.1. Research Design**

#### **3.1.1. Case Selection**

I chose the CoV's HCLT as a case study to learn about the role of motivations in shaping process choices as it was a collaborative process convened by a municipality, and one that had wrapped up a few years ago (which meant that evaluations had been conducted, which allowed me to make use of documentation such as a third-party evaluation report in addition to participant surveys and interviews, and City records).

#### **3.1.2. Ethics Approval**

In early December 2020, I submitted an ethics proposal according to the Study Details and Consent templates approved by the Office of Research Ethics to ensure that TCPS2 protocols were followed. Through this process I received ethics approval to do surveys and interviews with human subjects.

#### **3.1.3. Research Methods**

The research conducted as part of this case study was qualitative, multi-method, and involved three sources of data collection: participant surveys, a document analysis, and semi-structured participant interviews. Yin speaks to the opportunity presented by case studies to incorporate numerous sources of data: “[t]he most important advantage presented by using multiple sources of evidence is the development of *converging lines of inquiry*, a process of triangulation and corroboration” (Yin, 2018, p. 115).

I put the various forms of data I collected in conversation with the literature gathered in my conceptual framework in order to gain a more fulsome picture of my case study, and to test for validity and reliability through the interplay of the various perspectives examined.



## **3.2. Data Collection**

### **3.2.1. Surveys**

I began my data collection by sending out a survey to all HCLT members, (as identified from the list on the CoV's website) that I could find contact information for. My online questionnaire was designed to be answerable in approximately 15 minutes, and focused on several concepts of interest: municipal motivations for utilizing a social innovation process, demographic and professional role diversity of participants, participant motivations for participating, role (if any) in initiating and shaping the collaborative process, and prior experience with either public/private collaboration or social innovation processes. The survey data was then used as the basis for shaping questions for the subsequent semi-structured interviews.

I used Survey Monkey (an online survey platform) for ease of administration and analysis; two participants chose to answer the survey over the phone, and I subsequently entered their responses into Survey Monkey. I used a mix of closed and open response questions, as well as some descriptive demographic questions (such as age range, gender, and ethnicity) in order to gain a sense of the diversity of the HCLT; while the names and professional roles of the leadership table members were publicly available on the City's website, the survey responses allowed me to obtain greater detail about the respondents.

In terms of the flow of the questionnaire, the survey moved from general questions that established participants as public or private sector actors (and allowed me to determine who was there as an individual rather than there on behalf of an organization) to contingent questions that explored the respondents' roles and titles. This information was intended to help me capture capacity/power imbalances, decision-making authority, access to resources, as well as participants' motivations for participating and any role they may have played in convening and shaping the collaborative process. The questionnaire also helped to point out what types of participants were not included in this leadership table.

I sent out the survey to all the HCLT members that I could find contact information for. This was challenging in many cases, as several participants had moved

on to other organizations or retired in the intervening years, and/or didn't have their contact information publicly listed due to the high-ranking nature of their positions within their respective organizations. I signed up for LinkedIn Premium for a few months in order to be able to reach out directly to some of these individuals through the platform's messaging system; this also allowed potential respondents to view my profile and get a better sense of who I was. I sent out several reminders through Survey Monkey (as well as by telephone) to those who had not responded. An exception to this process was an Indigenous leader that I had sent the initial survey to who I did not do any follow-up with, as it was during this period that the 215 Indigenous children's bodies were uncovered on the grounds of a former residential school in Kamloops, and I wanted to avoid imposing any requests on the Indigenous community during this already difficult and emotional time.

I received 16 responses out of a possible 36 respondents. I did not receive responses from any of the City members of the HCLT (of which there were only 2, the initial City Manager and her successor), or from the other co-chairing organization (Vancouver Coastal Health). The fact that this research took place during a global pandemic was likely a factor in the lack of response from several former HCLT members working at the time of my research in prominent public health roles.

### **3.2.2. Semi-Structured Interviews**

The second research method I used was semi-structured interviews. I was interested in hearing individual experiences of events, as “[t]hrough telling their stories, people distill and reflect a particular understanding of social and political relations. [...] Through the events the narrative includes, excludes, and emphasizes, the storyteller not only illustrates his or her version of the action but also provides an interpretation or evaluative commentary on the subject” (Feldman et al., 2004, p. 148).

I selected the interviewees based on survey respondents' interest in participating, and on suggestions brought forward by using the snowball technique. My aim was also to interview City staff at different levels of decision-making, especially as I hadn't had any survey responses from either of the two municipal employees who had been members of the HCLT (the Co-Chairs). As with the surveys, some of the relevant people

that I wanted to speak to no longer worked in their former positions, so I reached out to all those I could find contact information for.

The 17 interviews I did were typically 60 minutes in length, were all conducted virtually using Zoom, a cloud-based video conferencing service, and were audio recorded (with the consent of the participants). While many of the questions overlapped between the two groups, I came up with one set of questions for non-City interviewees, and another set of questions for City interviewees. Each interviewee was asked whether they preferred their responses to be attributed to them, or kept confidential. One interview cut out midway, and I didn't realize that Zoom was no longer recording when we resumed our conversation, so I lost approximately half of that interviewee's responses. I used Zoom's auto-transcription feature to obtain a written record of the conversations; the transcripts required considerable revisions, as the accuracy of the automatically-generated text was impacted by various speakers' accents, cadence, and speech patterns.

Using the interview transcripts, I then began a process of coding and memoing. As defined by Saldaña, “[in] qualitative data analysis, a code is a researcher-generated construct that symbolizes and thus attributes interpreted meaning to each individual datum for later purposes of pattern detection, categorization, theory building, and other analytic processes” (2013. p. 4), while analytic memos “are to document and reflect on: your coding processes and code choices; how the process of inquiry is taking shape; and the emergent patterns, categories and subcategories, themes, and concepts in your data” (2013, p. 41). I used a grounded theory approach to my data, with Initial Coding and Simultaneous Coding as my First Cycle coding methods, and Focused Coding as my Second Cycle coding method (Saldaña, 2013). Yin states that “[t]he purpose of trying to code these items is to begin moving methodically to a slightly higher conceptual level” (2011, p. 187). I followed Yin's suggestion of using a matrix to reassemble my data, with rows representing one dimension (in my case ‘themes’) and columns another (I chose ‘data source’) (Yin, 2011, p. 193).

While the respondents did not all agree with one another, I considered this as adding to the richness of the data, rather than discrediting it. As noted by Flyvbjerg, “case studies often contain a substantial element of narrative. Good narratives typically approach the complexities and contradictions of real life” (2009, p. 237).

### **3.2.3. Interviewee Naming Convention**

The naming convention I used to identify my interviewees were the acronyms 'CR' (City respondent) and 'NCP' (non-City participant) followed by a number to create a unique identifier for each individual. I made this choice as several interviewees requested that their comments remain confidential rather than having their statements attributed to them.

### **3.2.4. Document Analysis**

My final data collection method was a document analysis. While I had originally planned on doing this earlier on, I was delayed in gaining access to most of the documents I wished to examine in what ended up being a an approximately seven month-long Freedom of Information (FOI) request process.

Following the receipt of my ethics approval from SFU in December 2020, I submitted an FOI request to the City in January 2021, which was supposed to be processed in 30 business days (meaning I would receive the results in March 2021). The initial answer that I received from the City in March was that they had completed the search for responsive records for this request, and that no such records had been located. After a follow-up phone call, City staff indicated that somehow my request had been linked to a former employee (a strange turn of events, as I had not mentioned any names in my original request). The City reopened my request on April 1, 2021. On April 23, 2021, I received an email stating that more time was needed for consultations, and that they were extending the time allotted for responding to my request by thirty (30) business days to June 7, 2021, as meeting the original time limit would unreasonably interfere with their operations. In June 2021 I received an email telling me that the City had located the responsive records; however, as they contained information that might affect the business interests of a third party, they were giving the third party an opportunity to make representations concerning disclosure of these records. The third party was required to respond by June 29, 2021, and the City would then have until July 14, 2021 to decide whether or not to disclose the records to me. In July I received word that the City had decided to release the records to me, with the stipulation that the third parties had 20 business days to request a review of their decision by the Information and Privacy Commissioner. In August 2021, I received the responsive records package from

the City, which was comprised of 3,000 pages that included (amongst others), meeting agendas & minutes, reports, presentations, funding requests, meeting attendance records, letters from City Managers, documents from the Solutions Lab, and emails sent by City staff to internal & external recipients. In addition to the documents obtained by way of the FOI request, I also received documents from a few interviewees.

City-produced documents analyzed included:

- A Healthy City for All: Vancouver's Healthy City Strategy 2014-2025 (Phase I)
- Healthy City Strategy – Four Year Action Plan 2015-2018 (Phase II)
- Innovation Proposal 2016-2018
- A Healthy Vancouver for All: a 2013 Healthy City Partnership MOU between the City of Vancouver and Vancouver Coastal Health
- 2013 presentation to Vancouver City Council: Towards a Healthy City for All: update on Healthy City Strategy
- 2018 Navigating Complexity: report by the City of Vancouver Solutions Lab
- Healthy City Collaborative Leadership Solutions Lab Co-Creating Final Report

External reports analyzed included:

- Healthy City Strategy Evaluation- Final Report 2017: produced by SHIFT
- Collaborative Cross-Sectoral Collaboration: a 2018 report by a UBC Master of Community and Regional Planning (MCRP) student

In examining the documents, I looked at indicators such as ones that spoke to the reasons for collaboration (alignment of resources, shared responsibility, upstream intervention), ones that described the role of the HCLT (serving a strategic function vs an implementation function), and ones that described the participants (community leaders, CEOs, sector representatives). This data was then compared to the responses gathered from the surveys and the semi-structured interviews. Maxwell (2009) outlines strategies to address validity threats and strengthen conclusions in qualitative studies, such as triangulation (collecting converging information from different sources) and collecting 'rich' data (for example intensive interviews with verbatim transcripts); employing multiple sources of data allowed me to gain a more well-rounded picture and deeper understanding of the HCLT's formation and proceedings.

Using the documents from my FOI request, I constructed a timeline (see Table #3) to establish the chronological order of the internal municipal events that both preceded the formation of the HCLT and took place during its tenure, as well as the details, format, and purpose of the meetings, and the evaluation of the collaborative process itself. I also noted concurring relevant external events, such as elections (municipal, provincial, and federal), the declaration of the overdose crisis as a public health emergency, and the homelessness crisis (as tracked in Metro Vancouver through the annual count of persons experiencing homelessness). Both internal and external events contributed to the overall context in which the HCLT took place; as Flyvbjerg points out, “[s]ocial science has not succeeded in producing general, context-independent theory and, thus, has in the final instance nothing else to offer than concrete, context-dependent knowledge” (2009, p. 223).

By looking at the network (the demographics of the participants, the relationships and interdependencies among them, levels of power/authority, areas of responsibility, incentives, governance and decision-making mechanisms), and the timeline (key decision points for the collaborative table, but also relevant local or national political issues that occurred during that time frame that may have had an impact on the functioning of the leadership table), I was able to better understand relational and contextual elements that may have fed into municipal motivations for using a collaborative process.

## **4. Internal & External Contexts**

In this chapter, I will give an overview of the political context and events leading up to the initial HCLT meeting, as well as key events that took place throughout the collaborative process. This is intended to provide a foundation for understanding the timeline of proceedings, the internal and external environments the HCLT operated in, as well as to sketch the beginnings of municipal motives and the process variables of this particular collaboration. This timeline is primarily constructed from City documents obtained through a FOI request, with a few interviewees quotes as well.

### **4.1. Powers and Responsibilities of Local Government**

Before delving into the particulars of the HCLT collaboration, it will be useful to consider the powers and responsibilities of the various levels of Canadian governments. There are three levels of government in Canada: federal, provincial or territorial, and municipal. Federal responsibilities include national defence, foreign affairs, employment insurance, banking, federal taxes, the post office, and copyright and criminal law. Provincial responsibilities include provincial taxes, hospitals, prisons, education, marriage, property and civil rights, rules of the road, and age of majority. Municipal responsibilities include building permits and zoning, city parks, public transportation, collection of garbage and recycling, water and sewer services, fire prevention, city roads and sidewalks, and the licensing and control of pets (Library of Parliament, n.d.). Fryer & Leblanc-Laurendeau (2019) note that while the federal government currently has exclusive legislative authority for Indigenous peoples and reserves, several areas such as child & family services, education, and policing overlap with provincial authorities which has often resulted in the denial of or inadequate provision of services for Indigenous communities. The authors highlight the call of Indigenous leaders for rights consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), such as the right to autonomy, self-government or self-determination; “[i]n 1995, the federal government adopted a policy on the inherent right of self-government. The policy on self-government has led to constitutionally protected comprehensive land claims and self-government agreements (Fryer & Leblanc-Laurendeau, 2019, p. 6).

Considered 'creatures of the province', Canadian cities have no inherent power; Tindal et al. (2017) underscore the fact that municipal governments are not enshrined in the Constitution, and that provincial and territorial governments have the exclusive and unlimited authority to create, merge, or abolish municipal governments, as well as to increase or reduce council authority. The authors go on to note the tensions between municipal governments' two main roles:

“On one hand, municipal governments are created by provinces and territories to deliver a wide range of necessary services, programs, facilities, and regulations to local residents. On the other hand, local residents expect elected municipal governments to express the will of the local community – even if what the community wants falls outside the authority of the municipal government to deliver or directly contradicts senior government policy. The growing scope of municipal government responsibility and pressures of living in a highly complex modern age often cause these two main roles to clash, but in combination they often offer the best local service provision approach” (Tindal et al. 2017, p. 10).

Seeing as they are at each province's discretion, municipal powers vary greatly across the country. In 1998, BC passed legislation recognizing that "local government is an independent, responsible and accountable order of government" and subsequently passed laws broadening municipal powers, ones that facilitated public-private partnerships and gave more flexible revenue-raising authority to the City for instance (City of Toronto, 2000). The Community Charter and the Local Government Act define the core authority of most BC municipalities. The CoV however, is a Charter City, and rather than being subject to a municipal act of general application to other cities in the province, it is served by its own legislation (the Vancouver Charter, a provincial statute) which provides for the continuation, structure, and operation of the CoV, and establishes its main powers and responsibilities, including elections, public works, real property taxation and land use planning (Province of British Columbia, n.d.). “The Charter contains the rules that govern how the City operates, what bylaws City Council can create, and how budgets are set. Under the Charter, City Council has the authority to pass bylaws to regulate such things as noise and land use, buy and sell property, collect certain taxes, approve expenditures, take on debt, give grants, and hire and discharge employees. Other provincial legislation, such as the BC Police Act, determine the responsibilities of other City boards and commissions” (City of Vancouver, n.d.).



## 4.2. Landscape & Timeline

Against the backdrop of this legislative framework, I will now turn my attention towards the political circumstances in Vancouver around the time of the HCLT. In 2013, the Mayor of Vancouver Gregor Robertson was a member of the Vision Vancouver party, as was the majority of City Council. Vision Vancouver is a green centre-left municipal party founded in 2005. City Councillors at the time was made up of representatives from the Vision Vancouver party (Heather Deal, Kerry Jang, Raymond Louie, Geoff Meggs, Andrea Reimer, Tim Stevenson, and Tony Tang), the Non-Partisan Association (NPA) (George Affleck, Elizabeth Ball), and the Green Party (Adriane Carr). Dr. Penny Ballem, a physician, clinical professor at UBC’s Medical School, and BC’s former deputy minister of health (2001 – 2006) in Premier Gordon Campbell’s government, was appointed City Manager one week after Mayor Robertson took office in 2008. The BC General Election took place in May 2013, at which time the Liberals won a majority government with leader Christy Clark at the helm; the 2011 federal election increased the Conservative Party’s seat count from a minority to a majority government, led by Prime Minister Stephen Harper. It is in this political landscape that the HCLT came about.

**Table 3. Timeline of Events 2010-2019 (Author’s Table)**

<b>2010</b>	Provincial Ministry of Health launched a Healthy Communities initiative, supporting regional health authorities to partner and collaborate with local governments in their regions to reduce chronic disease and promote healthy, inclusive and sustainable communities	Includes PlanH program, a partnership between BC Healthy Communities Society & Ministry of Health; the program supports partnership development and collaborative action between local governments, health authorities and other community partners.
<b>May 2, 2011</b>	Canadian Federal election	Stephen Harper re-elected Prime Minister (Conservative majority)
<b>November 19, 2011</b>	CoV municipal election	Gregor Robertson re-elected Mayor (Vision Vancouver)
<b>June 22, 2012</b>	Healthy People, Healthy Summit 2012	Brought together 300 people from various sectors to participate in launch of development of a HCS
<b>August 2012</b>	Partnership Agreement with VCH	The CoV is working with VCH to develop a formal commitment to enhance collaborative efforts in 7 priority areas

<b>September 2012</b>	CoV is developing a draft Healthy City Strategy in consultation with key stakeholders	
<b>June 2013-June 2014</b>	Official proclamation by Mayor Robertson of the Year of Reconciliation for the CoV	
<b>July 2013</b>	City Council received an update on the draft Healthy City Strategy Framework with a view to continue developing the strategy and identifying priority actions through a targeted engagement process with key stakeholders and the public.	The HCLT is a key component of this engagement process
<b>October 2, 2013</b>	Mayor convenes roundtable on Mental Health & Addictions	
<b>March 2013</b>	CoV + VCH sign A Healthy Vancouver For All: Healthy City Partnership MOU	
<b>March 2013</b>	Round 1 of Healthy Communities Capacity Building Fund for Local Government is launched by PlanH	CoV applies for \$5,000 from PlanH program (a partnership between BC Healthy Communities Society & Ministry of Health) for HCLT
<b>May 2013</b>	BC General Election	Christy Clark elected Premier of BC (Liberal majority)
<b>September 2013</b>	Mayor's Task Force on Mental Health & Addictions formed	
<b>October 2013</b>	City Manager Dr. Penny Ballem sent out invitation to community leaders to be part of the HCLT	
<b>January 10, 2014</b>	1 <sup>st</sup> HCLT Meeting	
<b>March 13, 2014</b>	CoV applies to Healthy Communities Capacity Building Fund for Local Government for \$5,000	For 2 <sup>nd</sup> round of funding for HCLT
<b>April 11, 2014</b>	2 <sup>nd</sup> HCLT Meeting	Meeting held at Creekside Community Centre
<b>May 2014</b>	Launch of a city-wide engagement period for the HCS	
<b>May 7, 2014</b>	BC Healthy Communities and the Ministry of Health formally announced grant recipients for Healthy Communities Capacity Building Fund for Local Government	CoV awarded \$3,000
<b>July 4, 2014</b>	3 <sup>rd</sup> HCLT Meeting	Meeting held at City Hall
<b>July 8, 2014</b>	CoV is designated a City of Reconciliation	Framework adopted by Council
<b>September 2014</b>	CoV publishes 1 <sup>st</sup> report on Mental Health & Addictions	

<b>October 20, 2014</b>	Chief Election Officer declared a municipal election for CoV	
<b>October 29, 2014</b>	Council unanimously approved the goals, targets and indicators of the Healthy City Strategy 2014-2025 Phase I.	
<b>November 15, 2014</b>	CoV municipal election	Gregor Robertson re-elected Mayor (Vision Vancouver)
<b>January 2015</b>	Ali Grant (Social Planner & initial lead of the HCLT) leaves her role at CoV	CoV posts a two-year temporary full-time position for a Social Planner II to provide the leadership needed to develop and implement the first 4-year action plan
<b>February 13, 2015</b>	4 <sup>th</sup> HCLT Meeting & Keltie Craig announced as new Social Planner II	Meeting held at City Hall
<b>June 2015</b>	CoV received the Gold Award for Excellence in Policy Planning from the Planning Institute of BC for its HCS	
<b>July 2015</b>	Council adopted the Healthy City Strategy Action Plan for 2015-2018 and directed staff to report back on progress in 2017	
<b>July 2015</b>	Terms of Reference were developed for the HCS Integrated Implementation Team	
<b>August 15, 2015</b>	5 <sup>th</sup> HCLT Meeting	Meeting held at City Hall
<b>September 2015</b>	HCLT Co-Chair Dr. Penny Ballem voted out as City Manager; Sadhu Johnson becomes Acting City Manager & the new HCLT Co-Chair	
<b>October 29, 2015</b>	Canadian federal election	Justin Trudeau elected Prime Minister (Liberal majority)
<b>October 27, 2015</b>	6 <sup>th</sup> HCLT Meeting & new Acting City Manager Sadhu Johnson introduced	Meeting held at City Hall
<b>January 4, 2016</b>	Sadhu Johnston sent out an invitation letter for new HCSLT members	
<b>January 2016</b>	5 new members join HCLT	
<b>March 2016</b>	Sadhu Johnson selected as permanent City Manager following 4-month international search	
<b>April 14, 2016</b>	BC's declares public health emergency	Opioid crisis
<b>April 15, 2016</b>	7 <sup>th</sup> HCLT Meeting	Meeting held at Musqueam Community Centre
<b>June 10, 2016</b>	8 <sup>th</sup> HCLT Meeting	Meeting held at Vancouver Museum

<b>June 15, 2016</b>	City Council received updates on HCS	Approved investments in projects related to 9 HCS goals, including a mental health hub at St. Paul's Hospital
<b>June 2016</b>	Innovation Fund Proposal to support the HCS Action Plan 2016-2018 was put forward for Council Consideration	
<b>September 26, 2016</b>	Internal email noted the uneven member participation	
<b>September 28, 2016</b>	9 <sup>th</sup> HCLT Meeting	Meeting held at City Hall
<b>October 2016</b>	A review of the HCLT was undertaken over 4 months; request for proposal (RFP) had been issued for an external evaluator to assess the collaborative process	Attendance tracking, the Wilder Collaboration assessment survey, and a focus group
<b>November 2016</b>	The Metro Vancouver Regional Homelessness Task Force was struck	In response to historic levels of homelessness throughout the region
<b>February 21, 2017</b>	The Mayor's Task Force on Mental Health & Addictions provides its final report to Council	The Mayor's Task Force on Mental Health & Addictions transitions to New Urban Health Leaders Action Council
<b>February 21, 2017</b>	City Council received an interim update on Healthy City trends, pressures & actions taken to date	Council will receive a full report back in late 2017
<b>April 19, 2017</b>	10 <sup>th</sup> HCLT Meeting	Meeting held at City Hall
<b>May-December 2017</b>	3 <sup>rd</sup> party consultant SHIFT Collaborative conducted an evaluation of the HCS partnerships and collaborative implementation to date.	Produced 7 key recommendations for improvement, of which at least 4 have major implications for how HCLT could work together
<b>May 9, 2017</b>	BC General Election	No party wins a majority (Liberals 43 seats, NDP 41 seats, Greens 3 seats)
<b>May 29, 2017</b>	Green Party agrees to provide confidence & supply to an NDP government	
<b>June 15, 2017</b>	11 <sup>th</sup> HCLT Meeting & 3 <sup>rd</sup> party consultant SHIFT Collaborative introduces next steps of HCS evaluation process	Hardwick Hall at UBC Medical Students & Alumni Centre
<b>July 18, 2017</b>	John Horgan becomes Premier of BC	NDP Minority with Green Support
<b>October 12, 2017</b>	12 <sup>th</sup> HCLT Meeting	
<b>December 2017</b>	HCS Evaluation Final Report by 3 <sup>rd</sup> party consultant SHIFT Collaborative was produced	

<b>December 2017</b>	Smaller group of HCLT members met with the City Manager and Chief MHO to discuss an advocacy approach to the Province in regards to childcare support.	A letter was drafted and signed on behalf of the group, and submitted to the Province in January in advance of the Provincial budget release.
<b>June- November 2018</b>	9 Healthy City Collaborative Leadership Lab workshops took place; implemented by CoV + VCH in response to HCS evaluation findings	Convening question: “How might we accelerate movement toward the HCS vision by genuinely co-creating collaborative leadership, learning, evaluation and integration across departments and sectors?”
<b>January 2019</b>	Former City Manager & HCLT Co-Chair Dr. Penny Ballem appointed as the new Chair of VCH Board of Directors	

### 4.3. MOU & HCLT Launch

In 2013, the City of Vancouver (CoV) and Vancouver Coastal Health (VCH) formalized their relationship by way of a Memorandum of Understanding (MOU). VCH is one of five publicly funded healthcare regions within BC, and delivers health services to ¼ of the province’s population, according to goals and standards set by the provincial government; the VCH region includes 12 municipalities, 14 First Nations and 4 Regional Districts (Vancouver Coastal Health, 2020). “In 2010 the Provincial Ministry of Health launched a Healthy Communities initiative, supporting regional health authorities to partner and collaborate with local governments in their regions to reduce chronic disease and promote healthy, inclusive and sustainable communities. Their engagement with the Vancouver Healthy City Strategy falls within this mandate” (CoV, FOI 2021-046, Part 2, p.1020).

The Healthy Communities initiative included the PlanH program, a partnership between the BC Healthy Communities Society & the Ministry of Health, that supported partnership development and collaborative action between local governments, health authorities and other community partners. The CoV applied twice to PlanH’s Healthy Communities Capacity Building Fund for Local Government to cover the costs of launching and sustaining the HCLT. The availability of funding and endorsement of multi-sectoral collaboration from a senior level of government likely contributed to the impetus for the HCLT, pointing to a top-down inducement.

In 2013, Ali Grant, Social Planner at the CoV (and the original lead of the HCLT), applied to PlanH on behalf of the City of Vancouver in order to initiate and support the HCLT. The application form stated the purpose of the \$5,000 funding request as follows:

“These funds will enhance our capacity to take a comprehensive and holistic approach when convening the Healthy City for All Leadership Table. That is, we will endeavour to pay attention to “the whole leader in the whole leadership table” by designing a launch event and subsequent meetings that cultivate: psychological and spiritual assets (healthy mind, healthy spirit - e.g. inspired and educated by an expert speaker on healthy cities); physical and behavioural assets (healthy body, healthy actions - e.g. fed by local food); cultural assets (healthy values and world views - e.g. facilitated by excellent processes); and social/ecological assets (healthy environments and systems - e.g. comfortable meeting space). “

The stated purpose of the HCLT was twofold:

1. The Healthy City For All Leadership Table will be a “table of champions” for the vision of A Healthy City for All.
2. The Healthy City For All Leadership Table will facilitate enhanced multi- sectoral collaboration in pursuit of improving the health and well-being of all the citizens of Vancouver.

Three primary objectives were outlined in this funding application (objectives that would change slightly by the time the HCLT’s Terms of Reference (ToR) were drafted in 2014):

1. The Healthy City For All Leadership Table will provide advice and guidance on the development and implementation of the Healthy City Strategy
2. The Healthy City For All Leadership Table will mobilize assets for collaboration and innovation in pursuit of A Healthy City For All.
3. The Healthy City For All Leadership Table will prepare an annual “state of the City” white paper.

The application stated that the City Manager would act as the Co-Chair of the HCLT, and that membership was anticipated to come from “Vancouver Coastal Health, Providence Health, Vancouver School Board, BC Housing, Metro Vancouver, the United Way of the Lower Mainland, the development industry (e.g.. UDI), the business sector (e.g. the Board of Trade), financial institutions (e.g. VanCity Community Credit Union), foundations (e.g. the Vancouver Foundation), non-profit sector (e.g. BC Healthy Communities), research institutions (e.g. Human Early Learning Partnership), and educational institutions (e.g. UBC School of Population and Public Health).

In October 2013, Dr. Penny Ballem sent out the invitation to community leaders to invite them to be part of a HCLT that would meet a maximum of three times over the next twelve months. The letter referenced the fact that true sustainability would require integrated decision-making that took into account social, economic, and ecological needs, and outlined how this initiative would fit in with existing social strategies, saying “The City currently has two bold and ambitious plans for sustainability – the Greenest City Action Plan (ecological) and the Vancouver Economic Action Strategic (economic) – and we are now in the process of developing the third plan – the Healthy City Strategy (social)” (City letter, 2013). The first meeting was set for November 22, 2013 at City Hall; the invitation was accompanied by draft terms of reference (ToR), a membership list, and a promise that a detailed agenda would be mailed out closer to the meeting day.

The first meeting of the HCLT ended up taking place on January 10<sup>th</sup>, 2014. The draft ToR cited as background information that “In July 2013 City Council received an update on the draft Healthy City Strategy Framework with a view to continue developing the strategy and identifying priority action through a targeted engagement process with key stakeholders and the public. The Leadership Table is a key component of this engagement process” (draft HCLT ToR, 2014).

Key goals and deliverables for the HCLT were identified in the ToR in the form of six objectives:

1. Explore attracting an international conference related to the Healthy City for All Vision.
2. Provide advice and guidance on the development and implementation of the Healthy City Strategy.
3. Mobilize assets for collaboration and innovation in pursuit of A Healthy City for All.
4. Identify other key stakeholders and/or champions to further develop priority actions for the HCS through the engagement process.
5. Develop key messaging about the critical nature of a Healthy City for All and take the dialogue to their various constituent groups to build a broader HCS network.
6. Participate in the annual Healthy City Summit as stewards of the Healthy City for All Vision.

Membership was outlined as follows:

1. The City of Vancouver City Manager will act as the Chair.
2. Members of the Leadership Table will: be from the public, private and voluntary sectors; be broadly knowledgeable about, and influential in, their own sectors; exhibit a stance of inquiry (don't have all the answers); have a history of collaboration and innovation; be able to mobilize assets for collaboration; and be deeply committed to a healthy Vancouver for all.
3. The City of Vancouver will appoint senior staff from a cross section of departments within the organization.

Stated procedures outlined that minutes and meeting materials would be circulated a week before the meeting, that decisions would be made by consensus (and that in the absence of consensus the Chair would make the decision), and that CoV staff would prepare background materials, organize meetings, and synthesize guidance of the committee members. Funding was listed as having been secured from the Ministry of Health's Healthy Families BC – Communities Initiative to host up to 3 meetings per year; costs associated with participation in Table activities and initiatives were to be absorbed by the respective organizations, and efforts would be made by the CoV and the HCLT to leverage other funds to support initiatives (HCLT ToR).

The HCLT launch meeting agenda shows that Dr. Ballem opened the meeting, (followed by an opening prayer from Chief Robert Joseph). Dr. Patty Daly (the Chief Medical Health Officer from VCH) gave a presentation on the need for a Healthy Cities approach, which was followed by an overview and discussion of the HCLT and the HCS (2014-2025) led by Dr. Ballem (including a presentation regarding Acting for Collective Impact, and an outline of next steps, including a city-wide engagement strategy slated for May 2014, a June-July 2014 Strategy & Report to Council, and Summer 2014 commitments that were part of the first 3-year Action Plan). One of the City's presentations contained a quote attributed to BC Partners for Social Impact stating that "A true social innovation is systems-changing – it permanently alters the perceptions, behaviours, relationships and structures that previously gave rise to these challenges" (CoV, FOI 2021-046, Part 1, p.55), which would imply that the City was seeking change that was transformational in nature.



## **4.4. City-Wide Engagement & HCLT Meetings**

On March 13<sup>th</sup> 2014, the CoV put in an application for a second round of funding from the Healthy Communities Capacity Building Grants for Local Governments; in June 2014, they received word that they had been approved for another \$3,000.

The 2nd HCLT meeting took place on April 11<sup>th</sup>, 2014 at the Creekside Community Centre. The meeting was centered around three key elements: a roundtable discussion of the HCS 2025 targets (the HCLT were asked if they had questions or concerns, and if they could put their support behind these targets), social innovation as a framing for the kind of action needed to reach the targets (a presentation led by Al Etmanski of BC Partners for Social Impact), and an summary of the upcoming HCS city-wide engagement strategy (an overview of what the City had planned, and of what was being asked of the HCLT).

May 2014 was the launch of the city-wide engagement period for the HCS. Engagement strategies included the use of Soapbox (an online ideation platform that sought to crowdsource ideas, allowing people to share suggestions, vote, and comment), four City-hosted in-person brainstorming sessions ('ideas labs') at community centres throughout the city (Hillcrest, West End, Sunset, & Killarney) for residents to learn about goals and targets and to generate innovative ideas to reach the HCS 2025 targets (alongside HCLT input), and "Ideas Lab in a Box" kits to encourage people to host their own Ideas Lab and post the results on Soapbox (the CoV worked with libraries, community centres, and Neighbourhood Houses to fold this into existing programming). There were also several social media campaigns and paid content promotion measures including Google Hangouts, Instagram and VanCity Buzz (a local blog). The City reported engagement metrics for May & June at an estimated 5,000 + people reached.

The 3<sup>rd</sup> HCLT meeting took place on July 4, 2014 at City Hall. The main meeting goals were to discuss the public engagement process results, and generate ideas for actions that the HCLT could take as a collective over the next 4 years to make significant progress towards the 2025 HCS targets via the goal areas.

On October 29, 2014, Council approved the goals, targets and indicators of Phase I of the HCS. In November 2014, Dr. Ballem emailed a letter to the HCLT to let

members know that City Council had unanimously approved the Healthy City Strategy 2014-2025 - Phase 1. In addition to thanking the HCLT for its contributions towards the creation of the HCS, Dr. Ballem described the HCLT's role ahead: "We will continue to seek your guidance and advice on key priority actions, implementation strategies, and a monitoring and evaluation framework as we develop the first four-year action plan (Phase 2). I plan to re-convene the Leadership Table as soon as possible in order that we can begin to build on the preliminary actions explored over the last year to develop Phase 2 which we will take to Council in the spring of 2015" (CoV, FOI 2021-046, Part 2, p. 316).

#### **4.5. HCS Adoption & HCLT Survey**

In early 2015, prior to the February HCLT meeting, an email was sent to the HCLT letting members know that the CoV had just posted a two-year temporary full-time position for a Social Planner 2 to provide the leadership needed to develop and implement the first HCS 4-year action plan, and encouraging them to share it with anyone they might consider to be a suitable candidate. The email described how Social Planner Ali Grant's contract had ended on December 23<sup>rd</sup>, and confirmed that she had chosen not to apply for the two-year position (as she preferred to work part-time) and would continue her work in a consulting capacity. This represented the loss of an important figure (HR-wise) in the process. A City respondent described Ali's role in the collaborative process, saying "I think a lot of it was actually just held together by the charisma of the planner who was leading the work at the start of the strategy, and her sort of passion and commitment to the work and just her personality that sort of naturally brought people together around a big vision, and a big picture idea, and, so there's a broader cycle to it, but also just an opportune moment and the right people in place to create something around a longer term vision" (CR3; see Chapter 3.2.3. for the Interviewee Naming Convention).

On February 13, 2015, the 4<sup>th</sup> HCLT meeting took place at City Hall. Dr. Ballem provided a recap of the HCS Report (that went to Council and was subsequently approved); she stressed that the HCS was a 10-year plan that therefore allowed adequate time for implementation. Keltie Craig was introduced as the successful candidate for the Social Planner II position that was posted to support the implementation of the HCS (including the first four-year action plan); there was an

implementation discussion (which included a review of the action items, a list of the HCLT champions, and an outline of the implementation strategy). It was noted that the HCLT would continue discussions related to efficacy in smaller working groups leading up to the next City Council meeting.

In June 2015, the CoV received the Gold Award for Excellence in Policy Planning from the Planning Institute of BC in recognition of the HCS' "[bridging of] the divide between traditional land use planning and truly integrated community building" (CoV, FOI 2021-046, Part 2, p.432).

## **4.6. Healthy City Four Year Action Plan**

In July 2015, Council adopted the HCS Action Plan for 2015-2018 and directed staff to report back on progress in 2017.

The July 2015 refinement of the Terms of Reference (ToR) of the HCS Integrated Implementation Team (which incorporated feedback from key CoV staff and other partners responsible for overseeing the implementation, tracking, and monitoring of actions in each of the thirteen goal areas of the HCS) allowed for a more intentional relationship between project stakeholders. The Implementation Team was to meet 3-4 times a year, and funding for implementation was to be determined by senior management (Healthy City Strategy Evaluation Final Report, 2017, p.7).

Amongst the stated objectives of the Implementation Team, the first one was explicitly centred around social innovation, framed as 'working differently together' (though it does not appear that any substantial shifts in ways of collaborating took place as a result):

1. Practice social innovation: working differently together.
2. Develop project charters with other leads/co-leads for HCS actions (where relevant).
3. Provide advice, leadership and problem-solving on the implementation of action(s).
4. Mobilize assets for collaboration in pursuit of achieving actions.

5. Identify and recruit other key stakeholders and/or champions needed to further the implementation of priority actions.
6. Provide information and/or reporting on the status of actions.
7. Participate in regular implementation team meetings and working groups, as needed.

On August 15th, 2015 the 5<sup>th</sup> HCLT took place at City Hall with Deputy City Manager Sadhu Johnston chairing. This meeting was to complete the identification of priority actions in the last 6 goal areas. Action items from the draft HCS were to be circulated to the HCLT for review the following week. The final strategy was to be circulated to them for their information in early September, and scheduled to go to Council on September 30<sup>th</sup> and October 1<sup>st</sup>.

The Priority Action Items under the HCLT section of the HSC were listed as follows:

**The Big Shift: long-term action by all**

- a. Work collaboratively towards our common goal of a healthy city for all by: recognizing that health and well-being is everyone's business; exploring our differences constructively; agreeing that the solutions are to be found somewhere beyond each member's vision of what is possible; and by sharing responsibility, authority, accountability, and accolades for achieving results.

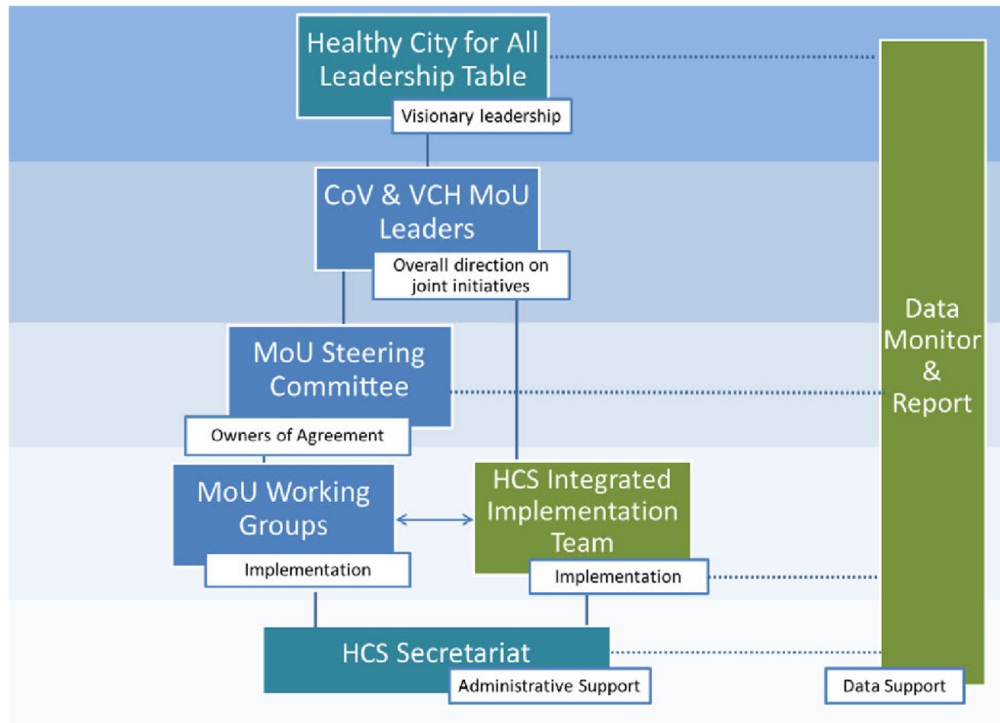
**Short term actions by all: 2015 - 2018**

1. Foster more meaningful participation from senior government and the private sector.
2. Convene a collaborative leadership workshop for members.
3. Develop new terms of reference and collaborative model for working together.
4. Develop an implementation and evaluation framework for the Healthy City Strategy and the Leadership Table.
5. Develop a Healthy City for All Dashboard to monitor and report on changes in Healthy City for All indicators.

- 6, Host a bi-annual event to broaden awareness and ownership of the healthy city for all vision.
7. Support the development of a leadership training and mentorship program for existing and emerging senior leaders in the not-for-profit

On October 21, 2015 there was an email from Social Policy City Staff to the Mayor's office staff wondering if an intro message from the Mayor for a 'glossy report' for the HCS 4-year Action Plan would be acceptable, or whether the Mayor would prefer that the message come from the City Manager. While the Mayor's Office confirmed on November 2<sup>nd</sup> that it would be okay to include a photo and message from the Mayor (pending review and approval of content), the Mayor's Office subsequently requested that the message be taken out unless more time could be given for a re-write (as it was felt that the message was not written in the Mayor's voice). While one City staffer was concerned that the lack of messaging from the Mayor would indicate that the Action Plan wasn't endorsed and supported by the City's top leadership, another felt that the endorsement was implied based on the fact that there was a message from the Mayor included in the HCS itself, and that it therefore made sense to proceed with the printing of this report without an explicit endorsement by the Mayor: "My sense is that it was not a big priority [for the Mayor] and it could take us longer than the holidays [to go to print]" (CoV, FOI 2021-046, Part 1, p.334). While the Mayor undoubtedly had multiple competing priorities, this does seem to suggest that this report on the HCS Action Plan was not deemed a significant document from his Office's perspective, and hints at the fact that the HCS was not considered the overarching inter-departmental strategy it had aimed to be, but was seen as simply the current Social Policy strategy (a view voiced by a City respondent in Section 5.3.3.).

The 6<sup>th</sup> HCLT meeting to place on October 27<sup>th</sup>, 2015 at City Hall. The new Acting City Manager, Sadhu Johnston, was introduced to the HCLT, as were new HCLT members. An update was given on the 2015-2018 Action Plan (and the 19 actions that were approved in July). VCH Co-Chair Dr. Patty Daly mentioned the need to highlight the HCS' successes through the tracking of indicators and reporting. The CoV sought to engage HCLT members in monitoring/reporting, and offered various opportunities for participation. The presentation included a slide that showed the overall direction and organizational chart (figure below) to establish connections between implementation and decision-making, including monitoring.



**Figure 6. Healthy City For All Organizational Structure (Healthy City Strategy Evaluation Final Report, 2017, p.6)**

### Governance Structures

There are four key parts to the governance structure of the HCS, as shown & described below.

1. Healthy City for All Leadership Table, composed of 35 visionary leaders from a variety of sectors and organizations, and Co-Chaired by the City Manager and Chief Medical Health Officer;
2. An MOU between City of Vancouver and Vancouver Coastal Health, further broken down into the Executive, Steering Committee, and Working Groups;
3. Implementation Team, consisting of leads of all the actions in the HCS Action Plan; and
4. Senior Leadership within COV – although there is no formal structure in place to guide this, it has been identified as having a critical role in achieving the vision.

Supporting these structures is the HCS Secretariat – staff from both COV and VCH that provide coordination and data support for the overall initiative (CoV, FOI 2021-046, Part 2, p. 894).

On January 4, 2016 Sadhu Johnston sent out an invitation letter for new HCLT members. He wrote: “Thirty community leaders were originally invited to join this table in 2013, and the group helped shape the vision and framework for Phase 1 of the Healthy City Strategy. With the recent adoption of Phase 2 (Healthy City Strategy Action Plan for 2015-2018) we have an opportunity to expand the Leadership Table and its membership to focus on this next chapter of implementation” (CoV, FOI 2021-046, Part 2, p.491).

Five new members joined the HCLT in January 2016: Kevin Barlow (CEO, Metro Vancouver Aboriginal Executive Council), Deb Bryant (CEO, Association of Neighbourhood Houses BC), Isobel Mackenzie (BC Seniors Advocate), Adrienne Montani (Provincial Coordinator, First Call: BC Child and Youth Advocacy Coalition), and Michael McKnight, (President and CEO, United Way of the Lower Mainland).

On March 23, 2016 an email from Mary Clare Zak noted a change in the upcoming meeting’s location: “as part of our commitment as a City of Reconciliation and to help us all improve cultural competency, we are delighted to be hosted by Musqueam First Nation for the April 15 Leadership Table meeting” (CoV, FOI 2021-046, Part 1, p.375).

On April 14, 2016, BC’s provincial health officer (PHO) declared a public health emergency due to a significant increase in opioid overdose deaths connected to the toxicity of the unregulated drug supply.

On April 15, 2016 the 7<sup>th</sup> HCLT meeting took place at the Musqueam Community Centre. It was an opportunity to welcome the 3 new members attending for the first time: Kevin Barlow (CEO, Metro Van Aboriginal Executive Council), Isobel Mackenzie (BC Seniors Advocate), Adrienne Montani (Provincial Coordinator, First Call: BC Child and Youth Advocacy Coalition). The HCLT heard about the Musqueam perspective on health and wellness. The group also heard HCS implementation pitches (pitches were an invitation for discussion, intended to pique HCLT members’ interest and get them to ‘adopt’ 1-3 actions each as a champion/mentor); this was meant to “broaden the tent so HCS Actions include you, not just the City” (CoV, FOI 2021-046, Part 2, p.566).

On June 10<sup>th</sup>, 2016, the 8<sup>th</sup> HCLT meeting took place at the Museum of Vancouver; the location change was announced in an email to members saying: “After a great meeting in April at the Musqueam Community Centre, we are once again providing

Leadership Table members the opportunity to learn more about Healthy City goals experientially” (CoV, FOI 2021-046, Part 1, p. 499).

The previous meeting had begun with HCS implementation pitches, and this meeting continued with more of the same. The group explored intergovernmental advocacy and Federal Budget alignment; Marnie McGregor of Intergovernmental Relations and Strategic Partnerships gave an overview of the Federal Budget and the process for working on combined advocacy. It was announced that the CoV had joined the 100 Resilient Cities network; an update on Active Transportation success was given, as well as a presentation about the response to the opiates overdose public health emergency. It was mentioned that CoV Staff were bringing a report to Council June 15 with a request for \$2.3 million in funding over 3 years to help implement HCS-related initiatives.

#### **4.7. Innovation Funding & Solutions Lab**

In June 2016 an Innovation Fund proposal to support the HCS Action Plan was put forward for Council consideration. An Administrative Report recommended that Council approve \$200,000 for a 24-month pilot civic innovation lab. Funds would come from the City’s Innovation Fund, and the Solutions Lab would be both a process and a location that designed, prototyped, and evaluated solutions to complex civic challenges. It was described as a place where CoV staff learned and practiced new skills for collaboration and innovation, and were supported in sharing these new skills throughout the organisation.

A September 26, 2016 internal email noted the uneven HCLT member participation: “attached is the list of members that have formally joined the Leadership Table. To be totally candid, I'd say only about 20 of these are actively involved, but others were involved more in Phase 1, and perhaps others will be drawn in more as we move into more implementation” (CoV, FOI 2021-046, Part 1, p. 587). Engagement declined over time, a sustenance issue that the CoV needed to address as the collaborative process convener.

On September 28, 2016 the 9<sup>th</sup> HCLT Meeting took place at City Hall. HCS updates were provided by VCH and the CoV, including HCS implementation successes



to date. An update on the response to the fentanyl crisis was given, and it was mentioned that the Housing Strategy Re:Set was currently being implemented, and would include opportunities for HCLT learning/participation as part of Re:Address Housing Week Oct.24-28, 2016. A Living Wage Certification Education Session outlined the parameters for employers to be certified as Living Wage Employers. Implementation pitches focused on: building a bridge for Poverty Reduction, a \$10 a day Child Care Plan, and the Social Infrastructure Plan. In discussing the poverty context, it was noted that BC was the only province in Canada that did not have a Poverty Reduction Plan. The members were told that the HCLT collaboration would be evaluated using the “Wilder Collaboration Assessment” by completing a 15-question self-administered online survey with Likert scale questions to benchmark their perceptions of the HCLT collaboration to date; the results of the Wilder survey were intended to inform how the CoV/VCH programmed future HCLT meetings, and were meant to help improve the overall collaboration.

An internal memo was emailed out to specific City staff in Feb.1, 2017 regarding the review of the HCLT. It spoke of the collaboration format (3/meetings a year), the membership (5 new members had joined the original 30 in 2016 to reflect additional areas of focus in the Action Plan), and the commitment to assessing the HCLT collaboration that was included in the HCS indicators. The email mentioned that “anecdotally, we have heard that members feel there could be a better balance of voices (e.g. CoV vs members), topics of focus, and the roles of the members” (CoV, FOI 2021-046, Part 2, p.765); Section 5.2.1 offers interviewees’ perspectives on these subjects.

The email also referenced that as part of the 2017 report from the Mayor’s Task Force on Mental Health and Addictions, a proposal had been put forward to better integrate mental health and addictions priorities into the HCLT, through an Urban Health Leaders Action Committee that reported to the HCLT.

On February 7, 2017 a HCLT evaluation discussion was held with six HCLT members and 5 staff members from VCH & CoV. The group discussed times when HCLT members have felt most engaged, what could be improved, and best opportunities for the Table. An evaluation of the HCLT was part of the HCS’ reporting requirements, and the focus group was one mechanism to do so. The CoV’s engagement with this focus group points to an awareness on the City’s side that there was room for

improvement in terms of the group's functioning and HCLT members' level of engagement; based on subsequent changes (the introduction of a rotating guest Co-Chair for instance), there seems to have been a willingness at the City level to attempt to adjust proceedings based on the focus group's feedback.

On March 21, 2017 a memo titled 'Update on Healthy City for All Leadership Table Review' was sent to Sadhu Johnston and Dr. Patty Daly, the Co-Chairs of the HCLT. It detailed that over the last 4 months, a review of the HCLT had been undertaken which had included attendance tracking, the Wilder Collaboration assessment survey, and a focus group. It noted that a Request for Proposal (RFP) had been issued for an external evaluator to assess the collaborative process. Results collected to date included the fact that 10 out of 35 members had attended 1 or fewer meetings since 2015, and that 19 members completed the survey (giving the HCLT an average score of 3.46/5). Elements that were reported to be working well were that the collaboration resulted in a strong guiding document, and that there was respect, good faith, and positive City leadership; areas for improvement reported in the assessment included a lack of adequate resourcing to coordinate, inconsistent engagement, unclear direction/intent/roles, the need for shared responsibility/shared accountability, and the fact that it felt like a City plan for City purposes rather than a true collaborative (CoV, FOI 2021-046, Part 1, p.787).

On April 19, 2017 the 10<sup>th</sup> HCLT meeting took place at City Hall. The focus was on the opioid crisis and the destigmatization of addiction. It was underscored that as the mandate of the HCLT is based on an upstream/preventative population health approach, the HCLT was meant to focus on opportunities for early intervention and preventative measures (rather than harm reduction), measures such as the destigmatization of addiction. The City's People with Lived Experience Advisory Group shared their Engagement Plan, which focused on 3 key areas to accelerate change, and improve well-being and inclusion. An Indigenous welcome was provided by Kevin Barlow, and HCLT member Michael Anhorn was the Co-Chair as "part of attempt to better share leadership and guidance of the Table" by having rotating meeting leads. Keltie Craig, the CoV staff lead of the HCS, provided an overview of the HCLT evaluation phase 1. Initial recommendations included sharing leadership among members, choosing priority areas to focus on, and clarifying roles & responsibilities amongst members. An external

evaluation of the collaboration would be conducted, which would help to determine next steps related to any changes to format, membership, governance, etc. of the HCLT.

On May 9, 2017 the provincial election took place. No party won a majority of seats for the first time since 1952 (Liberals 43 seats, NDP 41 seats and Greens 3 seats); this marked the end of 16 years of B.C. Liberal rule. The government that formed was an NDP minority, with Green support. On July 18, Horgan became the new Premier of BC. It was the first election in Canada at the federal or provincial level that saw more than one member of a Green party elected; while this was still short of the four seats needed for official party status, it marked the first ever Green elected caucus in North America. The Green Party's six core principles: participatory democracy, sustainability, social justice, respect for diversity, ecological wisdom, and non-violence (BC Greens' website, n.d.) align with many of the aims of the HCS and HCLT.

On June 15, 2017 the 11<sup>th</sup> HCLT Meeting took place at Hardwick Hall at the UBC Medical Students & Alumni Centre. The guest Co-Chair was HCLT member Rob Turnbull, and the meeting was focused around poverty reduction. A project manager from third party consultant SHIFT Collaborative introduced the next steps of the evaluation process for the HCS, including upcoming outreach to members of the HCLT.

On October 12, 2017, the 12<sup>th</sup> HCLT Meeting took place with member Deb Bryant as the guest Co-Chair. This meeting was centered around a Collaborative Leadership Showcase, profiling examples of collaborative leadership already in place. The HCS Evaluation's top-level findings to date were discussed, framed as an opportunity to build capacity for self-reflection and ongoing learning. With 2018 being the last year of the first Action Plan, it was mentioned that the HCLT should start thinking about the next phase of implementation (HCS Action Plan 2019-2022).

In December 2017, the HCS Evaluation Final Report was produced by third party consultants SHIFT Collaborative. Some key findings cited in relation to the HCLT included the perception amongst external partners that the HCS was City-owned and City-led, and the lack of clarity around whether the HCLT played a strategic function or an implementation function (with some suggesting that it was both, but that it needed appropriate structures and accountability frameworks to delineate and/or link the two distinct purposes). One of the report's recommendations was focused on collaborative

leadership, stating that it needed to be both a substantive goal *and* a principle to be expressed in all HCS goal areas:

“The thirteenth goal of “collaborative leadership”—the focus of this evaluation – has at times been characterized as distinct from the other twelve goals, for example, in the RFP for the evaluation process it is described as “supplementing” the 12 substantive goals. While it is true that it is the one goal area that is distinctly meant to apply across all other goal areas, it is also itself an innovation that is being discovered and developed as the HCS unfolds. It has become clearer through the evaluation that this goal area itself is a complex challenge just like any of the others, and thus there is, and will have to be, an ongoing process of learning about what collaborative leadership looks like in practice, and how to enact this. One interviewee shared the perspective that it was as though collaborative leadership was being treated like another goal to “check off the list,” (primarily by convening regular Leadership Table meetings) as opposed to understanding how collaborative leadership needs to become the way of approaching all of this work...together” (HCS Evaluation Final Report, 2017, p.42).

The CoV announced that “in response to the evaluation findings, CoV and VCH implemented a Social Innovation Lab with four CoV staff, three partners from VCH, and seven community leaders. This group, including individuals representing organisations listed earlier as part of our collective, came together in the ‘Healthy City Collaborative Leadership Lab’” a series of sessions that took place throughout 2018 at the Solutions Lab, centered around the convening question: “How might we accelerate movement toward the HCS vision by genuinely co-creating collaborative leadership, learning, evaluation and integration across departments and sectors?” (CoV, FOI 2021-046, Part 2, p.1005).

## **4.8. Summary**

The overall impressions of the strengths and challenges of the HCLT that emerged from the documents were validated by the interviewees I spoke to, as was a picture of competing priorities that required the City’s focus (the homelessness and opioid crises). While an evaluation process was part of the reporting requirements of the HCS, it became clear from the documents and the interviews that City staff were aware anecdotally of some of the procedural shortcomings and member frustrations prior to the formal review. While potential municipal motives began to surface through the document analysis, it was through the additional data gained doing the interviews that a more

fulsome picture emerged. The reflections gathered during the evaluation of the HCLT that took place as part of the HCS reporting process were further confirmed in my participant interviews. In the next chapter I will look at participants' accounts of their experience in terms of their membership (or involvement) with the HCLT.

## **5. Results**

### **5.1. Who, How, What, Why – Players, Form, Content & Motives**

In this chapter, I discuss the results of my data collection in regards to collaborative process variables (who, what, how), as well as the municipal motives for using this format in the first place (why). I draw on data gathered by way of my surveys, my interviews, and relevant documents. The evidence will show that *who* was at the table, *how* they worked together, and *what* they were working on together were all aspects of the process that were partially shaped by *why* the City decided to work in a collaborative way.

### **5.2. Who Was at the Table?**

*Who* is invited to participate in a collaboration (and who is not) is an important question to consider. Ansell & Gash state that “access to the collaborative process itself is perhaps the most fundamental design issue” (2007, p. 555), remarking that Reilly (2001) “found that successful collaboratives pay considerable attention to getting stakeholders to participate and that exclusion of critical stakeholders is a key reason for failure” (Ansell & Gash, 2007, p. 556). With that in mind, I sought to find out a little bit more about the HCLT members via the surveys I distributed (beyond the names and respective workplaces listed on the CoV website), and to gain a sense of participants’ perception of the composition of the HCLT through the interviews I conducted.

#### **5.2.1. HCLT Membership**

Surveys were sent to all the members of the HCLT that I could find email addresses for, and were completed by 16 respondents. Of the respondents, 50% identified as male, and 50% identified as female, and only 1 respondent identified as being from a racialized group. The responses regarding age range (46-55 years old: 3, 56-65 years old: 7, and 66+ years old: 5) denote that this was not a group which included young adults. All respondents indicated that they had prior experience working with governmental partners, and only 1 respondent had not participated in a

collaborative process before. Most respondents participated in the HCLT as representatives of an organization (9), while a few participated as individuals (3).

Interview data attested to the fact that participants largely admired the caliber of the HCLT membership, describing members as ‘amazing, smart people’, and ‘people authentically interested in being there’. Participants described being ‘impressed with the collective reach, skills, and access to different perspectives’. One interviewee mentioned: “I felt privileged to sit at that table [...] the meeting of the minds was incredible” (NCP13), while another added: “I just love being at these tables comprised of really passionate, smart and committed people [...] there wasn't a time when any one of them opened their mouths when I didn't learn something about their jurisdiction or their constituents or their priorities or their goals [...] I was really, really impressed by the people most of all” (NCP4).

There were some differences of opinion as to whether the group had a broad enough range of perspectives. Some spoke of conformities in participant views as ‘surrounding ourselves with ourselves’, while others saw the need for some degree of congruity of intent, citing “a real alignment in values and also goals, so there was a lot of commonality in that respect [...] it certainly wasn't a group where people had vastly different goals, so that was a good thing” (NCP6). Others called the group ‘quite representative’, and described it as a ‘broad representation of thought leaders’, with one explaining that “the normal people a City would work with were there” (NCP11), which would seem to indicate higher profile/recognized expertise partners as being typical municipal collaborators (and not those with lived experience for instance), or partners with which the City had pre-existing relationships. According to Scott & Thomas, cities are likely to work with familiar partners:

“From the perspective of the public-sector convener, this raises an interesting issue: it is easiest to deliberate with actors with whom the convener already has some degree of familiarity. In other words, while the popular conception of collaborative governance is that it provides a forum for engagement and dialogue amongst previously unconnected parties, for the convener the potential costs of leading a CGR are lessened by collaborating with actors with whom the convener is already aligned” (2017, p.202).

One City respondent mentioned the need for a variety of voices in order to avoid an echo chamber:

"I know that they were, you know, what I would call 'frequent flyers', they're kind of part of the family of people that we dealt with, and that kind of has an advantage and a disadvantage, but I don't know how the actual decision was made. [...] The selection can either be all friends, so then you kind of get the same understanding and you're not kind of challenging A) what you think and B) what is possible, and you're not bringing any new thinking into the room, so I think you always have to, that's kind of coming from the principle of engagement is, you really want multiples of voice, you want the ability to kind of scan the horizon and get multiple kinds of inputs, because then it becomes richer and denser, and you have more, there's more buy-in because you're taking a few more risks and so are they" (CR4).

Respondents overall felt that the City had 'good intentions', and brought people together 'properly', but others would have liked to have known how participants were selected, as one not-for-profit leader put it: "I'd like to know how they picked the group, I have no idea, so many people there, but so many people missing too, so how did they pick, like, whose voice they want to hear?" (NCP10).

There were similarly mixed perspectives on the need for and degree of inclusion of the business sector. One City respondent felt the private sector was represented at the table, and that it was a positive thing:

"I thought that was kind of brilliant, because it's not often you get someone from the banking or financial sector in the same room. So it's a good way to engage people not only who are comfortable, like you can, we could go out and get Coastal Health, and, you know, all of the kind of the regular players, the usual suspects, but to kind of expand it further, so you get people who [...] have the social good as a value, but who are not directly in that business. And I think there's an enormous opportunity there" (CR4).

A second City respondent questioned what the presence of a major developer at the table said about the legitimacy of the collaborative exercise, a view countered by an HCLT participant who stated that "you need to have the business community there, the Chamber of Commerce there as a voice, because they have a critical part to play as well, and not everybody has the same political perspective on what makes a healthy city or what's critical, right?" (NCP9). Another HCLT member felt that the private sector was not well-represented enough, saying that 'it would have been helpful to have a 'stronger participation from the business sector', a sentiment echoed by a third City respondent:

"I think we're almost entirely missing representation from the private sector or business. And I think a lot of the elements of the strategy could benefit from that kind of resourcing but also leadership and



perspectives, and kind of like making a more clear case for why some of the goals or all of the goals of the Healthy City Strategy matter for real estate [...] it just felt like that that was missing a lot" (CR1).

The merits of the composition of the table being made up of senior leaders rather than members of the community or those with lived experience of particular issues came up several times. One participant described it as not having people with 'first order' of lived experience at the table, and speculated that things would probably be done differently now. A second HCLT member expressed that the table was meant for representatives with a certain amount of influence and authority, but that it was good to be conscious of the implications of that choice:

"[N]ormally I would have also wanted lived experience being represented at the table. But it was explicitly to have senior leaders there, and so I mean there are some senior leaders with lived experience, But I think, because the focus was senior leadership, that was why people were there, rather than lived experience and that's a trade-off, right?" (NCP13).

A second participant shared a cautionary view on assuming leaders' views were representative of the views of those affected by the issues being discussed:

"[T]hese types of forums we create that favour the involvement of people like me, people, service providers, other bureaucrats, other... and they don't favour the involvement of the people we're creating this for, right? And that's okay, yeah, I mean [...] I think you need this kind of forum, [...] but I think we sometimes get a bit captured that it really does represent a consensus of what the people want, because it's other people that come to these forums, speaking for the people, not the people themselves" (NCP5).

This view was re-iterated by a City respondent, who also raised the fact that this topic came up during the evaluation phase of the HCLT.

"[G]athering a whole bunch of professionals and executives who work in those fields, you know, doesn't necessarily include those voices, even if it's people who are working on the issues experienced by them, and so that, when we did the review, or the evaluation of the process in 2017, and then the new model for implementation, one of the steps would have been to have some more intentional structures around people with lived experience" (CR3).

In terms of voices who may have been missing from this Table, one participant wished that they weren't the sole representative from their sector, while another would have liked to have seen more researchers at the table; the absence of representatives

from smaller organizations was also noted. Several interviewees mentioned that the make-up of the table would likely be quite different today in light of the growing recognition of the need to centre social justice considerations that has taken place in the intervening years. One City respondent said that a justice, equity, diversity, and inclusion (JEDI) lens would be applied to similar proceedings now, while an HCLT member said that there weren't as many participants from equity-denied communities as they would want to see there today, though at the time it hadn't stood out to them. One participant believed that the City was at the beginning of its reconciliation process, and that there would most likely be more Indigenous involvement today. A City respondent felt that the City was "a little bit late [to] incorporate Indigenous voices into the Table and into this work" (CR3) and that the CoV should have been quicker to work with Indigenous communities to support sovereignty and self-determination rather than taking the view of trying to solve Indigenous over-representation in indicators of health inequities. A HCLT member surmised that by incorporating a greater diversity of voices, including Indigenous ones, that "that alone would shape the conversation differently, we would have a different model of communicating with each other, we probably would have set more ground rules at the front" (NCP8). The complexity of the experience of a racialized leader, as well as the power dynamics involved in organizations' relationships with the convener, was expressed by one participant as follows:

"In a way, I always feel obliged to participate in those initiatives, because I feel I have an obligation to represent. I don't know if I was representing my organization, I don't know if I was representing my Blackness, I don't know if I was representing my, you know, the minority groups. I don't know if I was representing social justice causes, but I felt obliged that I need to participate. And, of course, they were our funders, they were our partners, so you can't say no, haha [...] Although that's not the main reason" (NCP3).

Several offered their views on why specific people were chosen to participate. A City respondent described their memory of it as being "folks were identified by City staff who could, you know, be or who had a public profile and were seen as leaders in one or more of the goal areas that that were included in the [HCS] framework" (CR3). One HCLT member felt he had been included because of the data he collected, and his political access. Others cited organizational size and pre-existing relationships with the CoV as potential factors for HCLT inclusion. One member said that the City sought "community organizations which had a strong kind of presence within the greater Vancouver area, and also had a relationship with the City of Vancouver and other

players” (NCP11), while another mentioned that he had previously worked on the Mayor’s Task Force for Mental Health and Addictions, and that his organization had at the time of the collaboration “recently done an amalgamation and become a much larger organization and so had capacity to do that kind of work, and I think we were starting to get noticed by the City for that kind of work” (NCP13).

City Manager Dr. Penny Ballem’s role in securing participants was singled out. A HCLT member spoke to her influence, saying: “Penny Ballem was the champion of that Healthy City Strategy, and it was really her championing this, and her strong personality and her connections around the province. They got some really high-level participants to the Table; I wonder if it could have happened in the same way without her” (NCP4). A City respondent mentioned Dr. Ballem’s network:

“I think a lot of the folks she had some sort of personal connection with, like you know she was sort of a mover and shaker at the sort of top tier of an organization and I think she had a lot of counterparts in other organizations that she knew, so I think there was a certain amount of like, ‘I know the VP of Vancity, I’ll ask them’, you know, like, not to say that Vancity was not a like a really valid choice, but I think it also rested a little bit on her personal relationships” (CR1).

Membership of the HCLT shifted over time. As mentioned in Chapter 4, and evidenced by the documents, the original 30 members were joined by 5 additional members in 2016. In a City memo from the Fall of 2016, it was noted that “10 of the 35 members have attended 1 or less meetings since 2015. While it is expected that many members will have to miss an occasional meeting due to conflicts, participation levels for these 10 members are lower than we would like” (CoV, FOI 2021-046, Part 1, p. 787); recommended next steps included reaching out to the 10 members that had not been participating to check their interest levels in continuing to be formal members of the HCLT. A City respondent echoed this low participation (by a third of the group), describing how some participants had their name on the document, but were not regularly present:

“In some cases, you know, there were some very active members in sort of the early years that showed up and participated. And then, I mean, as part of the evaluation of it, it was like we tracked participation and there were some members that I had never seen, never interacted with, in the three years that I, that that thing was going, right? It was like, they may not even decline the invite, but they certainly were not showing up. And so, yes, on paper it's like ‘Oh, we have a representative from X organization and they're part of the Leadership Table’, but they

didn't do anything, like, they were not involved, so I feel like in some cases there was those gaps as well that, like on paper, we had a representative from X or whatever, but in practice they were not actively involved in any way" (CR1)".

In addition to participants who didn't show up (either regularly or at all), attendance declined overall over the course of the collaborative process. A City email from October 2016 noted that the "[a]verage attendance per meeting has gone from 19 in 2014, to 15 in 2015, and 11 in 2016" (CoV, FOI 2021-046, Part 1, p.730). Possible reasons for dwindling attendance will be further explored in Chapter 6.

### **5.3. How Did We Work Together?**

*How* collaboration is structured, including how it is led, the format of the time spent together, and the norms of conversation that get established, all play a large part in determining the extent of group member participation in discussions, the authenticity of the input provided, and what gets accomplished. As discussed in Chapter 6, Desroches (2017) observes that there can be an aversion to conflict in collaborative governance, even if healthy friction can be generative. Ansell & Gash speak of leadership as a critical ingredient, "crucial for setting and maintaining clear ground rules, building trust, facilitating dialogue, and exploring mutual gains" (2007, p. 554). This next section will look at how the functioning of the group was set up, and ways that this may have been influenced by the City's purposes for collaborating.

#### **5.3.1. Leadership**

Formally, the only CoV member of the leadership table was the City Manager, but a lot of City staff were involved behind the scenes. A City respondent describes the process whereby CoV staff would come up with an agenda, work with the City Manager to select the three or four dates when the meetings would be held that year, float the proposed agenda up the hierarchy, and have briefing meetings with the City Manager. The proposed agenda would be shared with the staff counterpart at VCH, and would undergo the same process, as relevant VCH staff floated it up the approval ladder on their side. A meeting would take place between the CoV Manager and VCH's Chief Medical Health Officer (prior to each HCLT meeting) wherein staff from both organisations would brief their respective leaders on what the upcoming HCLT meeting

was going to be about, what the planned meeting format was, and any slide decks to be shown.

Dr. Penny Ballem, the City Manager (and HCLT Co-Chair) during the initial phase of the HCLT, was described by a participant as an ‘effective facilitator [...] whose opinions were out on the table’ (NCP13). A City respondent described the strong presence of her leadership style: “Dr. Ballem has a reputation - as a leader she is very structured and directive. When she was facilitating, the conversation was very focused, people were there collegially, but with a really clear purpose, and contributed in a really structured fashion to building the strategy and overall framework” (CR3). Respondents generally described the meetings as ‘well-run and well-managed’, saying that the ‘chairing was good’, and that especially during the development phase, the facilitation was good, and the group made progress.

An HCLT member also commented on organizational Co-Chair (VCH)’s presence at the table: “The Health Authority was very, very strong [...] strong people with strong beliefs who were actually coaching the conversation in one direction because they own the concept of health in a very holistic way, and they care about it” (NCP3). Another participant echoed this feeling of the discussion being steered, saying that “the whole conversation was really maneuvered into one direction, so it was as if there could have been three or four different roads we could have taken, the one road was selected, and that was the road we walked down”, adding later “there were some very powerful voices on the housing and on the medical side, and those really led the discussions” (NCP8).

One individual had a different recollection, saying they “[didn’t] have a strong impression of leadership (negative or positive) which is probably appropriate for a collaborative exercise” (NCP5). This response may also reflect participants’ different understandings and expectations of leadership.

### **5.3.2. Meeting Formats & Dialogue**

A City respondent described the meeting format as initially “very much kind of run by the Co-Chairs, so the City Manager and Chief Medical Health Officer, they would sort of run down the agenda, the room would be set up with the tables in a circle, with little

placards of the names of all the members; there'd be a spread of food at the back, and they were typically three-hour meetings" (CR1). Interviewees all agreed that proceedings were 'very polite and respectful', with one respondent pointing out that "it was private, but there was 30 or 40 people in the room, so it's public. You know, people are on good behavior" (NCP7). A not-for-profit leader viewed the discussions as not forthright enough:

"[W]ay too polite. I think [the group] is probably too big to have a good dialogue, sort of thing, that was more like we're being talked at, things are being shared, and the odd person would put something into it [...] My gut is that they were all dialed back. We didn't get into any, and you should, get into heated discussions and say, like, 'that's some nonsense', and 'what's the evidence base for that?'" (NCP10).

Several interviewees described themselves as being quieter participants, with one saying "I think people like me tended to be there listening, and as kind of observers of a presentation", while another stated "I was not a significant contributor", and yet another mentioned that "most of the time I probably never talked, because there were so many other people that were able and better to articulate the issues than I could". In addition to the feeling that others could express the same views more skillfully, reasons cited for not participating in a very active way ranged from the focus of the conversation being outside their area of expertise, to the perception that their sector was not considered as central to the concept of 'health', to the fact that the meeting format was simply not conducive to conversation. Acknowledging that "everyone has their own, whether their introvert or extrovert way of communicating, and may not be as equally comfortable speaking around the table", one member went on to say that he'd noticed that "some people never said 'boo' the whole time they were there; they were there the entire time and never said 'boo', and you think 'holy moly'" (NCP10), adding that "in a collaborative this small, you want to make sure everyone's heard and feels valued and I don't think, it wasn't like that". Another participant reinforced that view, saying that "it wasn't as if somebody went around the table and said, you know, 'have you had an opportunity to make a comment?', you really needed to be aggressive and jump in" (NCP8). While explaining that she didn't feel the discussion was badly managed, an HCLT member said that she "didn't come away thinking everybody got heard from, but that was a function of group size", adding that "most people contributed in smaller discussions" (NCP5). One leader outlined how additional reasons for not speaking up as

frequently may not have been understood by individuals with different positional identities:

"I have to speak, as a Black person. Although yes, I'm the CEO of an organization, but still, you know, I was the only Black person in that whole 30-40 people, so you know, sometimes it was very intimidating, sometimes you can be second guessing yourself. [...] I don't want to name names, one of the City officials pushing me and says, 'just speak up, why are you so timid?', why are you worried?', but there's no, you know, in a sea of white, predominantly male population, so that could in itself be very intimidating, like I'm not saying that it was planned in such a way. Sometimes you feel that, you know, when you're in a sea of white folks, if you're the only standing out, then you feel is this an element, you know, you can feel some sense of tokenism there" (NCP3).

Describing the physical layout of the room, as well as the ambiance and the conversational dynamics that the layout created, a participant recounted that:

"It was fairly formal in its working style, it was, you had the head table, so to speak, arranged in a circle. And there were other people at the meeting as observers that were kind of sitting behind and in the wings, that were occasionally invited forward to the table to speak. You know that kind of structure, it's normal in many places. I think it's very much how the City Council, which you got the elected Councils and you have the staff, and that was replicated in the Healthy Cities structure, and it, I think, at times, it was helpful, but I think, at times, it also kind of inhibited the conversation and the real, an easy flow of ideas between participants. There was a bit of rank was introduced into the room that may not have been necessary. Mostly City staff, it was primarily City staff, and some very senior City staff members as well, that were kind of relegated to the 'kids table' it seemed, and it's like, I'm not sure I really like that dynamic" (NCP7).

The typical HCLT meeting format was a presentation, followed by a Q & A period. While affirming the calibre of the people in attendance and the quality of the presentations, one participant felt that "it was more like just presenting out all of these kind of TED talks on this and that, but it never gelled as a body of work or as a kind of a drive" (NCP2). The format, as confirmed in the documents I examined (meeting agendas & run sheets) did not allow time for much conversation. Meetings were described as "quite full, [with] no opportunity to begin to build a relationship and get to understand why other people were at the table" (NCP8). Both the documents and the interviewees mentioned the occasional use of different meeting formats, including a World Café session (a methodology for hosting group dialogue), and an educational workshop about Living Wage Employer certification. One participant noted that she would have been

keen to do more hands-on collaborative work: “maybe they were reluctant to take a leadership level group with a bunch of CEOs and put stickies in our hands, I don't know, but it was, anyways it wasn't tangible like that. And that was what I was looking for, was some kind of tangible work that we would do to contribute to that” (NCP8).

A City respondent described the challenges CoV staff would face when trying to structure the agenda a bit differently to allow more time for discussion versus presentation, saying that staff and managers would come up with an agenda with space for dialogue, but as the agenda went up the chain for approvals, items deemed pressing by senior staff would be added into the agenda, shrinking the time available for conversation. From the respondent's characterization of the process, I understood this to be a function of bureaucratic and hierarchical procedures, and not an anticipated or intentional consequence.

Participants also spoke to a shift in the tone and nature of the conversations during the HCS development phase, versus those that took place during the HCS implementation phase:

“[There were] lively dynamics in the planning stage, and really good conversation, not everyone agreed with everyone, and so like really dug into some of the issues and concepts and like what I would call productive conflict, that was like focused on the issue and I think ultimately led to much better product. And then, implementation, it just felt more passive and was, I think we, like as individuals we weren't as clear what our role was, and not sure the City was as clear what our role was once the plan was done [...] the conversations early on, about what are the measures, what should we be, you know, what levers should we be trying to pull, and what would have the most impact in community, those conversations at the beginning were just amazing conversations, yeah um, I think, for me, it was because it was like really strong strategy conversations, and so it was like people really digging into what would have the biggest impact, and you know, so we weren't talking about how to operationalize any of it, it was, it was like that higher level strategic thinking and strategic conversations. And I love those conversations” (NCP13).

During the HCS implementation phase, the group conversations had lost significant energy and momentum, with one member saying that “after it was written, that's again where it got a bit like, I guess it really did feel like we were spinning wheels for a while, just not sure what our role is, not sure what our direction is, and we weren't.... [it] didn't feel like we were seeing a lot of movement” (NCP13).



### 5.3.3. Commitment, Attendance & Ownership

In addition to the HCLT's work transitioning from strategy development to strategy implementation, there was also a change in City Managers. While the new City Manager (and therefore new HCLT Co-Chair), Sadhu Johnston, was described by one participant as effective, albeit with a different presence than Dr. Ballem (whose role he took over in September 2015, see Table 3 'Timeline of Events 2010-2019'), a City respondent felt that there was some institutional commitment that was lost as a result of the change:

"[W]e certainly lost the champion in the City Manager, and subsequent City Managers and leaders have supported the Strategy at a conceptual and sort of rhetorical level, but didn't have the same sort of follow through, and also didn't have the same approach to sort of lining up the organization that this was a priority, and this is important, and so it just became one of many, many other strategies that the City created and that occupy space on a shelf, and so we lost I think the championship at the senior level in terms of 'no, this is an overall strategy, one that touches on every department's work' rather than, 'this is just the social policy strategy of the moment' (CR3)".

This City respondent connected the change in Co-Chairs to a decline in HCLT meeting attendance by other CoV staff. "Over time, as we actually had less participation from sort of senior staff at the City level, it became just sort of, you know, directors and planners and staff within our departments, basically giving a presentation to a focus group and the information flows becoming much more one-way, I think" (CR3). As participants' roles and the HCLT's purpose became less clear in the implementation phase, HCLT member attendance dropped off as well. A City respondent described the transition and how it affected participation:

"For lack of a better word, [the group operated under a ] corporate consensus governance model in action, where, you know, the dynamics when folks were contributing to the strategy seemed really positive and really good, but it was sometimes hard to follow what this group's actual role is, and how they're making decisions, or, you know, it's just sort of a conversational group in some ways, and so, yeah, I'd say it was fairly functional at the start, but held together by sort of a pre-existing consensus, and a pre-existing commitment to seeing the strategy through to development, and then, yeah, over time, as the shift in focus to, sort of the implementation rather than the conceptualization phase happened, that's when participation would drop off, and in some ways it would just be people sitting there while City staff were presenting a whole bunch of information to them, rather than being sort of the more conversational structure, and so that's where I saw the dynamics start

to shift a little bit, and I think that's reflected in the Evaluation Report, but certainly Leadership Table members that shared their perspective saw a shift from, you know, 'we're listened to, we're valued, we're part of this bigger thing', to, 'this is now a City strategy and we're just here to sort of validate it, and consent to it'" (CR3).

Participants began to send delegates in their place, which had an effect on other members' interest level and commitment:

"As substitutions start to occur, the initial coherence starts to diminish, and so then eventually I would see that even in my own willingness to go. I would go to the meeting looking forward to seeing the people I started with, and then realize, well, they'd all sent delegates to that meeting, and I didn't really know anybody, and the ones I wanted to see weren't there, and so my enthusiasm also started to diminish. And I think once that dynamic gets started in these groups it's almost impossible to stop" (NCP7).

In addition to affecting the soundness of the group, sending delegates also impacted the table's decision-making abilities:

"[T]here was, seemed to be, there were fewer people at the table, or what happened, or some of the groups were sending designates so they're not decision makers but designates, and they didn't have decision making power [...] we actually sent a graduate student so then it just got to these lower and lower levels of authority so, even though they were engaged, they could not make decisions, and they cannot, they could not enact whatever surfaced out of the strategy, they were just not in a position to do so. I don't think anybody left at the table was in a position to actually, yeah, they weren't up the right level of authority to get stuff done" (NCP4).

Further impacting attendance was the shift from discussing bigger picture goals to topics that were of interest to the City at that moment, which led to members not showing up if the conversation didn't seem relevant to their area of expertise. A City respondent outlined the splintering of the group: "[I]t sort of became de facto working groups, because, you know, attendance would fall off, people would take part in the topics they were interested in and not necessarily the other ones but, there'd be a Leadership Table meeting that was solely about poverty reduction, or one that was solely about the overdose crisis, and that kind of thing" (CR3).

As detailed in the HCS Evaluation Final Report, the process came to be perceived as a City process, diminishing stakeholders' sense of ownership. An

interviewee describing his perception of his place in the process corroborates the data from the evaluation:

“Ultimately, I think everybody in the room, those of us who are there as advisors or members would also see that it's, it is the City's plan and it's not really my place to make my, it's not a hill to die on because it's not my plan, right? It's their plan, I put my advice in, they agree with it - great, if they don't, I'm not going to fight them because it's, my recourse is the ballot box, not the podium” (NCP7).

Another participant spoke of being grateful for the work CoV staff were putting into the process, but also of how the lack of the onus of responsibility being on HCLT members engendered diminished engagement on their part:

“[T]hey were working really hard and all the work was being done by the City, but in order for this to be sort of a co-design they needed to get everybody working more fully. I appreciate it on the one hand because it left me off the hook, in terms of having to do a lot of work outside of these meetings, which I enjoyed, but on the other hand, you can't fully engage unless you've got, you know, you've got to have some skin in the game somewhere” (NCP4).

This is reflective of the point that Ansell & Gash (2007) make about ownership of the process being a dimension of commitment that shifts stakeholders from being critics of a process to being collectively responsible for the decision-making (p. 559); in this case it would seem that participant perception of the HCS as a City-owned process contributed to diminished participant commitment.

## **5.4. What Were We Doing Together?**

*What* collaborators do together speaks to collaborative process variables such as creating shared understanding, openness to exploring mutual gains, and generating intermediate outcomes or ‘small wins’ (Ansell & Gash, 2007). Shared understanding of the problem is crucial as Rittel & Weber point out: “the process of solving the problem is identical with the process of understanding its nature, because there are no criteria for sufficient understanding and because there are no ends to the causal chains that link interacting open systems, the would-be planner can always try to do better” (1973, p. 162). This next section will examine participants’ views on the nature of the collaboration that took place, as well as the types of learning that took place, and the missed opportunities for mutual benefit.

### 5.4.1. True Collaboration

As one of the interviewees mentioned, “collaboration is one of those words I keep saying to people, it's an easy word to say, it's a tough, tough, word to do” (NCP11). Interviewees had a number of perspectives on why the HCLT didn't fulfill its potential as a collaborative model. One City respondent pointed to the City ultimately focusing on City-driven initiatives in the Action Plan, and not creating a lot of shared involvement for members:

“[P]eople were brought in with the expectation that they'd be actually committing resources and substance, but also that they'd be helping shape what got done, and so, it's not so much, they didn't step up [...] but it was the City said 'okay here's what we're doing', and it's all these actions that are housed within the City bureaucracy and that don't necessarily leave a lot of room for other partners to lead or other partners to be part of it because the sort of true collaboration model wasn't followed through on, on the part of the city” (CR3).

Another City respondent felt that perhaps enough hadn't been asked of HCLT members:

“I don't know if we asked enough of them [...] I don't know if it was temerity, or was thinking this is just one of the 35 policies at the City and, you know, we've got to run around and do the other policies as well because Social Policy is always under the gun [...] True collaboration means that you kind of give and get, right, I don't know whether, yeah, it was put through that filter or not. But it would be, it would be interesting to find out if that was the aspirational goals and then it kind of, the room fell to another level, I don't know” (CR4).

HCLT members also had varying views on why collaboration proved to be difficult for the group. One interviewee posited that it might be due to the City's unfamiliarity with sharing power:

“I think that the City were struggling to figure out what partnerships meant, and what their role, where their role, because I think they may have been used to driving. So I mean if you're the only one driving, then you don't need a bunch of other drivers, but you have to come up with a co-driving model, we all need to be driving and tell us how we can all help to drive, and I think they struggled with that a little bit because I mean they're used to working fairly independently and now they've got an initiative that, they've called upon the participation of some really powerful groups and they don't know, didn't know exactly, in my view, how to utilize them [...] That co-created model became a City of Vancouver model” (NCP4).

Another HCLT member explained that in his view, collaboration means that all parties take on the responsibility of understanding what is important to one another, and developing solutions based on a common point of view:

“Where I often see the gap, and this was one of the examples, is the act of saying that we were collaborative around bringing a bunch of people together in a room and talking about things that represented, as I recall, a series of priorities or healthy community initiatives that the City thought was important. It's a collaborative discussion, but it doesn't lead to collaborative change or collaborative behavior because the City wasn't all that interested in what [my organization] might have thought was important, or how we could contribute, it was more of 'here's what we're wanting to do, what do you think?'” (NCP11).

He elaborated that in his view, partnership is not about what you get, it's about what you are prepared to give up to collaborate with another person or organization, including autonomy; he described this as valuing the good of the community over the good of the organization (NCP11).

#### **5.4.2. Joint Learning**

An aspect that is generally considered to be important in collaborative processes is joint learning, or ways in which the group is able to collectively shift their understanding of a problem, or advance their thinking on an issue together. Sørensen & Torfing note that “it is often in the meeting between different public and/or private actors that new ideas are developed, processes of mutual learning are accelerated, and joint ownership of new and bold solutions is built” (2015, p. 152). Participants' views varied on whether they felt they learned much as a result of the process (and if so, during what phase of the collaboration).

One HCLT member described an engaging atmosphere during the HCS development phase, and the difference between conceptual and practical learning:

“I would say that happened almost every time in the planning stage. It just, again like I said, there were some really, really bright minds in that room, and coming at it from very different perspectives and, I know personally I had a number of 'Aha' moments in those conversations, and I believe that I witnessed 'Aha' moments in others [...] in the later stages where there were lots of presentations, it was learning about like, how do I just, it wasn't rethinking concepts, it was learning about kind of facts and figures, what program is out there, what does it do, what has it done, rather than that, like, 'Oh, I understand something different

now'. Yeah, and honestly I think some of what had me so excited about the first part was that it was that, like, 'I've never thought of it like that', you know, that reconceptualizing things. I think that's part of what I missed in the second part" (NCP13).

The shift in the 'what' (from strategy to implementation) changed the nature of the collaboration in that the role and responsibilities of the HCLT became even less clear to members; had the purpose of the HCLT been more explicitly co-determined at the outset, perhaps the HCS and the Action Plan would have been approached as separate and distinct collaborations, potentially involving different participants. An HCLT member shared that she viewed the HCS as reflective of the shared learning of the group, but didn't feel the same way about the HCS Action Plan. She described one of the collective takeaways that surfaced as a shift from a siloed not-for-profit environment (in which community organizations compete for funds), towards a realization of ways in which community organizations could integrate their efforts (NCP4). Others felt that while they enjoyed the discussions, it didn't create a lasting impact in their ways of working:

"I'm sure there was learning I'm sure you know, when you bring a bunch of, I mean, these are all the big capable organizations in the room. I'm sure there was some really great conversation. I can't sit here and say I remember anything. It was a good, and I was interested to be involved, but there's nothing memorable about it as I sit here today, sorry to say" (NCP11).

### **5.4.3. Missed Opportunities for Mutual Gains**

Several participants expressed their disappointment with what they perceived as missed opportunities for the group to leverage their time together into tangible results.

"I really did feel like it was a missed opportunity, that's the thing that really stuck out. I just thought 'holy mackerel', like there's all of these senior leaders in the room. We have real, they're not just, you know, it's not just theoretical ideas, we have real problems and real opportunities to find solutions. If anybody can do it, we can, and we just didn't ever get the boat into the dock. It was very, I found that very frustrating" (NCP2).

This dissatisfaction with the lack of concrete outcomes is something that Ansell & Gash discuss:

"A number of the case studies suggest that collaboration is more likely to ensue when the possible purposes and advantages of collaboration are relatively concrete and when "small wins" from collaboration are possible

(Chrislip and Larson 1994; Roussos and Fawcett 2000; Warner 2006; Weech-Maldonado and Merrill 2000). Although these intermediate outcomes may represent tangible outputs in themselves, we represent them here as critical process outcomes that are essential for building the momentum that can lead to successful collaboration. These small wins can feed back into the collaborative process, encouraging a virtuous cycle of trust building and commitment (Rogers et al. 1993; Vangen and Huxham 2003b)" (Ansell & Gash, 2007, p.561).

The same participant who expressed frustration about missed opportunities went on to outline that the work was already taking place, and that it wouldn't have required extra effort on the part of organizations, simply a greater cohesiveness in their approach:

"There's so much kind of leakage in that kind of approach right, because people are doing, duplicating setting up all the structures, working sometimes cross purposes to each other, focusing on the same segment and missing this piece. That's why that collective intent is so critical and that's what was the missing ingredient because to me everybody around the table was actually, we had the cards in our hands, we just never got to show them" (NCP2).

One HCLT member's perception was that there was a willingness at the table from organizations to offer more than their time: "the folks at the table were really, really ready to offer what they had, their expertise and even in-kind contributions to create, to supporting an action plan and all that kind of stuff, I think the groups were all in, in my experience" (NCP4), while another member posited that perhaps the group could have tried measures such as cost-sharing a staff position (it is unclear whether this suggestion was ever raised within the HCLT). Another respondent thought that the City was careful about what they were formally asking HCLT members to do, though participants weren't constrained from offering to do more or from finding links for collaboration with other individual HCLT organizations as commonalities emerged. While organizations weren't prevented from collaborating amongst themselves or volunteering to do more, the lack of clear expectations did not seem to create conditions conducive to self-directed partnering between organizations: "The City asked us there for a reason, and I think they were professional in how they conducted themselves, so I've got no trouble with that, I just think there was an opportunity lost [...] The frustrating part is that we could have made a bigger contribution if we were invited" (NCP11).

In reflecting on the narrowing of scope that took place around the time the Healthy City Action Plan got approved in 2015 (see Chapter 4.6), a City respondent spoke of municipal nervousness around exceeding spheres of authority:

“And then yeah, there's also the narrowing of focus, like we, I think, made people nervous by talking about things that were outside of the City's formal jurisdiction, and so by the time the final Action Plan gets approved in 2015 there's a stepping back from, you know, ‘we are going to take all the system changing actions that require the province to do this, that require the social service sector to do this, that require these organizations to be part of’, to, ‘the City will write a City poverty-reduction strategy’, and so it becomes, you know, a much narrower scope” (CR3).

One of the strategic aims put forward by Scott & Thomas as an impetus for collaboration was the bridging of spheres of authority described in Chapter 2. The authors contended that “[w]hen public managers are constrained to act within one policy sector but face a problem that spans multiple policy sectors, they are more likely to use collaborative governance tools to jointly implement programs, plans, or projects with organizations active in other sectors” (Scott & Thomas, 2017, p. 200). In this instance it appears that the CoV stepped away from including actions outside its jurisdiction, perhaps in an effort to avoid being directive. This seems to have been a missed process-design opportunity for the HCLT to decide what types of outcomes they would like to seek as a group, potentially up to and including multi-organizational commitments for instance; the collaboration was undermined by limiting the ‘what’, and not entertaining topics such as the possibility of the City seeking formal agreements to advance multi-sectoral action items that exceeded its authority.

## **5.5. Why Did We Decide to Work in this Way?**

Municipal motives for collaboration can include drivers such as optics, effectiveness, and legitimacy. Scott & Thomas speak to the necessity of investigating conveners’ motives:

“Much of the current literature focuses on the emergence of collaborative governance more broadly, emphasizing how participation incentives for public, nonprofit, and private stakeholders alike motivate collective action. This focus on emergence belies the reality that collaborative governance is time consuming, costly, and uncertain (Koontz et al., 2004; Margerum, 2011), and that the use of collaborative tools requires someone to foot the



bill for administrative and operating costs and to bear the costs associated with deliberative decision making. Accordingly, theory concerning when and why public managers choose to use collaborative governance tools to solve policy problems remains underdeveloped (2017, p. 209).

Interviewees had different views as to why the City chose to engage on the subject of social sustainability in a collaborative way which I will examine in greater detail in the sections that follow.

### **5.5.1. Good Intentions**

Many participants were keen to highlight the fact that they believed the City had good intentions in undertaking the collaborative process. One HCLT Member said: “The only emphasis I want to make is I think it was well-intentioned, to engage the city leadership” (NCP3), while another added “I was also really grateful for the City's really good intentions to get this done” (NCP4). A third participant pointed out that she thought it was courageous on the City's part: “I think it was a very bold and brave move of the City to get involved in that, because it was taking them into some very new territory and many issues which, quite honestly, they wouldn't be able to deliver on. So, there was, you know, always the chance that you're raising expectations, but you can't actually do much about it, then you disappoint people” (NCP12). Yet another member's impression was that the process was undertaken in good faith: “It was very collaborative and it was very genuine, like, that was, I came out of it feeling, this is a genuine process, the City's committed to the strategy, committed to an inclusive participatory development process, so you know, I had a high degree of trust in the [City's] intentions, and the intentions of the staff that were putting it together” (NCP7).

### **5.5.2. Civic Identity**

Scott & Thomas (2017) remark on the influence that societal level norms have in terms of motivating collaborative action, while Bradford's (2016) notion of 'discursive localism' discussed in Chapter 2 posits that aspirational evidence-based ideas gain power when anchored in broader narratives about civic identity and community meaning. Another factor that may have influenced the selection of a collaborative approach such as the Healthy Cities framework is Vancouver's self-conception as a progressive city, a

municipal self-image one HCLT member called into question contending that “the brand [of Vancouver] is way ahead of the delivery” (NCP1).

### **5.5.3. Optics, Expectations & Collaboration for Its Own Sake**

The role that optics play in motivating a municipality was raised by a few HCLT members. One noted that this tendency to cater to public perception is not unique to the CoV: “I think the intention is there, but I also, being a bit of the cynic, I think that it socializes their intentions, a Healthy City, but it also ticks off that box, ‘well, we’ve involved everybody’, so it’s, it, I think that they social-proof, they’re trying, a lot about the optics. But, here, Toronto, Montreal, LA, New York, Cape Town- it’s all the same, the optics are very important” (NCP1). Another participant had the sense that: “input was less important in terms of that, but the ability to say that we got input was more important [...] style mattered more than substance in my perspective” (NCP11), a sentiment echoed by a fellow member: “it’s almost like we’re going through this as per showing that we’re inclusive and transparent, sometimes I wonder how much these things are politically driven” (NCP10).

One leader voiced doubt regarding the merits of collaboration for its own sake, saying: “My concern is that we’ve shifted from collaboration as a means to an end, to collaboration is the end, that’s what is most important. We’ve forgotten that we’re not collaborating just for the purpose of collaborating; we’ve decided that collaborating can result in better outcomes, because you can get more buy-in from people” (NCP5). The participant clarified that “there’s nothing wrong with saying ‘the collaborative process is to give people a voice’, even if you don’t do what their voice says”, taking the view that there is value in giving people the opportunity to be heard even if that feedback isn’t necessarily acted on (NCP5).

Teisman & Klijn point to the gap between rhetoric and practice: “This call for governance, cooperation, and partnerships, however, does not directly lead to major shifts in day-to-day decision making. Partnership projects are not easy to realize. Verbally, much has been made of the potential benefits of cooperation. The term “partnership” has clearly penetrated the language games played by politicians and governors” (2002, p.197). An interviewee echoed this perspective, citing the ubiquitous

rhetoric about collaboration being common to progressive municipalities regardless of the effectiveness of their collaborative efforts:

“I’m not entirely sure the collaborative process was all that collaborative. What it was being sold as and what may be, at least from my recall, the ultimate outcome, might have been, at least from my perspective, a bit disconnected, but you know, certainly the language of collaboration from a municipality’s point of view is well entrenched. The behavior associated with collaboration, and the language associated with it, sometimes are two different things. And it’s not just the city of Vancouver in that issue, there’s lots of that that goes around. Everybody likes to talk about partnership until you actually have to behave like a partner” (NCP11).

#### **5.5.4. The Legitimization of Pre-Determined Objectives**

Another potential municipal motive put forward by participants was that of legitimizing pre-determined objectives, which can curtail group creativity as one participant pointed out: “[they] have an agenda where they wanted to end up so it precludes you from innovation” (NCP1). Another spoke about the City seeking alignment with its goals rather than help in designing something new: “I kind of came away feeling, it was a City strategy, a City-defined process, and they were looking for alignment. Not input. And so I provided them [with] alignment, and they loved it [...] So it wasn’t about architecture, it was about plumbing” (NCP11). Musing on the why the format of the meetings was set up the way it was, a participant offered: “one could say that was all being done for efficiency purposes, or one could say it was being done because the panel was a rubber stamp, and it was really just a show of consultation when really the end result was already known. Hard to know, you know; you can’t...you could say one thing or the other” (NCP8). This participant also saw a link between the leadership and the desired outcomes:

“Penny Ballem’s a very strong-willed person. I think she had in her mind an idea of where she wanted to land, and so she managed that, managed it well. Her staff were very capable, her staff were very, they were agile, they were listening, and I think they were receptive to comments and feedback, they certainly made every effort to, you know, record everything that was said. But I do think that Penny had in her head what she wanted as a final result, and so that was part of the way she managed the agenda, and part of the way that she encouraged the meetings to carry on” (NCP8).

The collaboration was also seen as potentially a way to legitimize recommendations in City Council's eyes:

"I guess, they could have done one on one consultations, they could have done a draft of the document and then run it by any number of people on an individual basis. I really don't know why they chose that. I think they felt that maybe it would provide some profile to the document, that the Council might feel more comfortable, knowing that there were more individuals' eyes and ears at the table, and that it wasn't only the staff. My guess would be, it would be that, to give the Council a little bit of comfort that there was, there was other input into the documentation" (NCP8).

### **5.5.5. Beyond Organizational Capacity & Authority**

The prominence of the notion of collective impact work at the time of the HCLT, and the understanding that complex problems were beyond a single organization's capacity were seen by many to have motivated collaboration on this strategy:

"[T]he whole notion of collective impact work was a very live conversation in the community sector, and so the fact of, that these kinds of wicked social problems are bigger than one organization or one order of government can tackle alone, that we really need to be working collaboratively, build that kind of sense of collective focus and so on and so forth, so. And, and so I imagine that that kind of concept was out there and influencing their process [...] how to work together, collectively, to have, to form some agreements, to make some commitments and then actually take action, collectively, in collaboration with each other to achieve those goals; these are big goals, right, so, that's kind of what I assumed was driving their thinking" (NCP2).

Another interviewee spoke of how complex problems are not specific to Vancouver, and while the authority of Council and City staff is limited to the city of Vancouver, "these are problems that are common across society and across the economy and, certainly, I think of the whole Lower Mainland jurisdiction as an integrated whole and, and so, you know, the parochial divisions between the 28 or however many, I've forgotten already, municipalities make solving these problems difficult, or addressing them difficult" (NCP6), pointing to a potential municipal motive of addressing issues that span geographic boundaries, a rationale raised by Scott & Thomas (2017) and discussed in Chapter 2.

The fact that health is not a municipal mandate was also referenced, along with the fact that the City was well-placed to play a convening role however:

“My gut says it's probably because health isn't core to municipal operations in BC, and so they couldn't do it on their own [...] You know, they weren't necessarily the ones to solve, quote unquote, the problem, but they would bring together the people who had a chance of doing it, right? And so I think this was along those kinds of lines, like, they did think the City had a role in articulating that we want a healthy city, and making sure that there was work happening related to that in the city, and they, I think knew they didn't have a health mandate, right? They had a planning mandate, and a coordination mandate, but not health. And so, they, I think, brought in the people that have that health mandate, right?” (NCP13).

The limited agency of Canadian municipalities (compared to their American counterparts for instance) was also raised, and what that might mean in terms of a leadership table's role in seeking support from senior levels of government.

“[T]he city has limited leverage, you know, and many of the challenges that really cities must confront and are forced to confront that direct sort of coalface, of interface with the public, are challenges that really require support from the senior levels of government and so that really was a bigger question, like, how do you manage that? Do you become a sort of a lobbying or an advocacy group, or do you try to bring them into the discussion? How does that actually work, and that is challenging, and I think it it's not so much a function of the design of the table or the program, it's more a function of the really, the limited authority that cities have, their dependence on the higher levels of government, the fact they only get, you know, like eight cents on the tax dollar, that they don't have the same sort of mechanisms for raising funds that that cities in the United States have. There's a massive difference there, and so they really are beholden you know, to the provincial and federal governments in many respects” (NCP6).

The specific responsibilities of different levels of government not being well understood by the public was also raised by this participant, who commented that this can often lead to people having unrealistic expectations of what can be solved by cities, when municipalities simply don't have the levers of power to address certain issues (NCP6).

### **5.5.6. Politics**

Head & Alford emphasize that collaborative ventures can be vulnerable to financial and political barriers (amongst others), and that “it can be difficult to establish and sustain robust collaboration in a public-sector context subject to turbulence and strict accountability rules” (2015, p. 728). The election cycle creates uncertainty and disruption, while the hierarchical structures create rigidity. The necessity of getting buy-in within the bureaucracy as a way of achieving a certain level of continuity on an initiative

throughout the political cycle was raised by a City respondent, who spoke of the difficulty of sustaining a strategy perceived as belonging to a previous City Council, in addition to the challenge of securing material commitment from the City.

“[A]cross local governments, there is always a huge gulf between what policies and priorities are set by elected officials, which ones flow to senior staff, which ones sort of filter down and get bought in across the organization and then, most importantly, which ones actually get resourced when budget decisions are made. And that, I mean that's a gap that many, many strategies in the City of Vancouver face. City of Reconciliation being another really good one where the funds allocated for it, just like with the Healthy City strategy, came from a temporary sort of ad hoc source of funding, and there was nothing sustained to actually integrate it into how the City works, and so it required us to step back from a lot of the ambitions, and a lot of the sort of bigger shifts that we were hoping to make” (CR3).

While noting that the City would have been roundly criticized by interest groups who felt they had a place at the table had the City not done a collaborative process, a HCLT member also spoke of the tension between idealism and business-as-usual:

“I think there's a larger political reality around Healthy City movements, including the one in Vancouver, that maybe cities that, well, sort of thing, that [the] City is like, 'Okay yeah, so this is a good thing to do'. Council has proved it will pay lip service to it, but really, 'our business is this, or our business is that, and we're going to get on with doing that, unless there's something that we like that they've come up with that will help us push through on our agenda', so it's a little bit of the real politik, as opposed to the sometimes rather kind of idealistic driving” (NCP9).

One participant wondered about the connection between elections and collaborations: “Is this Healthy Cities, is any appearing-to-be-collaborative process truly collaborative, or is it just political, because you know, everything we see done today is 'will it get me a vote or lose me a vote', [rather] than keeping a highly, really...the integrity of 'we're listening' rather than 'we're pretending to listen'” (NCP1).

Another member spoke of the political benefit to the City of being able to reference the HCS, without necessarily looping members in:

“Look, a lot of this is political. Reports to the media, I've had calls for interviews about the oddest things over the years, and they say, 'Oh, I see you're on the Healthy City Table' [...] Again, if you know you're going to publish who's part of the team for credibility, you really need to keep those folks involved so they can, they do have speaking points, they do know, you know, what's going on, on some of these fronts, and I mean I had no clue, so...” (NCP10).

### 5.5.7. Duty, Social Justice & Effectiveness

As referenced in Chapter 2, some scholars view it as a municipality's ethical obligation to facilitate and encourage public participation, a view shared by an HCLT member: "A City's job is to be a seamstress, and take all these messy fabrics and sew them together [...] Take any cynicism away of political, politicizing, I think it's necessary for the City, one, to get all stakeholders together, but I don't even know whether it's their agenda, but to make sure that stakeholders understand other stakeholders and then what is systemic through with all of us" (NCP1). This notion that a City has a duty to convene was raised by another participant as well, saying "[i]t is the most important thing that a municipality should do, except they should do it in a way that tries to understand that the strength of a community is a ground up experience, and that a municipality as a convener of important discussions like this is critical" (NCP11). A City respondent also outlined a moral imperative of sorts for municipalities to assemble and unite stakeholders, particularly in working towards social justice aims:

"There're different ideas about what government needs to be at this time that come from different angles, you know, digital is really transforming it. People have different expectations of a government as a service provider, and as like, providing better user experiences for me as a citizen. There're some that come from democracy and engagement and I think one of those others is around collaboration, it kind of relates to democracy, but is around collaboration. And co-creation, and collective impact, and these, this idea about...and for me it really came down to like, we need to share power differently, right? Like, we need to, it's really about that, I mean, I think we still it's very hard for government to share power. And I think it's very promising for us to think about how we actually do that, for all kinds of reasons. From the point of view of reconciliation, and from equity, and from the point of view of democratic engagement and being responsible to future generations and for all these reasons" (CR2).

This perspective is in alignment with Shields & Mitchell (1998)'s view as discussed in Chapter 1 that no meaningful government reformations will be possible without addressing the fundamental question of the distribution of power in civil society; bureaucratic structure and function is simply a mirror.

The duty to collaborate is also embedded in the Healthy Cities movement as one respondent underscored: "if you look at the Healthy Cities movement, that is sort of a key component of being able to see if you can reach consensus with many different stakeholders involved on a whole variety of issues" (NCP12). Another member

wondered whether the Healthy Cities framework was up to the task: “Cities are very complex organisms, governance of cities and management of cities are very complex, and I think that the Healthy Cities movement as originally conceptualized doesn't actually recognize how complex and sophisticated those relationships are” (NCP9). These two views seem to indicate that while the Healthy Cities framework has an emphasis on multi-sectoral collaboration (which has its usefulness), the framework (and perhaps any framework) is unable to fully capture the intricacies and nuances involved in the workings of any given municipality. In addition to the complexity of relationships that make up a city, Head and Alford's work suggests that collaboration itself may not always be the right solution to address complex problems:

“Public managers and researchers have been actively considering a range of strategies and processes to tackle these problems. Perhaps most widespread is some form of collaborative or networked management, wherein managers work across boundaries with others who have relevant knowledge and a stake in the complex issue they are grappling with (Weber & Khademian, 2008). In our view, this widespread focus on “collaboration” as a process solution to wicked problems is important but requires other measures. It is not always the primary or the best option among possible responses to wickedness, primarily because collaboration alone does not necessarily address all aspects of the complexity challenges. Therefore, we additionally consider two further approaches: broader ways of thinking about variables, options, and linkages; and new models of leadership that better appreciate the distributed nature of information, interests, and power” (2015, p. 722).

Effectiveness was brought up as another municipal aim by a City respondent: “[W]e wanted that sort of visionary leadership and, drawing on their expertise and their networks and the kind of capacity of the organizations that they represented, and like, how do we align all of that together, to move forward towards the shared goal?” (CR1). A second City respondent also picked up on the theme of alignment to achieve more effective outcomes:

“And also just very real financial pressures, we can't do all the things that are expected of us anymore, and so there's so much misalignment too, where there's these overlapping, especially from different public sector entities, when you think about health and the Vancouver Coastal Health Authority and the City, and Healthy City, there's so many areas of overlapping interest, and through this governance structure, they did find some ways to make that more aligned and heading in the same direction, right? And I think there's a lot more that can be done there, because there's a lot more institutions that are involved, you know, so many non-profits that work in health and well-being and



there's a lot of possibility for the collaboration, collective impact ideas, co- creation" (CR2).

What this respondent is highlighting (and as discussed in Chapter 2), is in line with Scott & Thomas' (2017) view that collaborative governance can produce more effective plans and policies, and avoid duplication of efforts and investments.

A HCLT member raised the motive of the City aiming to achieve greater internal effectiveness too: "The City management were trying their best I guess to impact change. And eliminate, use that as a tool for breaking the silos within the departments [...] so they were trying to use this as a way of breaking that silo, so that they could collaborate and work together, but I can't say whether they achieved it or not" (NCP3).

### **5.5.8. Shared Responsibility, Scope & Buy-In**

For participants to see a role for themselves in any proposed solution requires that the conversation be broad enough to include their organization's mandate and expertise so that they truly believe the issue to be partly their responsibility; participants' buy-in needs to be strong enough to for them to have a sense of ownership which will sustain their engagement over the long-term. "Why the City chose that approach, instead of just direct consultation with the people was to me to impact upon the city dwellers and city leaders that health is the responsibility of all" (NCP3) posited an HCLT member, an aim attested to by a City respondent who spoke of the City wanting to "embed the goals of this strategy across society in a way within all of these different organizations in order to actually all be kind of pushing together towards a shared goal" (CR1). A City respondent also viewed it as a way to underscore the shared responsibility of the issues:

"I think that it's to hold our partners accountable. To be supportive of the same goals that the City held really important, to see, have a line of sight with your partners. It's not just they get a seat at the table, there's an onus of responsibility and a location of responsibility to be, to participate, and it's not just 'Oh well, you know, you're there, and then you get to leave'. You represent your organization and their actions as they go, so it's, I think it's holding it to account, and as well that there's an onus implied that there's actions that come from that" (CR4).

Having it be a multi-sectoral group rather than bilateral consultations also allowed the City to broaden the scope of the conversation, the strategic aim of issue diversification raised by Scott & Thomas (2017).

“It was obviously time-consuming and perhaps not as direct as some might have liked, but at the end of the day, you did get input that you probably wouldn't have necessarily got by just going individually for interviews with each of the organizations, because there was the opportunity for us to hear the others' point of view and then think about that, assimilate that and respond to it as appropriate to. So it was a broader discussion than what might have occurred if it had just been sort of bilateral” (NCP12).

The City's need to secure buy-in from stakeholders in order to achieve any sort of implementation came up from several respondents. One HCLT member described that necessity, saying: “I think, you know, correctly they recognized for this work, just as any work, to have any real legs, you need to engage people in a meaningful way, they need to feel part of something or they simply won't participate [...] on the whole, you know, unless you actually engage people, then they won't care and they won't support it, so you kind of have to try” (NCP6). Another participant added that while the City probably did have buy-in as a motive for bringing stakeholders together, convening them was not enough, sustaining engagement was also necessary:

“I think the City of Vancouver were informed enough to know that they have, that the evidence would tell us, that unless you co-create, you co-design and co-implement a strategy, it's never going to have any sort of like... so in order to implement it in the first place and sustain it in the second, you need those players who are the partners in doing that at the table, and you need to keep them at the table [...] so I think the initial inclination was sound in that respect. My feeling is that they were absolutely on the right track, we needed to be at the table, but we needed to be kept at the table” (NCP4).

The difficulty of keeping participants at the table is reflected in the literature as well. Waardenburg et al. speak of the importance of perceiving the collaboration as mutually beneficial to develop engagement:

“Another part of building trust is establishing a primary commitment to the collaboration, resisting collaborators' competing commitments to their parent organizations and overcoming reluctance to participating fully because they are too busy, unsure of the results, or anxious that other collaborators will dismiss their perspectives and interests (Ansell & Gash 2008). To overcome these inhibitions, collaborators need to work together

to create an environment focused on mutual gain, both professional and personal (Thomson & Perry 2006; Ansell & Gash 2008)” (2019, p.389).

While many HCLT members perceived that it would be important for the City to get their buy-in as external stakeholders and create a sense of shared responsibility, the intent to secure *internal* buy-in and internal shared commitment may not have been primary motives; had this been a major goal, the City may have set up the process design in a way that implicated other City departments as key players. The HCLT was managed by a planner in the CoV’s Community Services Department’s Social Policy and Projects Division. Other City departments including Sustainability, Engineering, the City Manager’s office, and Communications were involved in the HCLT in a more passive way as described by a City respondent:

“[G]enerally all those departments I listed were invited to these meetings, but didn’t really play an active role in ongoing meetings unless there was a particular kind of like topic or subject or initiative that was very much something that they were involved in [...] For a particular meeting, it might be like ‘Okay we’re going to be talking about this thing or that initiative and that very much involves Parks’, so, then, you know, the Park staff are a little bit more involved, kind of, in that particular one, but I wouldn’t say necessarily on a like, ongoing, every single meeting basis. Their participation was a little bit more voluntary, or not voluntary, but, yeah, kind of one-off I guess in a way” (NCP7).

Had securing internal buy-in and shared ownership been a more central aim, perhaps the CoV would have sought to structure the HCLT in a way that formally included other City departments, given the close connection between urban planning and health outcomes, as outlined by Corbun:

“The challenges for healthy urban governance are, first, to recognize that many local planning decisions and institutions shape the social determinants of health; second, to find new ways to incorporate analyses of the social determinants into existing planning practices; and third, to explore policy and decision-making alternatives that avoid the adverse health impacts of planning decisions and promote the conditions that contribute to positive health outcomes for all, but especially populations experiencing greatest social and health inequities” (2009, p. 81).

### **5.5.9. Long-Term Timelines & Ongoing Nature of Tasks**

Many interviewees spoke of the long-term timelines and the ongoing nature of HCS-related work as motivation for the City to collaborate with partners. One HCLT member spoke of needing to allow time to iterate and course correct actions:

“My theory would be that, and it's one that we use in our own work so I'm projecting, complex problems need a longer horizon and you need people to be with you throughout that problem-solving process because you'll try something, you'll get a reaction, you'll like the reaction, you won't like the reaction, you digest that, and then you iterate, and you make you make your next choice. And if you recognize that the things you're trying to solve are complex and take time, then you want to do that with a group of people that understand that iteration, policy by iteration process” (NCP7).

A City respondent also spoke of the CoV aiming for longer-term rather than shorter-term lenses on issues, and in doing so, shift from reactivity to prevention:

“Well, I mean I think it's been a cycle for a long time, certainly within the City organization and I suspect within other governments and society more broadly, that in some ways the Healthy City Strategy, circa 2012, 2013, 2014, was a response to what had been a lot of really short-term actions, and a lot of really focused consultation [...] really direct sort of downstream interventions and health issues that got the attention of decision-makers, and then the Healthy City Strategy was intended to, sort of, break the cycle of always having the short-term and, sort of, crisis-response mentality, and instead shift us to a longer-term strategy with goals that would help shape policy that was preventive, that was upstream, that was sort of generational, and, would actually result in a more substantive shift in society and so that's where, goals around early childhood development or poverty reduction feed into that kind of thinking and that's why at the start of this strategy that was a really strong intention” (CR3).

The difficulty of sustaining work over longer timelines due to the tension between what is urgent and what is important, and the ways in which the challenge of even envisioning transformative outcomes can lead to an instrumental and tactical bias in collaborations were both issues that were raised by another City interviewee:

“It seems to be harder and harder to take the longer view. We attend to what's more urgent, and what's more easy to imagine what finished looks like, because that's hard enough I think, and it's true, that stuff is hard enough, right? Dealing with an opioid crisis is hard enough. Changing the building code is hard enough, changing the transportation system, that's super hard stuff to do [...] I think this question is a little farther out, and it's just really difficult for people to, even if they want to, for people to spend their time there, because they have so many pressures for the more urgent stuff, not always the most important stuff. And I think that affects collaboration, because it doesn't leave room for people who want to talk about the other things” (CR2).

Sustaining collaboration over the long-term also requires specific skills at the management level as well as institutional commitment and resourcing:

“[C]ollaborative and innovative processes are difficult to trigger and sustain in the public sector without proper innovation management and a supportive cultural and institutional environment. So, in order to realise fully the opportunities offered by collaborative innovation, there is a need for further reflection on the role of public sector leaders and managers and for a transformation of the entire system of public governance” (Sørensen & Torfing 2015, p. 146).

City leadership may not have remained as invested in the HCLT and the HCS due to changes in personnel, public sector leadership paradigms, and competing priorities.

#### **5.5.10. Appetite for New Ways of Working Together**

In considering whether an appetite for working with stakeholders in new ways was led the City to use collaboration as an attempt at doing things differently, several respondents questioned how much the CoV was truly seeking to reimagine and refashion its role and relationships. One participant who perceived a lack of municipal desire to transform its approach to working with its partners, summed it up by saying: “I think the execution was terrific, I think the intent was off” (NCP11). A City respondent spoke to how much control is retained by the City as the convener through the act of agenda-setting:

“It comes back to power too, right? Like, we pretty much always set the table. Like ‘We’re coming together to talk about this thing, if you want to talk about that thing, that’s not what’s at this table. I don’t care if for the last 10 years you’ve been telling me that that thing is the more important thing to you, we’re going to continue talking about this thing, and we have the power to set the table, so we’re going to just keep doing that’. I think we do that quite a lot. And it’s not necessarily for a bad reason” (CR2).

As described by the City respondent, the municipality retains much of the power, both as the convener, and as an order of government that other participants may rely on for funding or other needs. This power differential translates to agenda-setting: “Since power asymmetries among stakeholders remain and influence decision-making; community representatives hardly succeed to raise some issues on the agenda” (Desroches, 2017, p. 103).

Another City respondent spoke about municipalities needing to be willing to provide “longer term commitment and the sort of trust to let go of control of the process which is really, really hard” (CR3). The fact that municipalities often only give up control

on items of minimal importance (thereby tokenizing input, a potential pitfall of participatory methods noted by Fung (2015) and discussed in Chapter 2) was elaborated on by this respondent:

“The really, really small prototypes that we're able to do, like, yes, the sort of experiments with direct democracy in the Grandview Woodland Plan or the arterial in Strathcona, or the participatory budgeting in the West End. Those processes, I think, have only gone up to the point where the City is sort of comfortable with the outcome, and then it gets pulled back if they want to go in a different direction, and I don't think that the City is at all there in terms of sharing power or, sort of delegating what it sees as its own jurisdiction or responsibility. Yeah, so we'll do participatory budgeting for a very small pocket of money that can be spent on things that are not actually consequential; I mean, they're important, and a lot of the projects in that process are great and exciting and that, but it's always sort of, this is a nice-to-have, and it's going to focus on amenities that are not part of how the City is actually allocating, or adjudicating, or making decisions about power and resource flows in the community. It's always much smaller scale than that” (CR3).

While acknowledging the many passionate individuals working within the municipality that would sincerely be interested in experimenting with different models that genuinely share power, a City respondent described the CoV in aggregate's current appetite for power sharing as:

“Non-existent. Like, yeah, no. And that's I mean in some ways the central challenge of all of this is, and not just this, but the larger reckoning the City is having with what it means to be the regulator of unceded land, and yield the end product of centuries of sort of British tradition of being a local magistrate, and how the institutions of local government are totally not suited to either the scale of the modern city, or, the moment that we're in in terms of social change, and the diversity of the city, and the collective challenges that we're trying to face” (CR3).

The current re-negotiation of power within civil society, of which reconciliation in Canada is one part, requires a re-thinking of the very purpose and role of government:

“Change is occurring so rapidly that it is upsetting the ties that have helped bind Canada's social and economic fabric together. Norms, values and shared public policy goals have all been opened up to fundamental re-evaluation. It is in such transformative moments, when the role of the state and its administrative apparatus become the focus of intense debate, that these norms are subject to intense political and social struggles and the core responsibilities of government await redefinition” (Shields & Mitchell 1998 p. 17).

### **5.5.11. Summary**

Respondents described the collaborative process as being professionally and capably executed, and by and large ascribed good faith intentions to the City. Using the framing of the “who, how, what and why” of the collaborative process, I explored how these aspects of collaboration intersected with the inherent social justice aims of both the Healthy Cities movement and of collaborative governance, and how these collaborative variables were shaped by the municipality’s strategic aims. In considering why the City chose to use the Healthy Cities framework (and therefore to embrace equity and inclusivity-driven multisectoral collaboration), interviewees mentioned motives that ranged from perceived municipal obligation to consult with stakeholders, to pragmatism, efficiency and political self-interest. Interviewees grappled with the very meaning of collaboration and what it can look like, the difficulty of achieving it within bureaucratic structures, to what extent it is a deeply held municipal value, and whether it was achieved in this case. Bringing together a group of leaders for their expertise as well as their professional networks seems to have been a municipal aim, though some groups that were part of the HCLT on paper never (or rarely) showed up, which somewhat undermines City claims as to the diversity of community leaders represented at the Table. The meetings typically consisted of a presentation followed by a Q & A period, a format that many felt didn’t allow much time for conversation, healthy debate, or relationship-building, and wasn’t the most conducive to hearing from all participants; this led some HCLT members to view their role as legitimizing City objectives rather than developing shared understanding and being involved in a hands-on fashion. The scope of contributions sought by the Table seems to have been limited both in terms of what was asked of external stakeholders (by limiting the Action Plan to items within the City’s jurisdiction), and of internal stakeholders (by not involving other City departments more formally as Table members, nor securing ongoing resourcing for the HCLT). Engagement levels dropped over time, which some felt was connected to a lack of a sense of stakeholder ownership of the process, while others perceived it as linked to the difficulties of sustaining momentum through electoral cycles and the attendant changes in leadership and priorities.

In the next chapter, I will look at the ways in which the municipal motives described by the respondents affected the collaborative process variables (as defined in

Chapter 1), using the lenses outlined in the conceptual framework established in Chapter 2.



## **6. Discussion & Conclusion**

In this Chapter I provide an analysis of the ways in which (and the degree to which) the collaborative process variables (the ‘who’, ‘what’, ‘how’) were influenced by various municipal motives (the ‘why’), referencing the literature discussed in Chapter 2.

### **6.1. Who Was at the Table?**

In the previous Chapter, I examined HCLT members’ and City staff’s perceptions of who was at the table, and by extension, who was not. Members had varying views on whether they felt there were voices missing from the Table. Some expressed that they hadn’t noticed it at the time, but in retrospect observed the absence of certain equity-denied groups, a hindsight observation due in part to a broad rise of the recognition of the importance of diversity, equity, and inclusion in recent years. Certain participants spoke of the absence of folks with lived experience of key issues, while others would have welcomed greater input from the business sector; mention was made of the fact that a few members were merely members on paper. Respondents spoke of organizational size, pre-existing relationships with the CoV, organizational resources, and personal connection to the City Manager as possible reasons for their (or others’) inclusion; a few members commented that the membership selection process was never explained to the group. Perspectives differed on the optimal degree of alignment one should seek to have in such a group (enough to be pulling in the same direction, not so much that it becomes an echo chamber). Using the literature from Chapter 2, I examined the way municipal motives for collaboration may have influenced participant selection.

As referenced in Chapter 2, Scott & Thomas (2017) view collaborative governance as a strategic response to structural conditions that can be motivated by several aims: to improve the quality of policy outputs, to increase legitimacy, to span geographic boundaries, to achieve economies of scale, to bridge hierarchies, and to diversify issues. Of these motives, all of them appear to apply in the HCLT case, with the exception of attempting to achieve economies of scale. In breaking down the issue diversification motive, Scott & Thomas speak of tackling problems that span multiple sectors, and working with “actors who are authorized to work in different ways than the manager’s agency” (2017, p. 200). The above motives shaped the collaborative process

variables of participatory inclusiveness, a component of process design. By including federal and provincial representatives, the CoV brought participants to the table who had different mandates and authority than the City ('health', the central subject of conversation, being a matter of provincial jurisdiction), and who represented the two more senior levels within the hierarchy of Canadian orders of government. To some degree, having provincial and federal representatives is also connected to the motive of spanning geographic boundaries, though it is interesting to note that representatives from other municipal governments were not included. While in one sense a City is only responsible to its taxpayers, one City respondent pointed out how non-residents who frequent a city daily can still be impacted by policies:

"So something like a Healthy City Strategy is important because it's about the people, and if they, what they do every day, how they exist, how they use the city. We found out at one point that, I think it was like 160,000 people come into Vancouver every day from Surrey, Delta, Burnaby, you know, Langley, up the valley, etc, They come into Vancouver, North Van, West Van and so, when you think about cities, it's not just the peoples within the boundaries; our boundaries are porous. People used to ask me, they'd say 'well, you know, is this, you know, have you talked to the people in Vancouver?' And so the people in Vancouver are kind of like, 'Are we talking about people who are in the city for 12 hours a day or 18 hours, or people who, you know, live here all the time? Like, is there kind of a box that you can put them in?' because when it comes to all kinds of public policy, it leaks all the way through, so it's really important to keep that frame, is that people, it's about the people that you can touch, which may be well beyond just your boundaries" (CR4).

While others Canadian cities (Toronto, Montreal, and Ottawa) have been through amalgamations, Metro Vancouver is made up of 21 municipalities, one electoral district, and a First Nation. Though some services are managed regionally (through Metro Vancouver, Translink, and integrated police and RCMP units), Vancouver as the core area of an urban region and the metropolitan core of a province has a high number of non-residents moving through and using the city on a daily basis. Spanning geographic boundaries was not necessarily a primary motive, or the City may have chosen to structure the leadership table from more of a regional perspective as a collaboration between municipalities.

Issue diversification also motivated who was invited, as representatives from sectors such as the arts and immigration were included, areas not necessarily immediately associated with the concept of 'health'. Including participants from the major

community organizations as well as officials from the health sector would also point to legitimacy as a motive, as documents produced by this group would have been seen to carry the imprimatur of these stakeholders. Gaining access to the resources of the group, including participants' networks, would also have motivated participant selection, a motive validated by a City respondent who said: "the big idea with this idea of the Leadership Table was the combined networking ability of this group of folks, so if it's like, 'Oh, we need to figure out how to do blank', well probably someone in this room has some connection with some organization or government official or whatever that might be able to kind of unlock that" (NCP7).

While social justice is a central aim of collaborative governance (identified by academics such as Fung (2015), Desroches (2017), and Hancock (2018) in Chapter 2) as well as being a central tenet of the Healthy Cities movement, its strength as a motive in the HCLT's case as reflected in the membership list seems to be only moderate, as many equity-denied groups were not represented at the table. There was an absence of organizations that specifically represent women, racialized communities, the LGBTQ2+ community, and those with disabilities for instance, while these communities often face health inequity issues. With the exception of Reconciliation Canada (and later on the Metro Vancouver Aboriginal Executive Council), Indigenous organizations or representatives from local First Nations or the urban Indigenous community were largely missing from the HCLT; this seems like an especially significant oversight in light of the fact that Vancouver embarked on a Year of Reconciliation initiative from 2013-2014, and was designated a City of Reconciliation in July 2014. Addressing the dangers of omitting systemically marginalized communities from collaborative governance processes, Desroches notes that: "[T]he analysis of Healthy City projects and their governance mode shows that stakeholders do not always recognize problems related to structural inequalities. Thus, the formulated solutions tend to ignore and reinforce oppressions related to gender, class and race" (Desroches, 2017, p. 99). Another participant inclusion-related concern connected to social justice (raised by many respondents and mentioned in the 2017 HCS Evaluation Final Report), is the issue of the Table being comprised of senior leaders and executives, rather than those with lived experience. Desroches notes that this can potentially deepen the issues Healthy Cities-related collaborations are trying to alleviate: "The participation is not representative of the communities, it is generally the most privileged groups that are involved in the decision-

making. Thus, these governance modes have the potential to reflect and even increase social divisions by letting the most powerful control the process and thereby ignore the voices of the most marginalized (Burriss, Hancock, Lin, & Herzog, 2007)” (Desroches, 2017, p. 102). Sørensen & Torfing argue that there is value in having a mix of participants, noting that in the literature on social innovation “[i]t is frequently asserted that end users, vulnerable groups and community organisations in particular should participate in initiating, designing and implementing innovative policies and services” (Sørensen & Torfing, 2015, p. 153), while in their view it is helpful to have not only a broad range of perspectives, but also a range of expertise and resources.

“[T]hat collaborative innovation should not privilege a specific group of actors but aim to include all the relevant actors who can somehow contribute to the different phases of public innovation processes. End users, disadvantaged citizens and civil society organisations may prove to be important for creating innovative solutions that enhance social justice, but experts, private firms, consultancy houses, interest groups, politicians, and so on may also provide insights, ideas and resources that spur the creation of innovative solutions in the public sector” (Sørensen & Torfing 2015, p. 153).

Equity objectives appear to have been present, but not central to the HCLT.

## **6.2. How Did We Work Together?**

*How* the collaborative work was structured (and therefore how it unfolded) included elements such as leadership, process design, and the collaborative process itself (see Figure 1). Feedback from respondents on this dimension of collaboration included comments about the impacts of leadership style in shaping the content and direction of the collective conversation as well as in generating and maintaining momentum; leadership style and perceived degree of investment in the process shifted with changes in the CoV Co-Chair role. The meeting format determined the time available for discussion (and therefore the types of discussions possible), and the layout of the room and relatively formal working style at times inhibited the conversation and the easy flow of ideas between participants. The group’s dynamic was described as lively in the planning phase, and more passive in the implementation phase; some members spoke very little during the proceedings for a variety of reasons, and attendance declined over time in a way that eroded participant commitment. The City did the lion’s share of the work between meetings, which while appreciated by HCLT

members, also contributed to participants' sense of not having 'skin in the game'. Drawing on the literature from Chapter 2, I examined the way municipal motives for collaboration may have influenced the configuration and working culture of the process.

Respondents universally agreed that the tone of HCLT discussions was collegial, polite, and respectful, with some saying that they didn't feel they were necessarily hearing from everyone around the table, or hearing what people truly thought. Desroches stresses that while conflict is often seen as unproductive in collaborative governance (and consensus prized), healthy friction can be generative and serve a very useful purpose; seeking to avoid conflict can limit what topics make it onto the agenda, and what solutions get proposed (Desroches, 2017). Citing Bambra, Coburn, and Raphael, Desroches describes the depoliticization of health that happens at the federal and provincial level, whereby health is reduced to health care, the responsibility for health is seen to belong to medical professionals, and the emphasis is on promoting and supporting healthy lifestyles instead of striving to impact structural health determinants (Desroches, 2017). Desroches views the dodging of potential sources of polarization and division in collaborative conversations as reflective of this lens, saying that: "[T]he implementation of the Healthy City approach, which is based on a consensus-based mode of governance that avoids conflicts, seems to be taking place in a context of a depoliticization" (Desroches, 2017, p. 103). The lack of robust practices and mechanisms for surfacing dissent within the HCLT, and the absence of any explicit highlighting of the value of productive conflict during the introductory stage would seem to point to the fact that the City was not necessarily motivated by seeking to create deep shared understanding by inviting the fullness of participants' perspectives. The City may instead have been striving for a basic or good enough shared understanding between collaborators due to time constraints.

Ginger Gosnell-Myers, the CoV's Manager of Aboriginal Relations at the time, appears alongside HCLT members in a BC Healthy Communities (BCHC) short video entitled 'Vancouver's Innovative Healthy City Strategy'. She mentions that "the HCS aids in Vancouver as a 'City of Reconciliation' because for the first time we have a big picture of what the City needs to be and do in order for everyone to feel they are part of the society in a meaningful way, including Indigenous residents, and the Musqueam, Squamish, and Tsleil-Watuth First Nations who have a key role in ensuring that this really is a healthy city for all". Despite the aspirational aim conveyed in that video, one

member described the nature of the HCLT's work with Indigenous communities in the following way:

"[T]he other instance I recall is they would, we would have meetings, and I think there was one done with an Indigenous community, where the Indigenous community kind of presented their perspective on the world and that had some relationship to the Healthy City Strategy, but that perspective was theirs, in the sense that it was more an opportunity to engage the First Nations community as opposed to engage the First Nations community in a way that helps to define or redefine what this... like I think the city had its mind made up, about what was going to be important" (NCP11).

As discussed in Chapter 2, Buuren (2009) claims that welcoming and reconciling different ways of knowing (WOK), or inclusive knowledge management, is an important nuance to consider in collaborative arrangements, as the recognition of diverging frame interpretations is an opportunity to collectively reframe an issue, and generate a shared definition of the problem. In the case of the HCLT, it doesn't appear that reconciliation was a central motive, which meant that the process design was not set up in a way that would facilitate the inclusion of Indigenous ways of knowing (pedagogies, ontological understandings, and worldviews) in a manner that could significantly alter the form, content, or direction of the collaborative process.

### **6.3. What Were We Doing Together?**

*What* conveners and participants understand the purpose of their collaborative work to be will determine how they go about it: "the nature of the task to be addressed could be expected to have a significant impact on the membership, structure, and process of an interorganizational network' (Bryson et al., 2015, p. 652). A lack of clarity about objectives may lead to a mismatch in expectations about the intent of the collaboration both in terms of process (deepening trust, creating shared understanding, exploring ideas) and outcomes (tangible action, joint learning, improved systemic collaborative capacity), resulting in varying degrees of satisfaction with the collaborative experience. Respondents spoke about the ambiguity of the HCLT's role, a demoralizing lack of intermediate outcomes, the sense that it was largely a City-led process (even more so in terms of the HCS Action Plan), and frustration at the sense of missed opportunities. The conceptual learning that took place during the strategy phase was described as energizing, while the 'facts & figures' practical learning that followed in the

implementation phase was reported as being decidedly less engaging. Participants questioned whether the City truly set out to share power, or if the HCLT was intended as more of an advisory body. Employing the conceptual framework delineated in Chapter 2, I looked at the way municipal motives for collaboration may have influenced the City's conception of both the overarching and specific aims of the group's time together.

Bryson et al. articulate the importance of considering that some aspects of collaboration are intentionally orchestrated at the outset of the process, while others surface over time:

"Mintzberg, Ahlstrand, and Lampel (2009) distinguish between deliberate and emergent approaches to planning. Deliberate, formal planning involves careful advance articulation of mission, goals, and objectives; roles and responsibilities; and phases or steps, including implementation. In the emergent approach, a clear understanding of mission, goals, roles, and action steps emerges over time as conversations encompass a broader network of involved or affected parties (Koppenjan 2008; Vangen and Huxham 2012) and as the need for methods of overcoming problems in a system becomes apparent (Campbell 2012). Deliberate and emergent planning are likely to occur at both the collaboration level and in individual collaborating organizations (Clarke and Fuller 2010)" (2015, p. 653).

The CoV would have had certain aims in mind going into the process (for instance accessing HCLT members' networks, as mentioned by a City respondent in Chapter 5), and other objectives that would have surfaced during the course of the collaboration. For instance, the action items that came out of the strategy, and were a result of the group's collective thinking. Changes to the group's functioning such as the implementation of rotating guest Co-Chairs were "[p]art of [an] attempt to better share leadership and guidance of the Table, ensuring [it was] not just [a] 'City' or 'Health Authority' initiative" (CoV, FOI 2021-046, Part 2, p. 779). The inclusion of collaboration as one of the thirteen HCS goals was also something that arose from the group:

"I remember a really direct example of how the leadership table had their input considered is, the strategy has 13 goals, 12 which are about social determinants of health, and then one is a process goal, and so that's an example of, before the strategy went to Council, the framework went to the Leadership Table, and they had a discussion, and somebody modeled after actually the then brand new sustainable development goals from the United Nations wanted to reflect the goal of partnerships and collaboration that's in that framework in this one, and so they added, the Leadership Table added in goal 13 about collaborative leadership which then, you know, a bit of a sidebar, we never really

operationalized in any meaningful way ,but that's probably a later question" (CR3).

The HCLT seems to overall have been an emergent planning process.

#### **6.4. Why Did We Decide to Work in this Way?**

Lastly, and perhaps most importantly (at least as far as my research is concerned!), *why* did the CoV choose to work collaboratively on this particular initiative, and what effects did those incitements have on the membership, form, and function of the HCLT? Respondents suggested that civic identity, optics, and creating a shared sense of responsibility may have been motives. The need to span geographic boundaries, mandates and hierarchies was raised, as well as the aim of improving effectiveness (both between external stakeholders by combining expertise and resources to avoid duplicative efforts, and between internal stakeholders by breaking down silos between municipal departments). Some felt that the City had no choice but to collaborate to avoid backlash, while others deemed it to be an imperative municipal duty to convene and consult with the broader community. Participants predominantly ascribed good intentions to the City, though some speculated that political gain and the legitimization of pre-determined objectives factored into the equation. Some City interviewees reported an underlying intention of moving from reactivity to prevention in health-related matters; few detected aspirations of fundamentally transformative approaches to power-sharing.

Bridging mandates and hierarchies contributed to the inclusion of provincial and federal representatives at the Table. Spanning geographic boundaries was a slightly weaker motive, as the HCLT was not structured as a regional initiative with representatives from municipalities within Metro Vancouver.

Ambitions of increasing effectiveness most likely existed, but were unevenly achieved; had the process design been approached specifically with this aim in mind, targets and roles may have been delineated differently.

Fundamentally reconceptualizing the role of government and transforming authority and resource flows does not appear to have been a central aspiration, as the



ability to make certain kinds of decisions and agreements was not built into the process, nor was ongoing operational funding provided to the HCLT.

## **6.5. Summary**

In discussing the existing literature on collaborative governance, Bryson et al. underscore the difficulty of establishing true causality in complex systems with multiple variables and interdependencies: “[a]ll frameworks imply some causality among particular components but eschew simple causal connections, instead focusing on important contextual contingencies (Bryson et al., 2015, p. 650)”. While municipal motives certainly influence collaborative process variables (such as the selection of participants and the process design) in many ways they are not the only factor in shaping the form, content, and outcomes of a collaborative process, merely one dimension to take into account. Thoroughly considering the strategic aims of any given collaborative process can be helpful for municipalities to consider in order to design their process in a way most likely to meet their objectives, and make the most of the investment of time and money required. As collaborations are inherently highly contextual no set of ‘best’ practices will ever be universally applicable; the answer to the question of who to invite and how to structure the collaboration will always be, ‘it depends’, and to a large extent, it will depend on why one is collaborating in the first place.

## **7. Conclusions, Limitations & Opportunities for Future Research**

### **7.1. Conclusions**

This research focused on the CoV'S 2014-2017 35-member collaborative leadership table (the HCLT) for its HCS (the municipality's social sustainability plan). It examined the City's reasons for choosing to initiate a participatory process for this strategy, and the ways in which those strategic aims influenced the configuration and therefore the unfolding of the process.

That this subject matter warranted exploration is supported by the literature: Andrews & Entwistle (2010) note that the proliferation of collaborative governance systems has outstripped the scholarship, Scott & Thomas (2017) describe the underdeveloped inquiry of public managers' rationale for employing collaborative governance methods as an important theoretical gap and a significant empirical question, and Shields & Mitchell (1998) highlight the current re-negotiation of power within civil society and thus the redefinition of the role and responsibilities of government.

What I found is that while the municipality's motives were not the only factor that shaped the proceedings, the City's strategic aims (such as bridging mandates and drawing on members' professional networks) did indeed inform its approach towards elements of the collaborative process such as participant selection, meeting format, and role of the HCLT. Conversely, it could be deduced that other aims (such as spanning geographic boundaries, transforming ways of sharing power, or reconciliation) were much less central to the City's purpose by observing the lesser degree to which the ways the collaboration was set up (and transpired) to support those intentions.

### **7.2. Limitations**

I wasn't able to get in touch with or speak to all HCLT members, including key figures such as the CoV and VCH Co-Chairs (or anyone else from VCH that may have been involved in a supporting role) or any Indigenous groups. I was also unable to interview CoV Social Planner Ali Grant (who was instrumental in the inception of the

HCLT). The passage of time meant that participants' memories of events weren't always as fresh, and some participants had difficulty recalling certain details. While the pandemic and the advent of Zoom made it necessary and easy to meet virtually, Covid may have contributed to fatigue and overwhelm that may have prevented folks from participating in my research. It can also be difficult to precisely determine the difference between weak/absent motives, and unintended consequences or lack of knowledge; City conveners may simply not have foreseen the way that certain decisions (such as meeting frequency and format) would affect factors like participant engagement, the flow of conversation, or the ability to develop shared understanding, for instance.

### **7.3. Opportunities for Future Research**

Using participatory research methodology to investigate the practice of participatory forms of governance may be an avenue worth exploring, allowing collaborative process participants to determine themselves what aspects of collaboration merit further investigation.

The overlapping of current and previous public administration paradigms, a sort of palimpsest of public governance methods, may also warrant academic inquiry:

“[J]ust as New Public Management did not replace bureaucratic forms of government, it seems likely that New Public Governance will co-exist with remnants of former public administration paradigms, thus adding a new layer of institutional practice to existing systems. The co-existence of different governing paradigms will no doubt give rise to the formation of hybrid forms of governance with unforeseen and ambiguous effects on the innovative capacity of the public sector (Christensen and Lægheid, 2011)” (Sørensen & Torfing 2015, p. 164).

The ways in which the recommendations and lessons learned from the evaluation of the HCLT shape the CoV's subsequent collaborative arrangements will be interesting to study, as will the scope and resourcing of future participatory projects, and the evolution of the role and influence of the City's innovation lab (Solutions Lab). Of particular interest will be collaborations with a distinct motive, such as the reconciliation-focused Co-Management of Vancouver Parklands with the Musqueam, Squamish, and Tsleil-Waututh Nations (a motion passed by the Park Board during its January 24, 2022 meeting).

A comparative analysis of the balance between deliberate vs emergent planning in convener's approaches across multiple collaborative governance case studies would also be an interesting opportunity to evaluate the evolution of motives over the course of a collaboration, and the resulting re-configuration of the collaborative process that might occur.

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## Appendix.

### List of Interviewees

<b>NAME</b>	<b>ROLE AT THE TIME OF HCLT</b>
<b>Bob Rennie</b>	President and CEO, Rennie Marketing Systems
<b>Deb Bryant</b>	CEO, Association of Neighbourhood Houses of BC
<b>Eyob Naizghi</b>	Executive Director, MOSAIC
<b>Heather McKay</b>	Director, Centre for Hip Health and Mobility
<b>Isobel Mackenzie</b>	Seniors Advocate, British Columbia
<b>Janet Austin</b>	CEO, YWCA
<b>Keltie Craig</b>	CoV, Social Planner
<b>Kevin McCort</b>	CEO, Vancouver Foundation
<b>Lindsay Cole</b>	CoV, Solutions Lab
<b>Lucille Pacey</b>	President and CEO, Arts Umbrella
<b>Mary Collins</b>	Director of the Secretariat, BC Healthy Living Alliance
<b>Dr. Perry Kendall</b>	Provincial Health Officer, BC Ministry of Health
<b>Peter Marriott</b>	CoV, Planning Analyst
<b>Rena Kendall</b>	CoV, Director of Communications and Engagement
<b>Rob Turnbull</b>	CEO, Street to Home Foundation
<b>Steve Butz</b>	CEO, YMCA