

# Community Initiatives Data Entry Manual

September 2025



**Alliance for Healthier Communities**  
*Advancing Health Equity in Ontario*

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# Introduction

## Background

The Community Initiatives Reporting Tool (CIRT) was launched in 2012 to record data on community initiatives (CIs) being planned and implemented by Community Health Centres (CHCs) across Ontario. CIs are a distinguishing feature of CHCs and are a core attribute of the Model of Health and Wellbeing.

The 2017 Auditor General's report highlighted the importance of CIs but noted that CHCs do not consistently track information on CIs in CIRT. The report recommended that CHCs collect and analyse data to measure outcomes for all types of services that they provide.

Currently, data on Personal Development Groups (PDGs) is captured in the EMR, whereas data on CIs is captured in CIRT a standalone solution not integrated with the EMR.

In 2019, an evaluation of CIRT was conducted to assess its value within a Learning Health System (LHS) by exploring data from 11 CHCs. The review concluded that CIRT had major areas of concern that would need to be addressed before it could support an LHS.

In addition to the concerns raised by the review, two additional factors were identified as reasons for CIRT's data quality issues:

1. Staff tasked with entering data may not be fully aware of the distinguishing factors between a CI and a PDG (for which data are entered separately into the EMR). As a result, CI data have been consistently found entered into the EMR as PDGs (and vice versa).
2. Staff may be aware of the difference between a CI and a PDG but may not have been fully oriented to using CIRT for entering CI data. CI data was previously recorded using Purkinje EMR software, and some staff may still prefer entering CI data into the EMR rather than CIRT.

These two additional issues called for elevated awareness on CI/PDG definitions and increased buy-in for a revised CI documentation option. In Fall 2021, the EPIC LHS Steering Committee, the Information Management Committee, and the Executive Leaders' Network endorsed transitioning the sector to a new CI reporting solution (custom forms in PS Suite). This work was delayed due to staffing changes and resource challenges, and this guide was completed in Spring 2025.



## Purpose

The purpose of this Data Entry Manual is to

1. Ensure that all users understand what data is required in each field when recording a CI,
2. Standardize the data captured in each CI to allow for better reporting at the centre and sector levels, and
3. Provide detailed instructions on how to enter CI data into the EMR (PS Suite)

## What is a Community Initiative?

A community initiative is a set of activities aimed at strengthening the capacity of the community to address factors affecting its collective health<sup>1</sup>. Community initiatives seek to involve communities and groups in identifying and changing conditions that shape their lives and health prospects as a group. This may be done through environmental change in the broadest sense (i.e., physical, economic, social, services/policies), and/or by increasing people's collective ability to achieve such change themselves, or at least to adapt to conditions they cannot affect (such as technological change). The rationale for community initiatives is derived from the Ottawa Charter for Health Promotion (1986), which states:

*Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.*

CHCs actively participate in a variety of community initiatives aimed at building community competence and self-reliance over the long term while addressing such health determinants as income and social status, social support networks, and physical environments (including housing). Through community initiatives, groups of people are supported to gain greater control over key determinants of their health and through this to improve their health.

## Community Initiative (CI) or Personal Development Group (PDG)

It is sometimes confusing to distinguish between a community initiative and a personal development group. As stated earlier, a community initiative is a set of activities intended to strengthen the community's capacity to address factors affecting its *collective* health. A personal development group is defined as a set of sessions intended to effect changes in *individual* participants' behaviour, knowledge or attitudes.

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<sup>1</sup> The "determinants of health", as identified by the Federal, Provincial and Territorial Committee of Ministers of Health (1994) are: income and social status; social support networks; education; employment and working conditions; physical environments; personal health practices and coping skills; healthy child development; health services; and biology and genetic endowment.



Community initiatives are frequently nonlinear and of indeterminate length, and may have shifting participation, goals and objectives. They usually involve communities directly. Personal development groups tend to be structured, consisting of a time-limited series of sessions directed at identifiable participants, and conducted, (co-)facilitated, or supported by CHC staff/volunteers, at the CHC or off-site. However, they may also be unstructured, of indeterminate length, and/or have a changing membership (e.g., a set of open-ended education sessions on health topics).

PDGs generally...	CIs generally...
<ul style="list-style-type: none"> <li>• Seek individual change</li> </ul>	<ul style="list-style-type: none"> <li>• Seek collective and/or social, environmental, policy change</li> </ul>
<ul style="list-style-type: none"> <li>• Tend to be time-limited</li> </ul>	<ul style="list-style-type: none"> <li>• Often have no predetermined time limit</li> </ul>
<ul style="list-style-type: none"> <li>• Are intended to benefit individual participants (often a fixed number identified)</li> </ul>	<ul style="list-style-type: none"> <li>• Are intended to benefit the community or group as a whole</li> </ul>
<ul style="list-style-type: none"> <li>• Have education as the key strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Include advocacy, community organizing, political action, etc. as key strategies.</li> </ul>
<ul style="list-style-type: none"> <li>• Are led by a trained volunteer or a professional</li> </ul>	<ul style="list-style-type: none"> <li>• Involve working with community members and supporting Community leadership wherever possible</li> </ul>
<ul style="list-style-type: none"> <li>• Have activities/content defined in advance</li> </ul>	<ul style="list-style-type: none"> <li>• Allow activities to evolve over time</li> </ul>

Table 1: Comparison of CIs and PDGs

Compared to individual encounters or personal development groups, involvement in community initiatives implies a **shift in thinking** along the following lines<sup>2</sup>:

1. From a focus on individual health to an **emphasis on collective health**.
2. From concentrating on behaviour change to considering the **influence of environmental change** (i.e., in structures, systems, policies, services and the social and physical environments) on the community's health.

<sup>2</sup> Adapted from *The TENETS: TEN Eternal Truths!* Training workshop materials prepared by E. Rajkumar, Toronto: March, 1999.



3. Where the focus does remain on behaviour change, the change shifts from the health/lifestyle behaviour and skills of individuals to **community/civic behavioural norms and skills development** in such areas as group participation, communication and leadership development.
4. From downstream thinking (how to solve problems after they appear) to **upstream thinking** (how to prevent problems by addressing them at their roots).
5. From top down (or organizationally determined) issues and approaches to **bottom up (community-identified) issues and approaches**, given that changes resulting from active, genuine community involvement tend to be more lasting and meaningful.
6. From practitioner as expert (lead role) to **practitioner as resource (support role)**.
7. From a needs/deficit orientation (which emphasizes problems and gaps-- glass half-empty) to a **capacity and asset building orientation** (which views the community in terms of its strengths and potential -- as a **glass half-full**).

## The Community Initiative Evaluation Process

The purpose of evaluating community initiatives (CIs) is to gather data about the changes and accomplishments resulting from them.

Data collection about CIs is intended to promote a richer understanding of their components, objectives/ processes and achievements. Community development is a long-term process that is often nonlinear in character and works best when combined with other health promotion strategies. Successes may appear modest, and they are often incremental, process-related and capacity-linked. They also tend to be qualitative rather than quantitative.

There are some real challenges facing the documentation of community initiatives. For example:

- Community initiatives often have no clear beginning or end. They tend to evolve out of ongoing community discussions and existing activities.
- Partners and participants may come and go, and issues may change over time.
- Goals and objectives may shift as work with the community progresses, so outcomes may be different from those originally conceived.

To accommodate these characteristics, the evaluation approach calls for a monthly snapshot of achievements that have occurred during the month under review, as well as lessons learned and numbers of participants.



## Documentation

This data collection system is intended to describe how a community initiative, once started, can grow and develop in response to needs over time.

### *What should be documented?*

Community Initiative custom forms have been developed by Telus. Two forms are available:

- A **registration form**, which **records key information about the design and purpose** of the CI. This form should be completed **when the CI is created**.
- An **activity form**, which is used to **document the activities of the CI**. This form should be completed **monthly**.

#### **Information to be collected on the registration form:**

- Name of Community Initiative
- Description of Community Initiative
- Status
- Start Date
- End Date
- CHC Role
- Partners
- Target Population
- Intended Focus/Issues Addressed
- [Goals of Community Initiative](#)
- [Objectives/Process Measures](#)

#### **Information to be collected on the activity form:**

- Date
- Staff Involved
- Partners Involved
- Key Achievements
- Key Learnings
- Number of Participants
- No Activity this month (if applicable)

### *What should NOT be documented?*

Some activities, although they account for a considerable portion of staff time, are not required to be recorded for purposes of this data collection system. They include:

- Administration
- Professional development



- Early planning (e.g., professional information-sharing and data-gathering activities).

Always keep in mind that the purpose of the data is to **allow the effectiveness of community initiatives to be evaluated**, not to track the activities or workload of individual staff members.

- To illustrate, running a workshop for your health provider colleagues would not qualify as a community initiative (or even a personal development group). Rather, it would be classified as professional staff development, which is an internal (organizational) function of a CHC and not an external (client-related) one.

A second indication that this activity may not qualify as a community initiative is its "one-time" nature. Typically, **community initiatives are not one-time events, but unfold over extended periods of time**.

- Note, however, that a workshop, while not itself a community initiative, could be one of a set of activities making up a community initiative.

## The Registration form

The information gathered in the Registration form provides an overview of the CI. It should be completed at the beginning of each Community Initiative. A new version should be created when information changes. This means that there might be more than one copy of this form in the CI chart. A good practice might be to review this information at least annually to ensure it is still reflective of the CI.

A brief explanation of each data element in the Registration Form is presented below.

Technical details – field type and data – are listed in [Appendix 1 \(Table 2\)](#).

- **Name of Community Initiative (free text):** At the beginning of the initiative or at the beginning of documentation, identify the title or name of the community initiative. It is important that this title be used consistently to ensure accurate tracking as time goes on.
- **Description of Community Initiative (free text):** Include any pertinent information about the CI that would be useful for others to know.
- **Status (choose one).** This field should reflect the current status of the CI and should be updated when there is a change.
- **Start Date (date).**
- **End Date (date):** This represents the anticipated date that the CI will end. It is used to help with project planning and can be left blank if not applicable.
- **CHC Role (choose one).** This is the role that your CHC is expected to play in the CI.
- **Partners (choose all that apply):** Partnerships are common in CIs. Select all planned partners that have a role in the CI.



- **Target Population (choose all that apply):** The community or group whose health the community initiative is primarily seeking to improve.
  - *NOTE: When completing this section, select one or more important characteristics of your target population – choose only those that are relevant for the CI. For example, if language is not really an influential factor of the CI, then it should not be selected. The goal of the section is not to collect socio-demographic information on participants, but rather to identify key characteristics of your intended/target population.*
- **Intended Focus:** What underlying issues is this Community Initiative trying to address? These are often linked to Determinants of Health.
- **Goals of Community Initiative:** Goals denote the changes you expect to occur as a result of your community initiative.
- **Objectives/Process Measures:** These represent the main areas for action for the CI.

## Goals

**Goals** are defined in practical and community-centered terms, focusing on equity, empowerment, and sustainable change. Below is a list of the options that can be selected for the Goals field in your CI Registration form, with a brief definition of each.

### 1. Healthier Policies and Organizational Practices

Development and implementation of rules, guidelines, and procedures across institutions and local organizations that promote physical, mental, and social well-being for all community members.

### 2. Improved Communication with Community

Creating open, inclusive, and culturally appropriate channels that facilitate two-way dialogue between service providers, decision-makers, and residents to ensure transparency, trust, and responsive action.

### 3. Improved Living and Community Environment

Enhancing physical spaces (e.g., housing, parks, transportation, air and water quality) and addressing social determinants of health to create environments that support healthy lifestyles and equitable access to resources.

### 4. Improved Safety and Security

Reducing risks of violence, crime, and environmental hazards through collaboration, prevention strategies, and community-based safety programs that reflect the needs and experiences of local residents.



## 5. Increased Cohesion, Belonging and Trust

Fostering inclusive community relationships and a shared identity where people feel connected, respected, and invested in each other and the future of their community.

## 6. Increased Community Capability, Knowledge and Leadership

Building skills, confidence, and resources among residents to identify issues, advocate for change, lead initiatives, and sustainably manage community programs and priorities.

## 7. Increased Community Influence and Self-Reliance

Strengthening the ability of individuals and groups to influence decisions, advocate for their needs, and develop solutions independently or collectively without overreliance on external agencies.

## 8. Increased Community Participation and Action

Encouraging and enabling diverse community members to actively engage in local decision-making, volunteering, and collective efforts to address shared concerns and goals.

## 9. Reorient Services to Improve Delivery and Access

Reshaping how services (e.g., health, social, education) are planned and provided to ensure they are community-informed, culturally competent, affordable, and accessible to all, especially underserved populations.

### *Objectives/Process Measures*

**Objectives and Process Measures** of a Community Initiative (CI) are key milestones that help track the effectiveness and inclusiveness of a project aimed at fostering health, empowerment, and overall well-being.

- **Objectives** are what you intend to achieve. Each one addresses a specific aspect of community involvement, accessibility, and sustainability.
- **Process Measures** are how you're tracking the activities and steps you are taking to get there.

Both objectives and process measures are included in this field. Below is a list of the options that can be selected for the Objectives/Process Measures field in your CI Registration form, with a brief definition and corresponding outcome measure for each.



## 1. Access to resources

Resources that meet the needs of the community, such as healthcare, education, housing, and social services, are available and equitably distributed. This measure ensures that everyone, regardless of socio-economic status or other barriers, has access to necessary supports for well-being.

- *Outcome: Community members can access services, information, and physical resources without unnecessary barriers (e.g., financial, geographical, or cultural).*

## 2. Activities and events are accessible

Events, programs, or activities organized through the community initiative are designed to be inclusive, with considerations for accessibility, such as physical accessibility (e.g., wheelchair ramps), cultural relevance, and schedules that accommodate various community members' lifestyles.

- *Outcome: All community members, regardless of ability, age, income, or background, can participate in events and activities that are meaningful to them.*

## 3. Agencies from diverse sectors work collaboratively to support the CI

- Multi-sector collaboration is essential for addressing complex health and social issues. This objective measures the extent to which agencies, organizations, and institutions from various sectors (e.g., public health, education, housing, social services, and law enforcement) come together to support the community initiative.
- *Outcome: Increased resource sharing, knowledge transfer, and holistic solutions that enhance community well-being.*

## 1. CI addresses root causes identified by the community

The CI focuses on tackling the underlying causes of issues (e.g., poverty, inequality, lack of education, environmental factors) rather than just treating the symptoms. It ensures that the voices of the community are heard in defining and addressing these root causes.

- *Outcome: Sustainable, long-term change that results in improved community health, economic conditions, and social cohesion.*

## 2. Community members have a sense of community and take action on community issues

This measures the level of community engagement and empowerment. It reflects whether community members feel connected to one another and motivated to address shared concerns. Community members should feel like they are part of a collective effort that enables them to take action and make change.

- *Outcome: Empowered residents who actively participate in decision-making, volunteer work, and problem-solving initiatives.*



### **3. Community strengths and needs have been identified, and learning and training are available to address gaps**

Identifying both the strengths (assets) and needs of the community helps ensure that the initiative leverages existing resources while addressing gaps through targeted learning and capacity-building opportunities. This may involve skills training, community education, or leadership development.

- *Outcome: A community that is not only aware of its needs but also equipped with the knowledge and skills to address those needs effectively.*

### **4. Positive community perception**

This assesses how the community perceives itself and the initiative. Positive perceptions are crucial for fostering pride, participation, and sustainability. A positive community perception means residents feel hopeful, valued, and capable of making change.

- *Outcome: Stronger community identity, greater pride, and increased trust in local initiatives and organizations.*

### **5. Priorities and areas for support have been identified by the community**

The community initiative must be rooted in what the community identifies as its most pressing priorities. This objective measures whether the initiative aligns with the community's needs and whether those priorities were shaped by the community through consultation, surveys, or focus groups.

- *Outcome: Clear alignment between the initiative's goals and the community's needs, ensuring that efforts are relevant and effective.*

### **6. Project has community involvement, influence, and representation**

This measure evaluates the degree to which community members are actively involved in the decision-making processes of the initiative. It looks at whether there are mechanisms for feedback, how decisions are made, and whether community members from various backgrounds have a voice in shaping the project.

- *Outcome: A project that is community-driven, with diverse representation and decision-making power shared across community members.*

### **7. Project has diverse, community leadership**

The leadership of the initiative should reflect the diversity of the community it serves, both in terms of demographics (age, gender, ethnicity, etc.) and experience (e.g., lived experience, professional expertise). This ensures that leadership is accessible and relatable to the broad range of community members.

- *Outcome: Leadership that is inclusive, diverse, and able to represent the interests of all community members.*



## 8. Strong linkages exist between the CHC (Community Health Center) and the Community

This objective measures the relationship and partnership between community health centers (or other local health organizations) and the community they serve. Strong linkages involve ongoing communication, shared resources, and collaboration to address community health and social issues.

- *Outcome: A health center that is a trusted and integral part of the community, contributing to its overall well-being and responsive to its needs.*

## The Activity Form

The Activity form is used to document the activities of the CI. This form should be completed monthly. A brief explanation of each data element in the Activity Form is presented below. Technical details – field type and data – are listed in [Appendix 2 \(Table 3\)](#).

- **Date (yyyy/mm/dd):** The date that the activity is being recorded.
- **Staff Involved (free text):** List staff at your organization who were involved in the activities of the CI that month. For staff who are PSS users, type the initials associated with their user profile. For other staff, enter as free text.
- **Number of participants (numeral):** This is the number of community participants who were involved in the activities of the CI that month.
- **No Activity this Month (checkbox):** Check this box if there were no activities associated with the CI this month.
- **Created by:** The initials of the person who created this Activity form in the chart.
- **Partners involved (choose all that apply):** Select all planned partners that played a role in the activities of the CI this month.

## Key Achievements

**Key Achievements** of a Community Initiative (CI) are based on tangible, measurable outcomes that reflect the well-being, engagement, and empowerment of the community. Specific achievements will vary depending on the specific goals of the initiative. Below is a list of the seven broad categories of achievements to pick from in completing the activity form, along with a few outcomes that are commonly associated with each of them.

### 1. Increased Community Engagement and Participation

- **Active Involvement:** An increase in the number of people actively participating in community events, meetings, or health programs.
- **Broad Representation:** Ensuring that all segments of the community (e.g., marginalized groups, youth, elderly) are included and have a voice.



- **Collaborations and Partnerships:** Formation of partnerships between local organizations, stakeholders, and residents, working together toward a common goal.

## 2. Improved Health Outcomes

- **Health Improvements:** Measurable changes in the health of the population, such as reductions in chronic diseases, better access to healthcare, or improvements in mental health.
- **Access to Resources:** The expansion of access to healthcare services, information, or preventative health measures (like vaccination clinics, screenings, wellness programs).
- **Behavioral Changes:** Evidence of positive behavioral changes, such as increased physical activity, healthier eating habits, or reduced tobacco/alcohol use.

## 3. Community Empowerment and Capacity-Building

- **Skill Development:** Training and empowering community members to lead programs, offer support to others, and advocate for their needs.
- **Leadership Development:** Identifying and nurturing local leaders who take ownership of initiatives and contribute to long-term sustainability.
- **Resource Mobilization:** Strengthening the community's ability to secure funding, create self-sustaining initiatives, or leverage local assets.

## 4. Increased Social Cohesion and Trust

- **Stronger Social Networks:** Building trust within the community through activities that foster relationships, cooperation, and mutual support.
- **Reduction in Social Isolation:** Efforts that reduce loneliness and promote a sense of belonging, especially for vulnerable groups like seniors or immigrants.
- **Conflict Resolution and Harmony:** Addressing underlying social issues that may cause division (e.g., racial tensions, socioeconomic inequalities), promoting unity and peace.

## 5. Sustainability of the Initiative

- **Long-Term Impact:** Ensuring that the benefits of the initiative persist beyond the initial phase, possibly through continued community involvement, local leadership, or integration into larger systems.
- **Secured Funding and Resources:** Developing sustainable funding streams (grants, local businesses, donations) and leveraging local resources to support long-term success.
- **Institutional Integration:** Embedding the initiative's strategies or services into local institutions, policies, or government plans to ensure ongoing support.



## 6. Improved Community Infrastructure

- **Physical and Social Infrastructure:** Achievements might include improvements in the built environment (e.g., better roads, parks, community centers) and social infrastructure (e.g., support networks for youth, seniors, or families).
- **Access to Services:** Better access to basic services, including healthcare, education, transportation, or housing, which directly impacts community health and quality of life.

## 7. Increased Awareness and Advocacy

- **Public Awareness:** Raising awareness on key health issues, social determinants of health, or community needs through campaigns, media outreach, or educational programs.
- **Policy Change or Advocacy:** Success in influencing local or national policies, securing funding, or advocating for the needs of the community at larger platforms (e.g., city council, state government).

These achievements reflect a holistic approach to community development that focuses not only on immediate outcomes but also on building a foundation for long-term, sustainable progress.

### *Key Learnings*

**Key Learnings** of a CI are defined as the insights, experiences, and practical takeaways that arise from the process of planning, implementing, and evaluating community-driven projects. These learnings are vital for both improving the specific initiative and for informing future projects. There are 10 options to select from; each is presented below with a brief description and an example.

#### 1. Understanding Community Needs and Assets

- Thorough needs assessments and asset mapping will help ensure that the CI is grounded in what the community actually needs and also that it leverages on the community's existing strengths, resources, and capacities.

#### 2. Building Trust and Engagement

- Successful initiatives rely heavily on building trust and authentic relationships with community members. Engagement needs to be respectful, inclusive, and ongoing.

#### 3. Collaboration and Partnerships

- Effective community initiatives often require collaboration across sectors—whether it's with other NGOs, local government, health agencies, or community leaders. Cross-sector collaboration can bring more resources, expertise, and reach.



#### **4. Cultural Sensitivity and Inclusion**

- Understanding and respecting cultural differences is critical. Health and community initiatives must be tailored to fit the cultural context of the community to be effective.

#### **5. Sustainability and Capacity Building**

- Building community capacity is essential for the long-term success of any initiative. This means empowering local people and organizations to continue the work after the external intervention ends.

#### **6. Flexibility and Adaptability**

- Community initiatives often do not go exactly as planned. Being able to adapt, learn from feedback, and revise strategies is a key learning.

#### **7. Data Collection and Evaluation**

- Continuous monitoring and evaluation are necessary for understanding the impact of the initiative, identifying areas for improvement, and documenting successes.

#### **8. Empowerment and Ownership**

- Community initiatives should aim to empower the community rather than simply providing services. Ensuring that local people have a sense of ownership over the project helps sustain it and leads to more meaningful change.

#### **9. Breaking Down Barriers and Addressing Systemic Issues**

- Community initiatives often uncover systemic challenges, such as inequality, lack of access to services, or institutional barriers. Identifying and addressing these larger issues is crucial for creating lasting change.

#### **10. Celebrating Successes and Learning from Failures**

- Recognizing and celebrating milestones, even small wins, is important for morale and motivation. Similarly, understanding why parts of the initiative didn't work is an opportunity for growth and improvement.

In sum, *Key Learnings* of a Community Initiative are multi-faceted, encompassing everything from how to work with communities, how to tailor strategies to fit local contexts, to how to sustain the initiative over time. Each initiative offers valuable insights that can inform future work and contribute to the broader field of community development and health promotion.



# Entering the data into PS Suite

PS Suite software is developed around a client chart. For Community Initiatives the 'client' is the Community Initiative itself; this allows us to house the data for the CI in one place.

## Creating a new chart for a CI

### In the Patients module: Edit – Add Record.

The only 2 mandatory fields for this 'chart' are chart number and name.

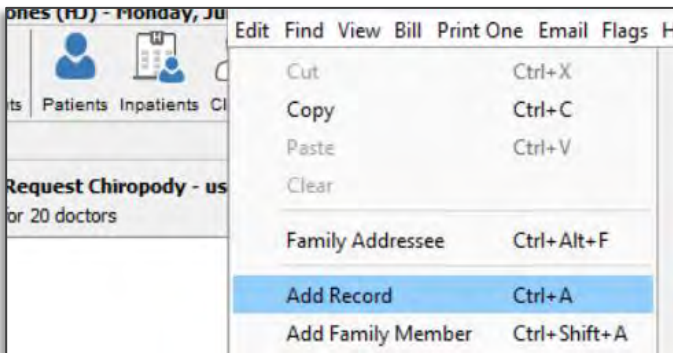


Figure 1: Add Record.

- **Chart Number (or Patient ID) – Mandatory**

A client's chart number is the primary key or unique identifier for all electronic charts. The EMR will automatically generate this.

In PSS the Chart number field is called Patient ID or Patient #.

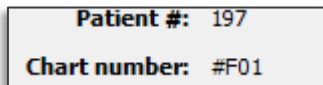


Figure 2: Chart Number.

- **Name - Mandatory**

Use the words 'Community Initiative' for the Surname and the name of the CI for the First Name. This will ensure all CIs are kept together in the database

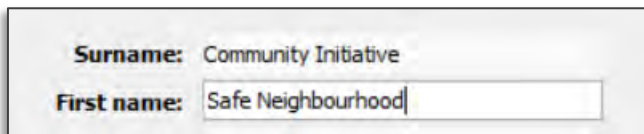


Figure 3: Name.



- **Patient and Member Status**

Make sure that the Patient Status of the CI is set to 'Inactive' and the Member Status is set to 'Not Rostered'. This will ensure that these fake clients are not picked up in reports.



Figure 4: Patient and Member Status.

## Adding the Forms

Open the 'client' record for the Community Initiative that is being documented. The CI tools are **custom forms** in PSS.

There are multiple ways to add a custom form:

**Option 1: Use the New Custom Form button on the PS Suite toolbar**

Search for the name of the form (Alliance-Community Initiative or Alliance-Community Initiative Activity)

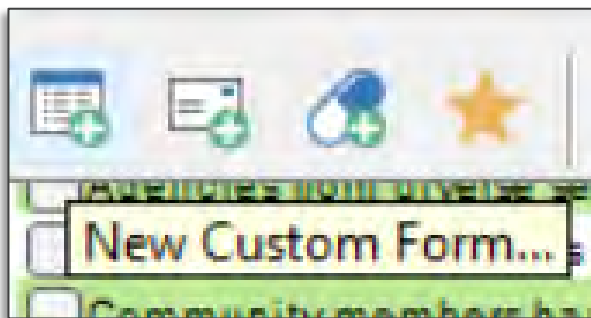


Figure 5: "New Custom Form" button.



**Option 2: Add it to your Favorites and select from there.**

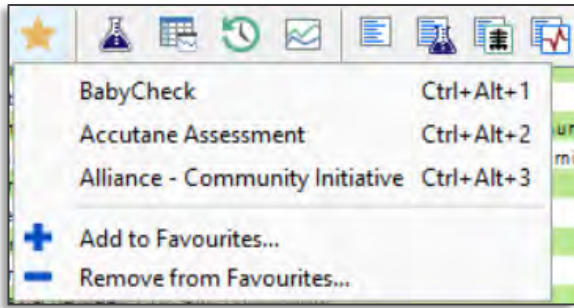


Figure 6: Add to Favourites

**Option 3: Choose it from a Toolbar**

This will require assistance from a Custom Form builder at the centre.



Figure 7: CI Toolbar.



## Completing the forms

Move horizontally through the tabs at the top or select 'All' at the end to complete the form from top to bottom.

### Community Initiative Registration

The next two screenshots (Figures 8 & 9) show the data fields in the Registration Form.

Jul 9, 2025 Alliance - Community Initiative HWJ

**Initiative Details** Partners Target Population Intended Focus Goals Objective/Process Measures **All**

Name of Community Initiative: Safe Neighbourhood Created by: HWJ

Initiative Status: Active

Start Date: dd/mm/yyyy

End Date: dd/mm/yyyy

CHC Role: Funder

Description of Community Initiative

---

**Partners**

<input type="checkbox"/> Addictions & Mental Health Agency	<input type="checkbox"/> Criminal/Justice Agency	<input type="checkbox"/> Religious Agency
<input type="checkbox"/> Business	<input type="checkbox"/> Government	<input type="checkbox"/> School/School Board
<input type="checkbox"/> Children's Aid	<input type="checkbox"/> Hospital/Long Term Care	<input type="checkbox"/> Service Club
<input type="checkbox"/> College/University/Research	<input type="checkbox"/> Housing/Shelter Agency	<input type="checkbox"/> Other
<input type="checkbox"/> Community Group Member	<input type="checkbox"/> Police	
<input type="checkbox"/> Community Resource Centre	<input type="checkbox"/> Primary Care Organization	
<input type="checkbox"/> Community Service Agency	<input type="checkbox"/> Public Health Agency	<input type="checkbox"/> Not Applicable

---

**Target Population (Select up to 3)**

<input type="checkbox"/> Businesses, Employers & Employees	<input type="checkbox"/> LGBTTQ2+	<input type="checkbox"/> Other
<input type="checkbox"/> Children & Youth	<input type="checkbox"/> Newcomers & Refugees	
<input type="checkbox"/> Communities/Geographic Neighbourhood	<input type="checkbox"/> Parents & Families	
<input type="checkbox"/> Community Leaders	<input type="checkbox"/> People Living with a Chronic Health Condition	
<input type="checkbox"/> Community Volunteers	<input type="checkbox"/> People Living with a Mental Health Condition	
<input type="checkbox"/> Health Providers	<input type="checkbox"/> People who Use Substances	
<input type="checkbox"/> Language Groups	<input type="checkbox"/> Seniors	<input type="checkbox"/> Not Applicable

---

**Intended Focus (Select up to 3)**

<input type="checkbox"/> Community Vibrancy	<input type="checkbox"/> Health & Social Services	<input type="checkbox"/> Social Isolation
<input type="checkbox"/> Education	<input type="checkbox"/> Healthy Child Development	<input type="checkbox"/> Transportation
<input type="checkbox"/> Employment	<input type="checkbox"/> Housing	<input type="checkbox"/> Violence
<input type="checkbox"/> Environment	<input type="checkbox"/> Inclusion, Equity & Human Rights	<input type="checkbox"/> Other
<input type="checkbox"/> Food Security	<input type="checkbox"/> Poverty	<input type="checkbox"/> Not Applicable

Figure 8: Registration Form (screenshot 1 of 2).



Goals ( Select up to 3)	
<input type="checkbox"/> Healthier policies and organizational practices	<input type="checkbox"/> Increased community capability, knowledge and leadership
<input type="checkbox"/> Improved communication with community	<input type="checkbox"/> Increased community influence and self-reliance
<input type="checkbox"/> Improved living and community environment	<input type="checkbox"/> Increased community participation and action
<input type="checkbox"/> Improved safety and security	<input type="checkbox"/> Reorient services to improve delivery and access
<input type="checkbox"/> Increased cohesion, belonging and trust	
Objectives/Process Measures ( Select all that apply)	
<input type="checkbox"/> Access to resources	
<input type="checkbox"/> Activities and events are accessible	
<input type="checkbox"/> Agencies from diverse sectors work collaboratively to support the CI	
<input type="checkbox"/> CI addresses root causes identified by community	
<input type="checkbox"/> Community members have a sense of community and take action on community issues	
<input type="checkbox"/> Community strengths and needs have been identified and learning and training are available to address gaps	
<input type="checkbox"/> Positive community perception	
<input type="checkbox"/> Priorities and areas for support have been identified by the community	
<input type="checkbox"/> Project has community involvement, influence and representation	
<input type="checkbox"/> Project has diverse, community leadership	
<input type="checkbox"/> Strong linkages exist between CHC and community	
Notes	

Figure 9: Registration Form (screenshot 2 of 2).



## Monthly Activity Form

The screenshot below shows the data fields in the Activity Form.

**Jul 9, 2025**
Alliance - Community Activity Document
HWJ

Monthly Activity
Partners Involved
Key Achievements
Key Learnings
All

Name of Community Initiative:

Date:

Number of Participants:

No Activity this Month      Created by HWJ

**Partners Involved**

<input type="checkbox"/> Addictions & Mental Health Agency	<input type="checkbox"/> Criminal/Justice Agency	<input type="checkbox"/> Religious Agency
<input type="checkbox"/> Business	<input type="checkbox"/> Government	<input type="checkbox"/> School/School Board
<input type="checkbox"/> Children's Aid	<input type="checkbox"/> Hospital/Long Term Care	<input type="checkbox"/> Service Club
<input type="checkbox"/> College/University/Research	<input type="checkbox"/> Housing/Shelter Agency	<input type="checkbox"/> Other
<input type="checkbox"/> Community Group member	<input type="checkbox"/> Police	
<input type="checkbox"/> Community Resource Centre	<input type="checkbox"/> Primary Care Organization	
<input type="checkbox"/> Community Service Agency	<input type="checkbox"/> Public Health Agency	<input type="checkbox"/> Not Applicable

**Key Achievements**

<input type="checkbox"/> Community Empowerment and Capacity Building	<input type="checkbox"/> Increased Community Engagement and Participation
<input type="checkbox"/> Improved Community Infrastructure	<input type="checkbox"/> Increased Social Cohesion and Trust
<input type="checkbox"/> Improved Health Outcomes	<input type="checkbox"/> Sustainability of the Initiative
<input type="checkbox"/> Increased Awareness and Advocacy	<input type="checkbox"/> Other

**Key Learnings**

<input type="checkbox"/> Breaking Down Barriers and Addressing Systemic Issues	<input type="checkbox"/> Data Collection and Evaluation
<input type="checkbox"/> Building Trust and Engagement	<input type="checkbox"/> Empowerment and Ownership
<input type="checkbox"/> Celebrating Successes and Learning from Failures	<input type="checkbox"/> Flexibility and Adaptability
<input type="checkbox"/> Collaboration and Partnerships	<input type="checkbox"/> Sustainability and Capacity Building
<input type="checkbox"/> Cultural Sensitivity and Inclusion	<input type="checkbox"/> Understanding Community Needs and Assets
	<input type="checkbox"/> Other

**Notes**

Enregistrer et fermer

Figure 10: Monthly Activity Form.



To add staff involved in the Community Initiative click on "Staff Involved (Click Here to Add/Remove)" - the link above the free text box, and the following screen will appear. Enter the provider's PSS User Initials then click 'OK'. You can edit providers in the CI by using the same input link.

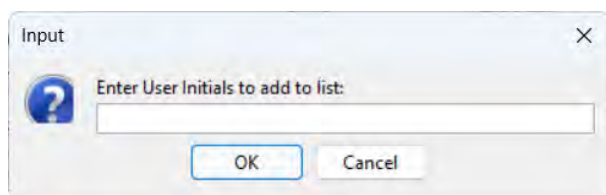


Figure 11: Add staff involved.



## Appendix 1: Data Elements for CI Registration Form

Element	Field Type	Data
Name of Community Initiative	Free text	The CI name should be as <b>descriptive</b> as possible.
Description of Community Initiative	Free text	A <b>description</b> of your CI including information that would be relevant for others reviewing this CI
Status	Dropdown list	Options: <ul style="list-style-type: none"> <li>• <b>Active</b> – CI is currently operating</li> <li>• <b>Pending</b> – Centre is in the planning stages of the CI</li> <li>• <b>Closed</b> – Work on this CI has ended</li> </ul>
Start Date	Date	The date at which the first set of activities is planned to happen.
End Date	Date	The expected date at which the CI is scheduled to come to an end. Given the nature of CIs, there may not be an anticipated end date.
CHC Role	Dropdown list	Options: <ul style="list-style-type: none"> <li>• Funder</li> <li>• Initiator</li> <li>• Partner</li> <li>• Leader</li> <li>• Facilitator</li> <li>• Resource Support</li> <li>• Participant</li> <li>• Not applicable</li> </ul>



Element	Field Type	Data
<b>Partners</b>	Checkboxes - choose <b>all that apply</b>	<p><b>Options:</b></p> <ul style="list-style-type: none"> <li>• Addictions &amp; Mental Health Agency</li> <li>• Business</li> <li>• Children's Aid</li> <li>• College/University/Research</li> <li>• Community group member</li> <li>• Community Resource Centre</li> <li>• Community Service Agency</li> <li>• Criminal/Justice Agency</li> <li>• Government</li> <li>• Hospital/Long Term Care</li> <li>• Housing/Shelter Agency</li> <li>• Police</li> <li>• Primary Care Organization</li> <li>• Public Health Agency</li> <li>• Religious Agency</li> <li>• School/School Board</li> <li>• Service Club</li> <li>• Other</li> <li>• Not applicable</li> </ul>
<b>Target Population</b>	Checkboxes - choose <b>up to 3</b>	<p><b>Options:</b></p> <ul style="list-style-type: none"> <li>• Businesses, Employers &amp; Employees</li> <li>• Children &amp; Youth</li> <li>• People Living with a Chronic Health Condition</li> <li>• Communities/Geographic Neighbourhoods</li> <li>• Community Leaders</li> <li>• Community Volunteers</li> <li>• Health Providers</li> <li>• Language Groups</li> <li>• LGBTTTQ2+</li> <li>• People Living with a Mental Health Condition</li> <li>• Newcomers &amp; Refugees</li> <li>• Parents &amp; Families</li> <li>• Seniors</li> <li>• People who Use Substances</li> <li>• Other</li> <li>• Not Applicable</li> </ul>



Element	Field Type	Data
<b>Intended Focus</b>	Checkboxes – choose <b>up to 3</b>	<b>Options:</b> <ul style="list-style-type: none"> <li>• Education</li> <li>• Employment</li> <li>• Environment</li> <li>• Food Security</li> <li>• Health &amp; Social Services</li> <li>• Healthy Child Development</li> <li>• Housing</li> <li>• Inclusion, Equity &amp; Human Rights</li> <li>• Poverty</li> <li>• Social Isolation</li> <li>• Transportation</li> <li>• Violence</li> <li>• Community Vibrancy</li> <li>• Other</li> <li>• Not Applicable</li> </ul>
<b><u>Goals</u></b>	Checkboxes – choose <b>up to 3</b>	<b>Options (see “Goals” for definitions):</b> <ul style="list-style-type: none"> <li>• Healthier policies and organizational practices</li> <li>• Improved communication with community</li> <li>• Improved living and community environment</li> <li>• Improved safety and security</li> <li>• Increased cohesion, belonging and trust</li> <li>• Increased community capability, knowledge and leadership</li> <li>• Increased community influence and self-reliance</li> <li>• Increased community participation and action</li> <li>• Reorient services to improve delivery and access</li> </ul>



Element	Field Type	Data
<a href="#">Objectives/ Process Measures</a>	Checkboxes - choose <b>all that apply</b>	<p><b>Options</b> (<a href="#">see “Objectives/Process Measures” for definitions and discussion</a>):</p> <ul style="list-style-type: none"> <li>• CI Supports access to resources</li> <li>• Activities and events are accessible</li> <li>• Agencies from diverse sectors work collaboratively to support the CI</li> <li>• CI addresses root causes identified by community</li> <li>• Community members have a sense of community and take action on community issues</li> <li>• Community strengths and needs have been identified; learning and training are available to address gaps</li> <li>• CI has a positive community perception</li> <li>• Priorities and areas for support have been identified by the community</li> <li>• CI has community involvement, influence and representation</li> <li>• CI has diverse, community leadership</li> <li>• Strong linkages exist between CHC and community</li> </ul>

Table 2: Data Elements: Registration Form



## Appendix 2: Data Elements for CI Activity Form

Element	Field Type	Data
Date	dd/mm/yyyy	The date the activity is being recorded
Number of participants	Numeral	How many people participated in this activity
No Activity This Month	Checkbox	Check this if there was no activity
Created by	User initials (automatically generated)	The initials of the PSS User who put the CI Activity form in the chart.
Staff Involved	Selected from user list / Free text	<p>Staff at your organization who played a role in the activity</p> <ul style="list-style-type: none"> <li>For PSS users: Type the initials associated with that user's profile.</li> <li>For other staff: Enter names and/or roles</li> </ul>
Partners Involved	Checkboxes - choose <b>all that apply</b>	<p><b>Options:</b></p> <ul style="list-style-type: none"> <li>Addictions &amp; Mental Health Agency</li> <li>Business</li> <li>Children's Aid</li> <li>College/University/Research</li> <li>Community Group Member</li> <li>Community Resource Centre</li> <li>Community Service Agency</li> <li>Criminal Justice Agency</li> <li>Government</li> <li>Hospital/Long-Term Care</li> <li>Housing/Shelter Agency</li> <li>Police</li> <li>Primary Care Organization</li> <li>Public Health Agency</li> <li>Religious Agency</li> <li>Schools/School Board</li> <li>Service Club</li> <li>Other</li> <li>Not applicable</li> </ul>



Element	Field Type	Data
<a href="#"><u>Key Achievements</u></a>	Check boxes - choose <b>all that apply</b>	<p><b>Options:</b></p> <ul style="list-style-type: none"> <li>• Community Empowerment and Capacity Building</li> <li>• Improved Community Infrastructure</li> <li>• Improved Health Outcomes</li> <li>• Increased Awareness and Advocacy</li> <li>• Increased Community Engagement and Participation</li> <li>• Increased Social Cohesion and Trust</li> <li>• Sustainability of the Initiative</li> <li>• Other</li> </ul>
<a href="#"><u>Key Learnings</u></a>	Check boxes – choose <b>all that apply</b>	<p><b>Options:</b></p> <ul style="list-style-type: none"> <li>• Breaking Down Barriers and Addressing Systemic Issues</li> <li>• Building Trust and Engagement</li> <li>• Celebrating Successes and Learning from Failures</li> <li>• Collaboration and Partnerships</li> <li>• Cultural Sensitivity and Inclusion</li> <li>• Data Collection and Evaluation</li> <li>• Empowerment and Ownership</li> <li>• Flexibility and Adaptability</li> <li>• Sustainability and Capacity Building</li> <li>• Understanding Community Needs and Assets</li> <li>• Other</li> </ul>

Table 3: Data Elements: Activity Form

