

Building and Sustaining Well-Being of Multisector Teams to Improve Capacity for Dementia Care in the Community

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Article

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Abstract

The Connecting People and Community for Living Well initiative recognizes that communities, specifically multisector community teams, are a critical part of the provision of programs and supports for those affected by dementia. Effective collaboration and building and supporting the collective well-being of these multisector community teams is key to their success and sustainability. This research sought to understand what supports the well-being of community teams. Focus groups were conducted with multisector community teams who support those impacted by dementia from across four rural communities. The research team used thematic analysis to identify patterns emerging within and across focus groups. The findings highlighted three areas of importance: the need for a resource to support teams to measure, monitor, and describe the impact of their actions; ongoing support from a system-level team; and the development of local and/or provincial policy and infrastructure that supports sustaining collaborative community-based work.

Résumé

L'initiative Connecter les personnes et la communauté pour bien vivre reconnaît que les communautés, en particulier les équipes communautaires multisectorielles, jouent un rôle essentiel dans la fourniture de programmes et de soutiens aux personnes touchées par la démence. Une collaboration efficace ainsi que la construction et le soutien du bien-être collectif de ces équipes communautaires multisectorielles sont la clé de leur succès et de leur durabilité. Cette recherche visait à comprendre ce qui soutient le bien-être des équipes communautaires. Des groupes de discussion ont été organisés avec des équipes communautaires multisectorielles qui soutiennent les personnes touchées par la démence dans quatre communautés rurales. L'équipe de recherche a utilisé l'analyse thématique pour identifier les tendances émergentes au sein et entre les groupes de discussion. Les résultats ont mis en évidence trois domaines importants: le besoin d'une ressource pour aider les équipes à mesurer, surveiller et décrire l'impact de leurs actions; soutien continu d'une équipe au niveau du système; et l'élaboration de politiques et d'infrastructures locales et/ou provinciales qui soutiennent le travail communautaire collaboratif durable.

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There is growing awareness within Canada as well as globally of the need to intentionally bridge the gap between health, social, and community sectors when supporting those living in the community affected by dementia to 'live well' in their own homes and communities. The Connecting People and Community for Living Well initiative works within and across sectors in Alberta, Canada. This initiative works with community-based multisector teams in rural communities in Alberta to create, enhance, and enable the advancement of effective support for enhancing well-being locally. This initiative has nearly a decade of experience working with communities to support people living with dementia and their carers, and this engagement has highlighted how diverse multisector community teams are an asset to local environments by providing necessary programs and supports for those affected by dementia. Many of the communities involved with the initiative had existing teams to address the needs around supporting those living with dementia. These teams often involved partners from the health

and social sectors, local organizations, and people with lived experience. Each multisector team member within the communities was in some way supporting those living locally with dementia and/or their carers. Some examples include those from local seniors' centers, social and non-profit organizations, home care, primary care clinics, and individuals from the community. The community teams were predominantly informal in that there was no operational funding or structure in place to support ongoing work. They came together with the common purpose of enhancing support in their community. Some examples of the kind of work they did include public awareness and education, program development and delivery, and linking those in need to the correct supports. Some of these teams were already highly organized and worked together to gather resources and make changes to benefit those living with dementia and their carers. Some teams were led by partners in health care, and others had no health care partner involvement. Other communities did not have a pre-existing multisector team but worked to build one during their involvement. Each community was unique in how it approached its problems and developed solutions for dementia care for their local community.

There is rich knowledge within these multisector teams, which, when supported, positions communities to be successful in making sustainable local change. This is reinforced by the Ken-Opurum *et al.* (2020) systematic review of rural health coalitions, where it was identified that community teams are well-situated to support building healthy environments by incorporating knowledge of their local context, resources, and key stakeholders. Community teams also have experience in planning and implementing a wide range of programs, including education on disease/diagnosis-related stigma and healthy aging, support groups, and recreational activities.

Early research from our initiative has demonstrated that community activities focused on integration between health, social, and community sectors are cost-effective in reducing hospital utilization (inpatient, emergency, and outpatient) by those living in the community with a diagnosis of dementia (Thanh *et al.*, 2020). However, when the findings were brought back to the communities we worked with, they expressed disappointment in the measures implemented and how they focused solely on the monetary returns. The communities expressed that there were many other benefits to the people living with dementia, their carers, and even to the multisector teams themselves, which were not being identified or measured. This is what fueled the interest of the provincial team leading the initiative to research what contributes to the individual well-being of those affected by dementia (both those with a diagnosis and their carers) and to the collective well-being of rural multisector teams who seek to better support them to live well within their community.

The provincial team leading the initiative consisted of a small team of hired grant personnel housed within the provincial health authority, in-kind support personnel, and researchers. This team provided ongoing support, including facilitation, mentorship, resource building, and linkage of subject matter expertise to the multisectoral teams in each participating community. This was done through regularly scheduled meetings, ad hoc support, and monthly partner meetings with the communities and other interested stakeholders. They also conducted research activities. The learnings reported here are part of a larger research project where contributors to the well-being of those living in the community with a diagnosis of dementia, carers of those with a diagnosis of dementia, and multisector community teams were sought. This article focuses on the latter group.

Conceptual framework for well-being

In order to find better ways to measure the value of the work being done in our partner communities, the team came upon the concept of well-being. In lay terms, well-being is a subjective assessment of one's sense of happiness or state of existence. Within a socioeconomic model, well-being is attained when there is a good 'fit' between one's material resources, relational resources, and the ability 'to be and do as one values' (WHO, World Report on Ageing and Health, 2015).

In 2007, McGregor developed a well-being framework to examine economic development and poverty, which differed from the conventional frameworks focused on measuring money, commodities, and economic growth. The intention was to shift the paradigm to center on human well-being, establishing a new strategy and methodology for researching well-being that can influence policy.

In McGregor's (2007) well-being framework, there are three broad domains of well-being: material, relational, and subjective. The domains are described as: (1) material well-being, what one has; (2) relational well-being, what one does through their relationships; (3) and subjective well-being, how one feels about and values what they have and can do (Deneulin & McGregor, 2010; McGregor, 2007; McGregor & Pouw, 2017). To date, there has not been any research describing what subdomains might exist under the three broad domains of well-being for a multisector community team.

McGregor (2007) noted that when looking to affect well-being outcomes in a sustainable way, well-being must be conceptualized on both an individual level and a collective level. Examples of the collective, according to McGregor and Pouw (2017), can include a household, community, neighborhoods, group, or social network. With the recognition that communities, and in particular multisector community teams, are a key part of the local environment that contributes to sustainable care systems, it is crucial to understand what contributes to their collective well-being. To date, there has been little work done on evaluating the well-being of multisector teams. Ken-Opurum *et al.*, (2020) noted a gap in the current literature on community teams and argued that the means to measure impact and describe local activities had not yet been developed. The Connecting People and Community for Living Well initiative sought to understand what supports well-being and to develop a way to measure and monitor it. Such monitoring could start to inform how effective multisector teams are at supporting those affected by dementia living in their community, and where shifts could be needed to increase their effectiveness, either at a local level or a system level. The purpose of this research was to understand from multisector community teams what supports their collective well-being.

Methods

Design

Focus groups were held with five multisector rural community teams with the intention to increase the understanding of the link between supporting the well-being of the community team and how that affected their ability to support the well-being of those living in their community. The focus groups were held virtually due to the public health restrictions in place during the coronavirus disease 2019 (COVID-19) pandemic.

Ethics approval for research activities was obtained through the University of Alberta (ID: Pro00097251##). All participants provided informed verbal consent. The research team held backgrounds,

including nursing, social work, geriatrics, and gerontology, and had varying prior exposures to conducting research; and as such, there was a team approach to the design, conduct, and analysis of the project. To promote reflexivity, potential biases, including personal and professional experiences, as well as emerging reactions to collected and analyzed data, were documented by team members.

Following a framework analysis approach (Gale et al., 2013), the research team used thematic analysis (Braun & Clarke, 2006) to identify and explore patterns emerging within and across focus groups. The framework method is a systematic approach to qualitative data analysis and is highly suitable for applied health research projects and multidisciplinary teams. A defining feature of this method is charting coded data into an analytic framework, with the subsequent matrix used to inform data interpretation by mapping connections across the data. This approach was ideal for the project as it enabled contrasting and comparing codes and themes within the domains of McGregor's (2007) framework for well-being, which conceptually underpinned the work.

Participant recruitment

Participants for the focus groups were members of rural multisector community teams already participating in the grant. They were informed at the outset of the grant that there would be focus groups conducted to understand what contributed to their collective well-being. Two approaches were employed to extend invitations to the predefined sample of potential participants, and the approach chosen was based on the preference of the community team. The first approach was where the lead or main facilitator of the community team contacted their respective team members on behalf of the research team and invited them to participate; the second was where the research team contacted the community team members directly to invite them to participate. The timeframe for recruitment of participants was from October 2020 through February 2021.

Focus groups were chosen to allow participants to build upon one another's ideas and were held with each community independently. All communities had some form of a working group established before the grant starting, and across all communities, each team varied in who was involved, what their formal or informal roles were within their community, and how long they had participated in the work.

Data collection and analysis

The research team developed a series of questions for the focus groups with the aim to learn what contributes to the well-being of multisector community teams. The guide included primary questions, including how the team was established, what goals they set out for the team, and additional prompt questions, including what makes sustaining the team's efforts difficult, and what they would need to better achieve their goals. Anticipating participant fatigue and scheduling availability, the maximum duration of the focus group was 90 min.

The research coordinator facilitated the focus groups, and an additional research team member attended as an observer. One week before the focus group was held, participants were sent the questions, along with background information, context setting around well-being, a summary of next steps related to the applied research activities, and other relevant project activities. Focus groups were audio-recorded using the Zoom Video Conferencing (2021) platform and transcribed verbatim with all identifying

factors removed. Data collection through focus groups was conducted in February 2021 through April 2021.

Data included notes taken by the research coordinator and observer, and the transcription of the focus group. Data were analyzed by the research team using NVivo12.6 for initial coding of all transcripts. The research coordinator, along with one other research team member, analyzed each focus group transcript to ensure reliability. Unique coding schemes were developed, and after discussions among team members on coding schemes, Microsoft Office Excel was used to chart the codes into well-being domain matrices for further framework analysis for each focus group.

Results

Focus groups were held with five multisector teams from rural communities in Alberta, Canada. The size of the groups ranged from 6 to 10 participants, and the total number of participants was 32. Those attending represented the following groups: community organizations, police services, healthcare sector, nonprofit organizations, and carers of those living with dementia. At the time of the research, there were no people living with dementia on the teams. A separate part of this research project interviewed people living with dementia to understand what they identified as supporting their well-being as part of the overall grant.

We present our findings organized according to the conceptual framework adopted for this study on the contributors to material, relational, and subjective well-being. Contributors were given equal importance, in recognition that all contributors play a vital part in supporting the collective well-being of the team. As such, the findings are not presented in a particular order.

Material well-being contributors

Gaining leadership support

Participants saw leadership support as crucial, with many acknowledging that without the support of their leaders within their respective organizations, they could not participate in the work.

...I do think – your question regarding... do you need your supervisor support? I think it always goes best when you have your supervisor support...if they're giving you time to attend and do things that makes it much easier rather than trying to do it off the side of your desk on top of everything else, that spreads everyone thin. (Participant R6 from Focus Group C)

For most participants, involvement in and contributing to the community team was only one of many responsibilities separate from their paid work. Seldom was there a team member whose role was dedicated solely to community teamwork. This meant members were balancing community teamwork with tasks associated with their roles in their respective organizations.

...we have to dedicate some time to this.' ...when she [their manager] said 'Carve out some time, this is now not on the side of your desk,' when she committed to that...that's when I felt like 'Okay. Okay, I can focus, I can do this.' (Participant R5 from Focus Group B)

Participants described how some leaders did not recognize the value of the community teams' work, and lacked appreciation of how involvement could not only help advance community team priorities, as well as program or organizational priorities.

Desire to capture the achievements of the community team

Participants suggested that the development of a tangible document describing the collaborative work of the community team would help to gain the support of their respective leaders and demonstrate the value of the work. This could include outlining activities they were pursuing or sharing the achievements and impact of work the team had completed.

...it would be amazing if somehow we could capture all of this work, like quantify it, because I would have something to take forward to our senior leader in our structure. But if I had something tangible, to present to them, that would really, really help our case, for sure. ...we all know, that is fantastic work is being done. But if there was something in terms of... measures and outcomes that would be great. (Participant R6 from Focus Group A)

A need for consistent funding and resources

Participants who had been in teams that had previously received grant funding shared that there was a substantial positive impact on their ability to advance work due to the availability of the funds, and the human resources that came with it. They identified that time-limited funding makes it difficult to sustain community team activities. This was especially the case with shorter grant times of 12–18 months.

...it just makes it really hard to sustain without some committed funding. And three years isn't really committed funding. You know, if we truly... want to have this strong organization then... I would think [name]'s gotta be able to say 'I need five years; Seven would even be better.' ...then you can make a change. But trying to do a two- or three-year program, you've just got something up and running and then it's like 'Oh, no more funding. So I guess it's done.' ...It kind of feels like sometimes we're on the gerbil wheel, just continually running and without ever knowing kind of what's ahead. (Participant R6 from Focus Group B)

Participants identified numerous factors influencing the ability of the community team to be productive, including diversity in members' experience and knowledge, and planning for the natural ebb and flow of members' ability to participate. Team members identified shifting priorities or demands within their roles in their own organizations as a key factor in changing their ability to participate.

You know, I can dedicate time to this, but we also have many other things that we have to dedicate our time to. (Participant R6 from Focus Group B)

Participants highlighted the need for an ongoing and dedicated position to coordinate the work, support community team development, and advance group priorities. Having someone to organize meeting times and spaces, create agendas, create terms of reference, and circulate minutes was not only helpful but also helped community teams get closer to meeting their goals.

I think that important to acknowledge, is that coalitions can be fantastic, energetic, and committed people. But oftentimes ...we are having to do this off the side of the desk. And so the times where we've been able to really capitalize on this coalition is when we actually have a little tiny bit of dedicated funding to have a staff... really drive things forward. And I think that's important, is that coalitions... benefit from people's passion, but you can't deny that it does need some financial resource to go towards a dedicated staff person. (Participant R1 from Focus Group B)

Leveraging local partnerships

Participants described that through building a diverse network of partnerships across sectors and increasing awareness of what was

available locally, they were able to, with minimal cost, increase the types of resources available. An example of this was accessing space to run programs at no cost because a team member or associated organization had space available that could be accessed in-kind.

...what would we need to have to make that happen?" So funding "Okay, who has the funding" I had the funding right now through FCSS. So we would need a space to do the group, what would be a nice welcoming space in the community. So for the [local group]...the town has a historical house, very nice, welcoming environment. So we thought that would be really nice for them ... for the [group name]. The library is like, essential, really beautiful facility....we just approached the library and said "Hey, we want to do this program to support individuals" and the library was totally on board, like, they're just gung ho to kind of partner however they can. And so they offered this space for the (art program) and, and really connected that way. ...it's just kind of figuring out what we needed and who we needed to talk to. (Participant R4 from Focus Group A)

Team members also expressed concern with the structuring of grant opportunities. Most often, organizations or programs apply independently, rather than being encouraged to apply as a group. This was described as especially difficult in rural communities where they found themselves competing for the same funding opportunities with organizations delivering similar types of services.

Wouldn't it be great if we didn't have to fight against each other for funding and figure out a way to get together for funding? ...if there could be even I'm going to say in the political field, and that might not be the word – but where there was more joint funding to help... organizations exist together and working all together again more inclusively instead of... politically, I feel. You know, any time a grant comes out, we're put to the test to beat the other people that sometimes we sit on the same committee with. (Participant R6 from Focus Group B)

Impact of political and fiscal climate

The broader political and fiscal climate was acknowledged as significantly impacting the teams' ability to advance or sustain efforts, especially when government priorities locally or provincially change. When government priorities shifted, it necessitated adjusting local supports to align with government priorities while continuing support to ongoing initiatives meeting a current need. Occasionally, teams had to stop activities altogether that no longer aligned with government priorities, despite them having a positive impact locally.

...regarding the political system... I think we go through that every four years, you know? If you get on the funding on the early side, it – It works well, but as you get closer to the time where um, you know, there's going to be another election, then... Then you know, you feel you have to fight for it. (Participant R6 from Focus Group B)

...sometimes the frustrating part is so many of these initiatives come from a federal or provincial level. So... I worked for FCSS and we work in... a municipal area, but so they come with this really big blanket and they say "The flavour of the day is early childhood development, go forth and develop - and do whatever. Or the flavour of the day is addictions or the... and it's not that those aren't important, but it's really important in our little area or whatever, or who's ever that little area is, that ... that's the priority – like that is the issue for that area. (Participant R5 from Focus Group C)

Participants expressed that the timeframes in which the dollars had to be spent were a challenge. If the timeframe was one that interfered with other local priorities and realities, the community

would either be forced to pass on the opportunity or feel pressure to spend dollars in a way that was not as meaningful to the community. An example of this was related to spring and fall work in communities with a predominant agricultural base:

I worry that sometimes it's really not always the best use (of grant dollars) because you feel a fire at your butt. You don't want... your community members to miss out on this money, but sometimes just to get our ducks in a row... They don't then allow us that opportunity to say "Can we keep this \$200 because this is what we're doing, but we can't do it until May" or because we have different issues in our communities. You know, what, if you're a strong agricultural community, you have different timelines than you may have in other centers. (Participant R5 from Focus Group C)

Relational well-being contributors

Building relationships

Building and maintaining relationships were vital in advancing the work of multisector community teams. Relationship building within the community team itself was central to creating a space where creativity and adaptability flourished, while enhancing trust and encouraging shared accountability. The teams often found themselves seeking out and establishing new partnerships.

I found that the more I connect with people within the community, and you build that rapport, because that's really important. You build that trust as well. (Participant R1 from Focus Group A)

You know, this is sort of how our group starts. Just as a perspective, when we have our meeting we, actually spend about 10 minutes going over, or maybe even 15, going over a little bit of the background of what everybody is seeing in their daily lives, umm and talk about it like [Name 5] just did. So that was really, that's really important to our group and I think that it's valuable for them to get a little bit of that perspective... (Participant R4 from Focus Group D)

Participants shared that fostering and maintaining relationships was not only important for those within their team and in the local community but they also valued the relationship with the Connecting People and Community for Living Well provincial team supporting them.

...we had some dementia education and then [the Provincial team] came along and... was awesome with supports [for] us and trying to get us going and getting us... to actually, uh, develop this dementia coalition and... bring it forward. (Participant R1 from Focus Group C)

Participation of those with lived experience

Participants highlighted the importance of having those with lived experience be part of the team to ensure activities pursued were meeting a need and were meaningful. They acknowledged the challenges in being able to have those with lived experience attend and participate in discussions with the team, and as a result, they needed to find creative ways to ensure they were seeking their input.

That voice of lived experience or context experts at our table, we need to be really mindful about ways that we can include them. ...that might be that we actually need to come up with some supports for respite care for example, so they can participate in these things. ...I would say that's... part of as we grow and we evolve... for find alternate ways to engage... the lived experience... (Participant R7 from Focus Group B)

And I think anybody that would join would kind of see the diversity in the groups that are already participating, which is huge, I think, and I see how important that is and what we bring to the table and the lived experiences that some of us around the table as well makes a huge difference. (Participant R4 from Focus Group C)

Knowledge of members' expertise and their role within their organization

As relationships grew, participants noted that team members learned more about fellow team members' skills and expertise. When this happened, there was an opportunity to capitalize on their abilities, which resulted in making them feel valued, leading to a sense of belonging, and encouraged continued participation. Also important was learning more about the organization or program each team member was part of. This expanded awareness meant they could appropriately leverage existing resources when working to advance an identified priority. Relationships and collaboration across team members, with additional community partners, and with programs and people outside the community contributed to the coordination of existing resources. For example, teams were able to utilize local or provincial in-kind expertise to deliver education in the community to professionals and the public.

And everybody's got their different experiences, their different backgrounds and I think that that's really beneficial because we all come from different sects of life and different... shared experiences so, it really does make it beneficial because we just have so many great ideas to bring to the table and to share....and then that will get somebody else thinking about something, and...it really does work well. (Participant R3 from Focus Group D)

Subjective well-being contributors

Desire to have a positive impact on those in their community

Participants expressed enthusiasm for bringing together individuals from multiple sectors to work toward meaningful and sustainable changes at the community level. This included having a common purpose or vision, as well as being action-oriented. They noted the reason for becoming involved in the community teams' work was the desire to have a positive impact on their local community, and this translated into the group's philosophy of ensuring their work is meaningful at both a community level and an individual level.

...I just want to be part of something that's going to make a difference in our community. We do live in a high population of seniors. ...I just know it's going to impact all of us in our work. (Participant R4 from Focus Group C)

Having an atmosphere that fosters creativity

Members expressed the feeling that the environment within the community team fostered the ability to think creatively, and there was freedom to try new things, which otherwise were not possible within their respective organizational roles.

...we've been allowed to be creative, right? I know a lot of people who are very creative, very good at their jobs, right, who would like to do something else or made suggestions "Why don't we try this?" and it just hasn't happened... Because they haven't been allowed to be creative because of the constraints maybe of the organization for whatever reason... (Participant R3 from Focus Group A)

This creativity is then reflected in where and how activities were implemented.

...when it comes to uh, different, different events that are out there in the community and we have a tractor museum and they have talks there and we, we've done some of our marketing through them and they've got hundreds of people that come through that tractor museum and just doing presentations there and having the [Primary Care Network] involved there with...an exercise group right within the museum. (Participant R4 from Focus group D)

Discussion

To support the dynamic needs of older people, the environments in which they live must respond to these needs. The Connecting People and Community for Living Well initiative sees multisector community teams as a critical part of the local environment for those living in the community affected by dementia, including those with a diagnosis and their carers. This view is supported in the reviewed literature, where multisector groups were seen as an effective way to enhance community well-being. The teams are effective at mobilizing and focusing resources (Chavis, 2001) to guide and implement programs tailored to their local context (Foster-Fishman et al., 2001; Ken-Opurum et al., 2020). Through collaborative relationships, teams have demonstrated their ability to impact individual well-being (Chavis, 2001; Foster-Fishman et al., 2001; Ken-Opurum et al., 2020). The current research sought to identify what contributes to the collective well-being of multisector community teams.

Learnings from this study add to the McGregor framework by identifying what specific key contributors in the material, relational, and subjective domains are required to build and sustain the collective well-being of multisector community teams. As part of this initiative, a resource called the *Wellbeing Guide* was developed based on the findings of the research and was then used to facilitate discussions to support the teams to identify priority areas. During the work with the teams, it was found that often what addressed one domain of collective well-being simultaneously improved another domain.

Material well-being domain

In the context of material well-being, the findings highlighted critical factors identified by multisector community team members, which contributed to their collective well-being. Examples of this included receiving support from leadership, having time within their respective roles to participate in team activities, and having someone dedicated to coordinating community team activities, such as scheduling meetings, creating agendas, and supporting development of more formal team documents such as terms of reference.

Community team members spoke of how inconsistency in human, financial, and time resources made it difficult to sustain momentum. Collaborative members often do this work 'off the side of their desk', and it can be difficult to find the necessary time to dedicate to it.

Teams also acknowledged the impact of the political and fiscal climates outside of their local community. For example, as provincial government priorities shifted, so did the ability of the teams to advance and sustain their work. Evident in the literature were examples of the impact of fiscal constraints on local resources. For example, Shannon et al. (2019) discussed how both limited time and resources dedicated to collaborative work were problematic, and acknowledged

the importance of having services available, such as respite and transportation, to engage those affected by dementia. Community context, such as history of collaboration, diversity of membership, availability of resources (funded and in-kind) and local politics, and local economy, was also recognized as affecting both sustainability and well-being of the group (Kegler et al., 2010; Shannon et al., 2019). Within the reviewed literature, there is a relative paucity of information around the impact of provincial and national policy on the ability of community teams to plan and implement local supports. The community teams shared that priorities identified at the provincial or federal level often push municipalities to change directions to address the 'flavour of the day' as a priority (Participant R5, Focus Group C). Not always does the priority or timeline align with the local needs, and in rural communities in particular, it can be unrealistic during certain times of the year to expect a community response (i.e., seeding or harvest in an agricultural community). Archer et al. (2018) reference the value of organizations and coalitions thinking outside of their own context around how their work might affect policy in entities such as hospital systems. This could be interpreted as a gap where learnings from community multisector teams might add value when shared with policy and decision makers during policy-related discussions. Creating opportunities for community teams to be able to involve or share learnings with their local hospital leaders, and town or municipal leadership, may be important to affect positive change. Foster-Fishman et al. (2001) put forth that researchers, practitioners, stakeholders, and partners need to be mindful that collaborative capacity is significantly influenced by the larger community context and must take a more holistic view. What was unique in this study was an increased understanding of the impact of the provincial and/or federal fiscal and political climates on the community teams' work.

Relational well-being domain

Within relational well-being, the importance of having and building relationships in multisector community teams was evident as being key to supporting, sustaining, and achieving their goals. Relationships were recognized as important not only among the team members themselves but also with community members and a variety of community organizations. These relationships provided the team with a broad understanding of local needs, as well as partners to help advance options within the community. Further, the ability to build solid relationships and develop mutual trust with fellow members was identified as being key in building and sustaining a high-functioning group. The reviewed literature also clearly outlined that community teams/groups needed to consider the local community context consisting of social norms, beliefs, and values (Kegler et al., 2010). As relationships are core to collaborative work, it was identified as important to dedicate time to nurture relationships with fellow team members, interact on an informal basis (de Witt & Fortune, 2019), support each other with tasks (Haithcox-Dennis et al., 2013), develop communication strategies fostering an open exchange of ideas, views, and feedback (Ken-Opurum et al., 2020; Zakocs and Edwards, 2006), and acknowledge the need for diverse representation in membership (Klee, 2006). This included engaging and collaborating with organizations and affiliations outside of current membership (de Witt & Fortune, 2019). In their study/review, Klee (2006) noted that for community teams to be effective, there needs to be reciprocal trust between professionals and community members. This trust was found to be anchored by the ongoing recognition of the expertise and lived experience of each team member. As Archer et al. (2018) noted,

relationships with and coordination between multiple services were acknowledged as necessary, as well as the importance of being aware of what it might be like for those outside of one's own role and organization. These elements underpin the value of building relationships with varied organizations and across sectors.

In the focus groups, community teams described new knowledge, networks, and approaches growing out of the connections established with a diverse group of partners, which included local businesses, faith groups, libraries, and service clubs. Important to the teams' ability to sustain their work was the support of the provincial team to access new knowledge, build avenues for advocacy and networking, and leverage their existing resources within the health system. The active participation of those with lived experience was also described as key in the team's ongoing understanding of local strengths and needs and determining the most supportive approaches for the delivery of programs.

Subjective well-being

Contributors to the subjective well-being of the community team included sharing a common understanding or vision of the overall goal of the work. Team members expressed how valuable it was to be part of a diverse group with a common purpose and identified the need to have their time together be productive. A desire to have a positive impact on those living in their community was described by members as one of the main things that drew them to the community teamwork. They shared how important it was for them to know their involvement in the work was having an impact, and spoke of how being able to demonstrate outcomes and achievements was also important to building trust with their broader community. The reviewed literature supported the need for a vision and purpose, as well as being goal-oriented (de Witt & Fortune, 2019; Foster-Fishman et al., 2001; Herron & Rosenberg, 2017; Hollinrake et al., 2019). Key findings included the expressed belief that what could be achieved together far exceeded what individual people, programs, and organizations could achieve alone, and an appreciation for the members being able to be creative and innovative within the team.

An additional finding of interest was the view that if there were no actions taken (i.e., information sharing only) or no outcomes achieved by the team that positively affected the local community, the result would be a reduction in membership. Within the literature around subjective well-being, it was important to have shared values and principles, as well as the ability to leverage all members' expertise when advancing collaborative goals (Crampton & Eley, 2013; Herron & Rosenberg, 2017; Hollinrake et al., 2019; Klee, 2006). What is important for collaborative teams is to have shared understanding and interests around an area of focus, and to be goal-oriented (Archer et al., 2018; de Witt & Fortune, 2019; Foster-Fishman et al., 2001). The subjective domain findings in the research and literature continue to highlight that relationships are central to accomplishing goals. Overall, there was less discussion related to the subjective domain, which, as the teams are action-oriented, may be related to a perception that this domain is not directly linked to their ability to act. Further exploration would help to understand the impact of the subjective domain.

Recognizing that people and communities do not live in isolation from each other, and communities play a critical role in supporting those living in the community affected by dementia (those with a diagnosis and carers), community teams are poised to make necessary shifts in the environment to support well-being outcomes (Cunningham et al., 2019; Kegler et al., 2010; Martyr

et al., 2018). This can only be achieved if the collective well-being of the multisector community team is enhanced and supported. In McGregor and Pouw's (2017) work, they posit, 'the realization of well-being can thus be assessed in an integrated and comprehensive manner by looking at the intersection of the domains' (p. 1135).

While the reporting of the results was organized into the three well-being domains of material, relational, and subjective, the analysis of the data revealed that very few contributors to well-being fell solely into one domain. Findings from this study saw the contributors to well-being as more permeable and would overlap across the three domains. This reflects a need to incorporate multiple domains in planning, implementation, and measuring the impacts of activities. Cunningham et al.'s (2019) review of the measurement and understanding of the well-being of carers of people living with dementia identified that within health research, the measurement of well-being is complex, and this extends to the collective.

Implications

Overall, these findings highlight the key role of relationship building across material, relational, and subjective domains in achieving a high-functioning community team. In addition, there is a need for local and system environments to be supportive of collaboration through consistent resourcing and support to describe the impacts of their work. By supporting teams in these areas, their knowledge and experience can influence policy to remove barriers and enhance their efforts.

Learnings contribute to understanding the 'how' of building and maintaining these supports and start to address the desire expressed by individuals, municipalities, and governments to move toward community-based systems of support. From this, the research team identified three areas of particular importance: (1) development of a resource to support teams to measure, monitor and describe the impact of their actions; (2) ongoing support from a system-level team to assist in increasing capacity and bridge to the system; and (3) development of local and/or provincial policy that supports collaborative community-based work.

The first finding informed the development of this innovative project's *Wellbeing Guide*, which is being used with participating community teams to: (1) evaluate the collective well-being; (2) identify priority areas to act on to improve and sustain their collective well-being; and (3) measure the impact of actions taken on their collective well-being. This resource establishes a common language to describe the work, define impacts, and provide a means of measurement to serve the needs of the team and the respective sectors. Information collected over time in the *Wellbeing Guide* could facilitate sharing the impact across community, organizational, and provincial levels to demonstrate the value of multisector teams in supporting the well-being of those living with dementia. By attending to the well-being of the collective, there is a greater potential for multisector community teams to be a sustainable and effective asset for building and supporting well-being in their community. In the next stage of our work, the use of the *Wellbeing Guide* has expanded to teams who are focusing on other underserved populations. This creates the potential for the findings to have broader application.

The second finding draws attention to the importance of community teams having access to a provincial team or external group to help connect them to evidence, subject matter experts, educational resources, and evaluation support. Additionally, the

community teams identified that helping to demonstrate the value of their work, developing local sustainability plans, serving as an advocate for them, and raising awareness of their achievements was highly valued.

The third finding speaks to a need for local, provincial, and federal-level policy to help ensure collective well-being at the community level is supported. The key areas highlighted include the recognition of the impact of changing political and fiscal policies and priorities on the commitment to and sustainability of the work of community teams, and the need for ongoing or operational resources for community teams. A related finding pertains to grant funding and suggests a requisite for collaborative approaches between local organizations and sectors to submit grant applications and achieve proposed activities. Longer grant periods were also suggested to help with momentum and support actions to be sustainable. Building a policy suite that supports the collective well-being of community teams through the establishment of long-term vision and goals, and access to sustained funding could transform how those aging in the community and their care networks are supported. This research also contributes to the literature around the impact of policy on local-level work.

Limitations

This study is not without limitations. It is recognized that virtual, rather than in-person data collection, may have deterred community team members less comfortable with technology from participating. Further, the research was conducted during a period when community team members were particularly taxed with their respective program and organizational responses to the COVID-19 pandemic. This was especially the case for communities that were under-resourced before the pandemic, and resulted in one originally committed community not being able to participate in a focus group. An unexpected positive outcome of conducting this research during the pandemic was a recognition by the organizations represented on the community teams of the key role the community had in supporting those who were most isolated. These limitations do not outweigh the unique contribution this work makes to the enhanced understanding of the well-being contributors within multisector community teams.

Conclusion

Findings in this research contribute to a fuller description of the contributors associated with the McGregor (2007) well-being domains when applied to the sustainability of multisector teams in rural communities who are working to support the well-being of those impacted by dementia. This information will contribute to how multisector community teams plan, track, and measure the impact of their efforts to enhance their collective well-being. Over time, those impacts can start to inform how policy may be shaped to support and mobilize collaboratives to continue this work. These findings also identify how to better support community teams to be sustainable in their efforts to support those living with dementia in the community.

Data availability statement. The complete, de-identified focus group transcripts used to support the findings of this study are available from the corresponding author upon request.

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