

Toronto Central **LHIN**

# Community Engagement Toolkit for Health Service Providers and the Toronto Central LHIN

March 2011



# Table of Contents

Background.....	1
Definition and Purpose of Community Engagement .....	3
TC LHIN Shared Community Engagement Principles .....	4
Community Engagement Checklist.....	5
Roles, Accountabilities and Expectations about Community Engagement .....	6
Toronto Central LHIN’s Role.....	6
HSP Community Engagement Roles .....	6
Toronto Central LHIN Expectations .....	7
Appendices .....	i
Appendix A – Assumptions.....	i
Appendix B – Engagement Tactics .....	ii
Appendix C – Community Engagement Task Group Members.....	v

# Background

Community engagement is a central element of the Local Health Integration Network (LHIN) model. The participation and involvement of individuals and communities in decision-making about their health care contributes to a healthier population.

**Community engagement is a shared responsibility of the LHINs and the health service providers (HSPs) they fund.**

Community engagement is a core requirement in the Local Health Services Integration Act (LHSIA). In addition, the 2010-2013 Integrated Health Services Plan (IHSP-2) articulates the Toronto Central LHIN's (TC LHIN) commitment to community engagement and the different ways the LHIN works with and involves communities. The 14 LHINs have recently adopted community engagement guidelines to promote a consistent level of community engagement across the province. The Excellent Care for All Act creates a new impetus for HSPs to engage patients, clients and families in defining and achieving high-quality health care.

To be effective, community engagement must be a core value embedded in an organization's operating practices. Community engagement is mission critical.

Many HSPs and stakeholders in Toronto have considerable experience working with and engaging their communities. The LHINs provide an opportunity to involve people in planning and decision-making about the health care system, and for stakeholders to work together across sectors to engage the communities they serve.

This is new terrain for health care in Ontario and stakeholders are all continually learning and improving the way we engage their communities.

In that context, the Toronto Central LHIN convened a Task Group of representatives from provider organizations across all sectors and areas of the LHIN to advise and work with the LHIN to develop a community engagement strategy for the LHIN. The group's first task was to clearly define the roles and expectations of the LHIN and health service providers regarding community engagement and to develop tools to support community engagement efforts in the LHIN. The Task Group's goal is to help strengthen the impact of individual and collective community engagement efforts in order to promote healthy individuals, organizations and communities.

There are a number of processes that involve LHIN approval or decisions (i.e., Accountability agreements, voluntary integrations) which include a community engagement plan and report to the LHIN (see p. 7 Expectations).

**The Toronto Central LHIN's expectation is that both the LHIN and HSPs follow the principles of good community engagement endorsed by the Task Group (and consistent with the principles adopted by the 14 LHINs).**

In its review of HSPs' community engagement plans and information, **the LHIN will look for the following:**

- which communities were identified and engaged
- how they were engaged
- how feedback and information were considered in planning and decision making
- the process for communicating back to communities about how their input and ideas were considered

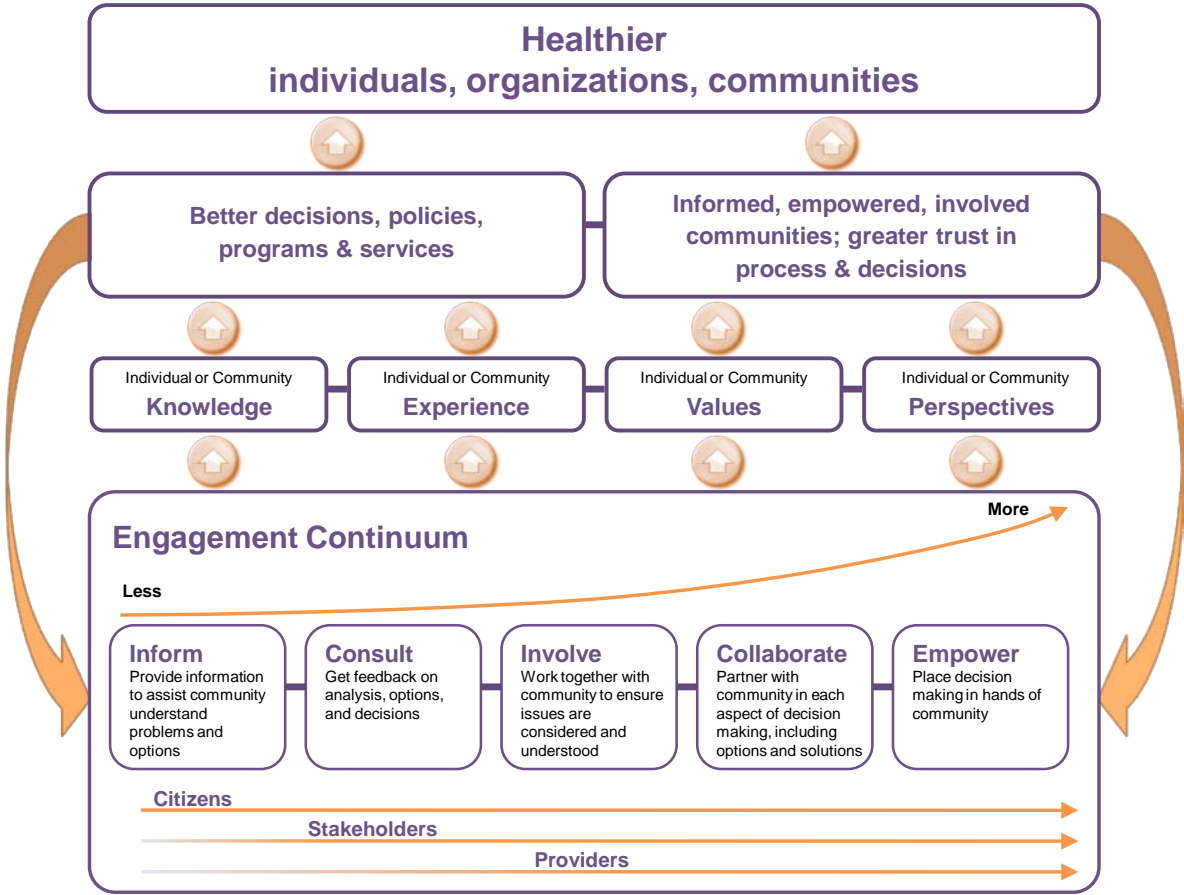
This document includes a check list to support HSPs and the LHIN to develop their respective community engagement plans and reports. It also contains a number of other tools to assist HSPs and the LHIN in their community engagement efforts.

The Task Group's next steps are to work with the LHIN to develop a survey of HSP community engagement approaches and practices which will be an important resource for planning; identify opportunities for providers to collaborate and streamline community engagement activities to improve the experience for all; and identify opportunities for health service providers and the Toronto Central LHIN to collaborate on community engagement related to local health system needs and initiatives.

# Definition and Purpose of Community Engagement

Community engagement is the meaningful involvement of individuals and communities for a variety of purposes, including defining issues and needs, considering solutions, establishing priorities and implementing a program, project or service change.

- Incorporating the knowledge, experience, values and perspectives of individuals and communities will not only lead to better decisions, policies and services, it will ultimately create healthier individuals, organizations and communities.
- Different engagement purposes may be served by different practices along the engagement continuum. The LHIN and HSPs will strive to practice at the more engaged end of the continuum whenever possible.



# TC LHIN Shared Community Engagement Principles

## Careful Planning and Preparation

Through adequate and inclusive planning, ensure that the design, organization, and convening of process serve both a clearly defined purpose and the needs of the participants. *Quality community engagement utilizes targeted strategies based on a purpose and the needs of all the people and communities affected.*

## Inclusion and Demographic Diversity

Equitably incorporate diverse people, voices, ideas, and information to lay the groundwork for quality outcomes and democratic legitimacy.

## Collaboration and Shared Purposes

Support and encourage participants, government and community institutions, and others to work together to advance the common good. *Quality community engagement builds on the work, expertise and accomplishments of HSPs and stakeholders and is coordinated in order to improve the experience and process for the communities affected.*

## Openness and Learning

Help all involved listen to each other; explore new ideas unconstrained by predetermined outcomes; learn and apply information in ways that generate new options; and rigorously evaluate public engagement activities for effectiveness.

## Transparency and Trust

Be clear and open about the process, and provide a public record of the organizers, sponsors, outcomes and range of views and ideas expressed. *Through mutual learning and understanding, we will foster the trust that is necessary to sustain improvements and change.*

## Impact and Action

Ensure each participatory effort has a real potential to make a difference and that participants are made aware of the potential.

## Sustained Engagement and Participatory Culture

Promote a culture of participation with programs and institutions that support ongoing high-quality public engagement.

# Community Engagement Checklist

- Which communities and individuals are affected?
- How will you engage individuals and communities affected?
- How were the ideas and feedback recorded and considered in planning and decision making?
- What is the process for communicating back to communities about how their input and ideas were used and decisions made?
- How will you assess the community engagement process?

# Roles, Accountabilities and Expectations about Community Engagement

## Toronto Central LHIN's Role

Community engagement is a requirement of the Local Health Integration Act, 2006 (LHSIA). In addition, the Ministry-LHIN Accountability Agreement, as well as government directives, reinforce the expectation that community engagement is a fundamental part of the way local health care services are planned and priorities are set and implemented in the LHIN.

*The definition of “Community” in LHSIA is comprehensive:*

- *patients and other individuals in the geographic area of the network*
- *HSPs and any other person or entity that provides services in or for the local health system*
- *employees involved in the local health system*

There are special obligations for the LHIN to engage **Aboriginal and French-speaking communities**.

There are particular obligations related to **integration**, whether voluntary, facilitated, funded or directed. LHSIA includes a prescribed period for public submissions regarding LHIN integration decisions. HSPs are required to undertake community engagement as part of integration activities.

## HSP Community Engagement Roles

HSPs undertake community engagement for a variety of purposes, using a wide mix of techniques.

Examples of reasons for engagement include: needs assessment and environmental scans, strategic planning, service planning, program design, and decisions regarding services – i.e., reductions, expansions, new service introduction, change in geographic location, and different models of care (e.g., shifting from inpatient to outpatient rehabilitation services).

Individual organizations undertake community engagement largely related to organizational goals and services. By pursuing opportunities to collaborate and streamline engagement on shared issues and with shared individuals and communities, LHINs and HSPs will reduce duplication and improve the experience for all involved.

In addition, there is an opportunity for the LHIN, providers and stakeholders to work together to engage people on identifying indicators and gaps, as well as strategies that need to be undertaken as a system to close those gaps.

**LHSIA sets out obligations for HSPs** to undertake engagement as individual organizations and in partnership with other organizations and the LHIN.

LHSIA states: “Each health service provider shall engage the community of diverse persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services.”

Accordingly, HSPs’ service accountability agreements, annual plans, voluntary integration submissions, project proposals and capital project submissions with the LHIN all state obligations regarding community engagement.

It is important for the LHINs and HSPs to have a **clear and consistent understanding of what these obligations mean in practice and the LHIN’s expectations** about different kinds of decisions and activities.

## Toronto Central LHIN Expectations

**The LHIN and HSPs are expected to follow the principles of good engagement for health service, system planning and priority setting.**

**In addition, health service providers are to use the checklist as a guide for developing community engagement plans for the following processes that involve LHIN approval or decisions:**

- Voluntary integration
- Health System Improvement Pre-Proposal (H-SIP)
- Hospital capital projects
- Accountability Agreements
- Service changes that affect service levels/volumes and other obligations in accountability agreements with the LHIN

Consistent planning templates based on the principles and checklist will be provided to HSPs as part of these processes. *However, the level of detail required in community engagement plans will vary based on the scope, scale and risk associated with the decision or change.*



# Appendices

## Appendix A – Assumptions

1. Health service providers all engage their communities to some degree and in different ways. Standards, purposes, approaches and formalization vary. There is a great deal of experience and expertise within TC LHIN health service providers and the health care system that can be leveraged.
2. Individual organizations undertake community engagement largely related to organizational goals and services. By pursuing opportunities to collaborate and streamline engagement on shared issues and with shared individuals and communities, LHINs and HSPs will reduce duplication and improve the experience for all involved.
3. For community engagement to be meaningful, the strategy and tactics must be chosen based on the goals. Form must follow function.
4. Barriers exist for some individuals and groups to meaningfully participate at every level in health care. It is critical to work with disadvantaged and marginalized groups to develop engagement approaches that overcome these barriers so that they can fully participate. Ongoing capacity building of communities is key to enabling inclusive and equitable engagement.
5. The purpose of community engagement is not to make all groups satisfied with the outcome. Changes are difficult and there will inevitably be groups or individuals who object to certain decisions and outcomes. Quality community engagement provides all affected groups and individuals with a clear process for being informed and for participating. This process establishes expectations and reinforces them throughout the process, and explains to affected groups how their input is being used and the rationale for the decisions made.
6. Clear information and communication throughout the process is key.
7. Health Service Providers vary in terms of their available personnel, expertise and financial means to undertake leading practice community engagement methods. Through partnerships, shared tools, expertise and resources, organizations and groups can optimize their capacity for community engagement.

## Appendix B – Engagement Tactics

The following is a list of tactics that are commonly used for community engagement. You may find this helpful in your community engagement planning.

### Goal: Educate & Inform

- **Web Site or Other Web Based Tools**
  - Reaches people who don't come to meetings.
  - Creates an information repository available anywhere and anytime to anyone with an Internet connection.
  - Reaches people across large geographic areas.
- **Offering a Central Information Contact**
  - This is a designated person who serves as a single point-of-contact for inquiries about the project.
  - Provides reliable access for interested parties to get information and have questions answered.
- **Briefings**
  - Presentations to organized groups to raise awareness, share information, answer questions and generate greater interest in participation.
  - Effective early in the process to create awareness, build rapport and trust.
- **Fact Sheets, Progress Reports, Newsletters, Email Updates**
- **Open Houses**
- **Fairs and Events**
- **Information Repositories/Kiosks**
  - (i.e., information provided at library sites, shopping malls – places that are convenient for community access).
  - Provides access to project background materials and ensures that project materials are available for interested parties.

### Goal: Consult

- **Invite Public Comment**
  - Comment cards, encourage correspondence.
- **Focus Groups**
- **Delphi Processes**

- Participants respond to a questionnaire or survey, responses are compiled and the compilation is returned to participants who have opportunity to add or alter their responses.
- The process is repeated until additional interaction no longer results in significant changes.
- Provides an opportunity to develop agreement without the need for face to face meetings.
- **Surveys**
- **Online, print, other.**
- **Public Meetings/Symposia**
  - Including presentation of facts and specifics of which aspects of the project/decision to which input can be invited.
- **Feedback Registers**
  - Randomly selected participants are sent briefing materials and asked to provide feedback by a specific date/method (i.e., by telephone, one week later).
  - Can be used as a recruiting mechanism to identify parties interested in further involvement.
- **Interviews**
  - Would require a scripted and planned approach to ensure consistent approach.

**Goal: Involve**

- **Workshops**
  - Where participants work in small groups on defined assignments.
- **Computer Assisted Processes**
  - i.e., Expert Choice Decision support software.
- **World Café**
- **Open Space Meetings**
  - Participants create and design their own agenda and work groups around a specific theme.
- **Focused Conversations**
  - Allows for group involvement in a structured discussion on specific issues.
  - Can be used to explore potentially contentious issues. Conversation/questions take four stages:
    - Objective – review facts
    - Reflective – review emotional response
    - Interpretive – review meaning

- Decisional – consider future action

### Goal: Collaborate

- **Advisory Committees**
- **Consensus-Building Activities**
  - Working through options/solutions to find common ground or agreement.
- **Deliberative Forums**
  - Bring people together to make choices about difficult, complex issues where there is a lot of uncertainty about solutions and there is high likelihood that people will be polarized on the issue.
  - The goal of deliberative forums is to find where there is common ground for action.
  - A moderator who is specifically trained in this technique is important.
- **Deliberative Polling**
  - Structured means to measure informed opinion on an issue.
  - Process requires a statistically valid sample group and incorporates information presentation so that participants can offer informed opinions.
  - Group discussion takes place and then participants vote on the questions put before them.

### Goal: Empower

- **Citizen Jury**
  - A representational group of participants is selected to consider a set of facts and relevant information leading to a decision.
- **Voting by Ballot**
  - Options are put to a vote the results of which are binding.
- **Delegated stakeholder decision-making**
  - Final decision-making authority, leading to action is assigned to a committee (ad hoc, standing) or other organized body (project-related work group or task).

## Appendix C – Community Engagement Task Group Members

- **Ms. Vanessa Ambtman (Staff Support)**, Community Engagement Consultant, Toronto Central LHIN
- **Ms. Simone Atungo**, Director, Community Development and Integration, Mount Sinai Hospital
- **Ms. Sheila Braidek**, Executive Director, Regent Park Community Health Centre
- **Mr. Brian Davis**, Executive Director, Houselink Community Homes Inc.
- **Mr. Rick Edwards (Co-Chair)**, Director, Community Engagement & Urban Affairs, St. Joseph's Health Centre
- **Ms. Anne Hertz**, Director of Planning, Centre for Addiction and Mental Health
- **Ms. Janine Hopkins (Co Chair)**, Senior Director, Community Engagement and Corporate Affairs, Toronto Central LHIN
- **Mr. Adil Khalfan**, Senior Consultant, Performance Management, Toronto Central LHIN
- **Ms. Lisa Manuel**, Director, Changing Lives and Family Violence Programs, Family Service Toronto
- **Ms. Stephanie Massey**, Harm Reduction Outreach Educator, Central Toronto Community Health Centres
- **Ms. Kara-Ann Miel**, Director, Communications, Baycrest Centre for Geriatric Care
- **M. Gérard Parent**, Executive Director, Les Centres d'Accueil Heritage
- **Ms. Lynne Raskin (Co-Chair)**, Executive Director, South Riverdale Community Health Centre
- **Ms. Angela Robertson**, Director, Equity and Community Engagement, Women's College Hospital
- **Mr. Todd Ross (Staff Support)**, Senior Consultant, Community Engagement, Toronto Central LHIN
- **Ms. Stephanie Smit**, Analyst, Program Development Team, Toronto Central LHIN
- **Ms. Rosie Smythe**, Executive Director, 416 Community Support for Women/ 416 Drop In Centre
- **Mr. Steve Vanderherberg**, Manager, Community Engagement, WoodGreen Community Services
- **Mr. Victor Willis**, Executive Director, Parkdale Activity - Recreation Centre
- **Ms. Anne Wojtak**, Senior Director, Performance Management and Accountability, Toronto CCAC

