

Community Engagement Framework

Champlain Local Health Integration Network (Champlain LHIN)

Introduction

“The government of Ontario created the Local Health Integration Networks (LHIN) in 2004 to better integrate the health care delivery system as a component of its Ministry of Health and Long Term Care (MOHLTC) Transformation Agenda. The *Local Health System Integration Act, 2006* provides the legal framework for the Champlain Local Health Integration Network LHIN”.¹

Local Health Integration Networks (LHINs) were established with a mandate to improve access to, and the quality of, health services for residents of Ontario through strengthened integration and coordination. To that end, our success will depend on our ability to engage and interact with the people who use, plan and deliver health services within our Champlain region. In order to meet the changing demands on the health system, we must work together to develop and implement solutions for improved health care across Champlain.

Background

The Champlain LHIN completed its’ initial round of community engagement in 2006 which resulted in the first Integrated Health Service Plan (IHSP). The IHSP describes the LHIN’s planning priorities for moving forward. The input and comments received throughout the community engagement process were incorporated into the IHSP as a means of improving services for the end user of the health system as well as to promote health within our communities. The “Community Engagement Framework” defines the means by which we, the LHIN, will obtain input from our various constituents in the preparation and future updates of our IHSP for our region.

A “Community Engagement Framework” is an introduction to the objectives, guiding principles and general methods that will be employed to seek health consumer, citizen and health service provider input and involvement in our key functions. The framework is a living document as ongoing strategies and approaches are informed by experience and evaluation. As our LHIN matures and public confidence grows, we will learn about what works best for which purposes and amend our practices accordingly.

¹ “Toward Transformation in Health: Creating an Integrated Health Service Plan in the Champlain Region, A Blueprint”, Champlain LHIN, November 2006, p.3, www.champlainlhin.ca.

The Local Health System Integration Act, 2006

“The purpose of the *Local Health System Integration Act, 2006* is to provide for an integrated health system to improve the health of Ontarians through better access to high quality health services, co-ordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by local health integration networks, (2006, c. 4, s. 1).”²

The Local Health System Integration Act, 2006, assigns the LHINs the responsibility for health care planning, funding, allocation and performance. It signals the shared responsibility among citizens, health consumers and health service providers to organize and deliver health services and care. In addition, the Act confirms the Government’s commitment, and the LHIN’s requirement, to seek and support citizen participation in planning and decision making through active and on-going dialogue with its communities (2006, c. 3, s. 16).

The Champlain LHIN

The Champlain LHIN is a non-profit organization that is designed to plan, coordinate, integrate and fund the delivery of health care services in the Champlain Region. Its mandate is to improve access to, and the quality of, health services for residents in the Champlain region through strengthened coordination and integration of health services.

The Champlain LHIN’s Mission, Vision and Values

(As we are a relatively new organization, our mission statement continues to evolve and we welcome input from our partners).

Mission: To build a coordinated, integrated, and accountable health system for people where and when they need it. Our mission is based on a strong foundation of local community engagement, comprehensive planning, and appropriate resource allocation.

Vision: Healthy, caring communities supported by health services of choice that achieve results – today and for the future.

Values: Integrity, Innovation, Accountability, Respect, Transparency.

The LHIN’s integration, funding, planning and accountability responsibilities are specifically inclusive of seven areas of health care: addictions services, community care access centres, community health centres, community support services, hospitals, long-term care homes, and mental health services.

² Local Health System Integration Act, 2006, c.4, Part 1.

A primary means of achieving the LHIN goals is through the development of inclusive community engagement processes with the health consumers, the public and health service providers. A variety of community engagement approaches can be used, and these approaches are expressly designed for the specific audience.

Community Engagement

What is Community Engagement?

Community engagement is an approach to develop meaningful dialogue between the health consumers, citizens, health service providers and the LHIN. It is also a communication process for working collaboratively with and through various groups of people linked by geography, special interest or by function to address health issues affecting the community. On-going dialogue with our partners will contribute to knowledge sharing and enable the development of new and positive relationships.

Community engagement is also a process. It is a process to improve communities by identifying and addressing local issues, ideas, concerns and opportunities. “Community Engagement means open communication and broad, inclusive consultation with residents, consumers and providers. The *Local Health System Integration Act, 2006* provides the legislative framework for creating a health system in Ontario that engages the community about needs and priorities.”³

1. Goals of Community Engagement

- 1.1. **Focus on the people who use health care:** The Champlain LHIN needs “to put the patient at the centre and engage directly with those who are most knowledgeable about their experience and satisfaction with health care services – the citizens themselves.”⁴
- 1.2. **Enhance local accountability:** We will enhance accountability at the local level by providing direct opportunities for information sharing, discussion and input.
- 1.3. **Balance priorities:** We will strive for balance amongst competing priorities and promote a shared sense of responsibility to achieving that end.
- 1.4. **Develop system capacity & sustainability:** We will utilise work already undertaken or completed in various communities as building blocks upon which to develop a more integrated and better coordinated system.

³ “Toward transformation in Health: Creating an Integrated Health Service Plan in the Champlain Region, A Blueprint”, Champlain LHIN, November 2006, p. 5, www.champlainlhinc.ca.

⁴ Community Engagement Backgrounder & Resource Guide, September 19, 2005.

We are also committed to innovative system thinking focused on strengthening relationships and allowing us collectively to reach beyond traditional approaches in looking for improvements and problem resolution. In this manner, our vision of a sustainable system for future generations may be more easily realised.

2. Principles of Community Engagement

The following are the Champlain LHIN's principles of community engagement:

- 2.1. **Transparency:** Engagement at the Champlain LHIN will be an open process where the purpose, assumptions, goals, accountabilities, expectations and constraints are clearly communicated.

We are committed to being as clear as possible in explaining how decisions are made at the Champlain LHIN with respect to health care system planning.

- 2.2. **Responsiveness:** Wherever appropriate, we will modify plans and actions so as to reflect advice from the community. Any formal objections and their rationale will be noted and recognised.

- 2.3. **Timeliness:** We are committed to provide sufficient time and appropriate methods to facilitate meaningful contribution from the various components of our community.

During the first engagement exercise, we may not be able to provide as much feedback time as we will in the future.

- 2.4. **Inclusiveness:** We will engage with the diversity of residents, consumers and providers who will be impacted by the Champlain LHIN's decisions. We are also concerned and wish to provide appropriate supports so that all voices can be heard in the community engagement process.

Notwithstanding this commitment, our engagement process will be evolutionary and on-going and thus will achieve greater levels of inclusiveness over time.

- 2.5. **Appropriateness:** We will utilize levels and methods of engagement that are appropriate to the purpose of the engagement and for the specific groups to be reached.

- 2.6. **Accessibility:** We will provide clear and comprehensive information when available to participants in order to facilitate their involvement.

To the extent possible, we will reduce barriers to access caused by language, physical limitations or other conditions. We will make every effort to ensure that venues will be accessible and that identified needs are met.

As referenced in the “Community Engagement Backgrounder & Resource Guide, Sept. 2005”, there are three primary levels of engagement: 1) Information sharing; 2) Consultation, and; 3) Active Participation. The Champlain LHIN has elaborated on these primary levels of engagement and created the engagement architecture to meet our local health system planning and integration needs. The goal of the Champlain LHIN is to have the LHIN and community members’ dialogue and work together in collaborative partnerships to achieve shared goals.

The Champlain LHIN created an engagement architecture with representatives from geographic advisory groups known as “Communities of Care” and regional advisory representatives from various health networks which will form the “Communities of Practice”: In addition, the LHIN has created a community engagement mechanism called the “Councils of Expertise” to engage external, or non-funded health partners in the system on matters that affect the region as a whole. In addition, each advisory group will inform and advise the LHIN on issues related to advancing the priorities. Input and feedback obtained from community engagement processes help support the LHIN’s planning function and update the annual Integrated Health Service Plan (IHSP).

Community engagement is a critical success factor in all facets of health care reform. In a collaborative spirit, the LHIN will provide leadership for community engagement processes in the health system. The Champlain LHIN proposes to continue to actively engage the community of diverse consumers, the public, health service provider organizations, network representatives and other health system partners. The legislation requires that the LHIN engage the community of diverse persons and entities involved with the local health system about that system on an ongoing basis, about the IHSP and their input into setting priorities, (2006, c. 4, s. 16 {1}).

We want to bring people together to bring about collective change and create movement in communities. “Good community engagement will build agreement around issues and create momentum for communities to address local issues. It includes achieving outcomes and creating solutions to community needs.”⁵

Through multi-sectoral collaboration all participants will work together to create solutions for their community. Using evidence from best practices, other jurisdictions, studies, and knowledge learned through the community engagement process, the Champlain LHIN will move the health priorities forward and create solutions with local communities.

The Champlain LHIN board of directors and staff will meet regularly with the advisory groups within the Communities of Care, the Communities of Practice and the Councils of Expertise across the Champlain region. The Champlain LHIN board of director’s plans to engage in collaborative governance with the health service providers and other partners to

⁵“Our Growing Understanding of Community Engagement”, Tamarack – An Institute for Community Engagement, www.tamarackcommunity.ca

build a stronger system focussed on health improvement. The Champlain LHIN staff plan to meet a minimum of three times per year, per geographic planning area to engage the health consumers and health partners in the respective areas to obtain feedback on needs and priorities, and to advance the IHSP priorities forward.

“Community engagement can be passive (e.g., informing, consultation, and participation), and/or proactive (e.g. collaboration, empowerment and development).”⁶ It includes the involvement of citizens in processes that affect them and their community.

Community engagement is a term used to describe a wide spectrum of activities that supports a two-way interaction process between the community (residents, consumers and providers) and the LHIN. Community engagement can be completed using a broad array of participatory approaches, tools and techniques, (refer to Appendix I –Community Engagement Toolbox). It involves any process that brings people together to enable collective change and create momentum and movement for communities to address local issues and create local solutions to community needs.

Community engagement empowers communities. It assists communities to determine local priorities and have more control over resources and the decision-making process. It includes achieving outcomes and creating solutions to community needs. “Learning to engage can be messy. It requires fundamentally new relationships between citizens and governments. It requires learning from past patterns of interaction and reshaping our institutions to reflect these changes”.⁷

The reasons to value community engagement “are based both on the theories of community participation and on lived experiences by many organizations in different countries in engaging with their communities... These include community engagement in governance, (increased accountability, decision-making, system sustainability), and in services/programs, (planning with the end-user in mind, innovation, improved health).”⁸ Community engagement is not limited by time as these processes and outcomes can be ongoing or episodic, as short-term or long-term projects take place and can have dramatic impacts on communities.

Through community engagement processes the Champlain LHIN will develop and update the annual Integrated Health Service Plan (IHSP). Through community engagement we will be building on the collective knowledge and interests of the Champlain community to become healthier and develop a more coordinated health system.

⁶ Our Growing Understanding of Community Engagement”, Tamarack – An Institute for Community Engagement, p. 9, www.tamarackcommunity.ca

⁶ “Learning to Engage: Experiences with Civic Engagement in Canada”, Canadian Policy Research Networks Inc., Ottawa, p.7. www.cprn.rcrpp.com

⁸ “Community Engagement Techniques and Tools”, Community Engagement in the NSW Planning System. www.iplan.nsw.gov.au/engagement/, Part B, Section 7, Item 062.

3. Potential Community Engagement objectives for the Champlain LHIN

The following are community engagement objectives for the Champlain LHIN over the course of 1 to 3 years:

- 3.1.**Education:** Introduce the LHIN and the Integrated Health Service Plan priorities to the Champlain community. Provide balanced and objective information to assist providers in understanding the role of the Champlain LHIN and in defining their responsibilities and expectations within the Champlain health system; Educate the health consumer, the public and health service providers about the status of the health system in Champlain;
- 3.2.**Relationship Building:** Establish trusting and enduring relationships with people and groups in our community; Develop relationships internal and external to the health system; Enlists the public’s strong desire to become involved in the health system; Amplify the importance of communities taking responsibility for their own health and health decisions; Involve those who might not be included, thus ensuring everyone has a voice.
- 3.3.**Implementation of our Architectural Cornerstones:** Focus on the needs of people; Build the architectural models of “communities of care” and “communities of practice: throughout the region. (Refer to Appendix II - Definitions); Develop system capacity and sustainability; Develop system thinking among the health service providers and community other partners through the Communities of Practice and the Communities of Care models; Facilitate the process of moving towards a more integrated health system; Strengthen the involvement of key system partners and leaders in the work of the Communities of Care and Communities of Practice.
- 3.4.**Accountability:** Determine activities to improve health and advance the IHSP priorities within Champlain; Meets legislative requirements under the *Local Health System Integration Act, 2006*. Enhance local accountability by, providing direct and culturally sensitive opportunities to residents for information-sharing and input, and encouraging health service agencies to further engage their own communities; Meet the requirement to balance a wide array of needs within the resources available; Share the responsibility for formulating effective solutions by involving the community in identifying needs and setting priorities for responsive health care planning; Strive for balance among competing priorities by promoting a shared sense of responsibility. Provide information in order that citizens may contribute with informed, rational and responsible opinion rather than with raw opinion.
- 3.5.**Anticipated Outcomes and Evaluation:** Commit to innovative practices proposed by residents, consumers and providers; Services and programs will be more effective and efficient with the involvement of the health consumer; Ensure the process helps to inform policy-making at a local level, and service planning by

identifying needs, priorities and problem; Learn about and “success stories” in various communities that could apply elsewhere in the region.

The six Community Support Centres, located strategically across the United Counties of Stormont, Dundas and Glengarry, are examples of successful collaboration and integration. The partners involved in creating these centres in the 1990’s included the municipalities, the Ministry of Health and Long Term Care, the Ministry of Housing, local businesses, local citizens and consumers, service clubs, faith-based organizations, volunteers, etc. They worked together to plan, design and implement a full range of services required to meet their specific community’s needs. The designs incorporate a “visiting professional’s office” which provide visiting specialists and primary care providers a location to work from within the various communities. These centres are the “hub” of the rural villages, providing community support services, respite services, supportive housing, social and recreational activities, and chronic disease prevention and management services delivered by those visiting professionals. This collaborative enterprise has withstood the test of time, as still today the centres are an essential factor for the success of service delivery for seniors, and adults with physical disabilities and/or developmental delays. Much of their success is due to the sense of pride and ownership that the respective communities have for these centres, knowing their citizens are benefiting from local efforts and local decision-making.

Trust is a fundamental characteristic of this new relationship. We must look beyond traditional consultation exercises and approaches, and move towards effective mutual engagement.

It is our hope that community engagement for the Champlain LHIN will provide the opportunity where the community can be involved in assessing local needs and planning for health services. We want to gather perspectives from individual citizens, including consumers of health services, people whose loved ones have gone through challenges in the health delivery system, providers and taxpayers and residents interested in greater efficiency and access.

Community Engagement Strategies

Community Engagement strategies need to be tailored to meet the needs of the specific population in the various communities across Champlain. We must apply extensive community engagement efforts to reach and engage the largest segments possible of our community.

Community engagement strategies support planning and assist in the development of the Integrated Health Service Plan. The community engagement techniques vary and the final choice depends on a number of factors, including:

- the purpose of community engagement

- legal requirements for community engagement
- who is to be consulted
- cultural and linguistic diversity
- the environment in which engagement is being carried out (political, social, cultural)
- money, time and skills available
- projected outcomes
- other.

All levels of engagement have value: There is no right or wrong method as it depends largely on the issue at hand. What is important is to select the right approach for the question posed and to do it well.

The following are potential issues and/or challenges to consider in relation to the implementation of community engagement efforts across Champlain:

- Coordination of over 200 health service organizations;
- The large geographic area to consider and the vast rural areas within Champlain;
- Seasonal conditions for travel.
- The cultural diversity and legislative requirements related to First Nations persons and French language service delivery;
- The newness of the LHIN and the lack of public awareness of the LHIN;
- The need to develop accountability measures to evaluate the LHIN's processes and goals;
- Consultative fatigue of the health service providers and potential for scepticism for the future under the LHIN.
- Balancing priorities with time, staffing and expectations.

Choosing a Level of Community Engagement

The objective will determine the level and method of community engagement used. The decision on what form of community engagement to use will be made based on the issue under discussion, who needs to be taken into consideration, what objectives are expected. The following table, from the “Community Engagement Backgrounder & Resource Guide, Sept. 2005”, provides some key factors to consider when selecting the most appropriate level of community engagement.

Level of Engagement	Objectives	Methods
Information Sharing	Ensure that citizens/stakeholders have access to information that is accurate, relevant, appropriate, and easy to understand.	Telephone information lines Publications Websites Education Awareness Activities
Consultation	To seek out and receive the views of citizens / communities on policies, programs or services that affect them directly or in which they may have a significant interest.	Advisory committees Focus groups Online consultation Public meetings Surveys Workshops
Active Participation	Enable citizens and communities to raise their own issues. Encourage / enable participants to take responsibility for solutions.	Steering Committee Negotiation tables Roundtables Panels Conferences Partnerships Collaborations Retreats

Community Engagement Backgrounder & Resource Guide, Sept. 2005.

Evaluating Community Engagement

We will evaluate the outcomes of our community engagement efforts throughout the engagement process by conducting an evaluation of our effectiveness and asking the following questions:

- Identify the level of engagement you participated in?
 Information sharing; Consultation;
 Active Participation; Decision-Making.
- Were the engagement objectives clearly identified and defined?
- Did the community engagement event meet your expectations?
- What was well done?
- What needs improvement?
- What might be done next time to improve outcomes?
- Were key stakeholders, especially consumers and family, involved? To what extent?
- What was the percentage of consumers/families, health service providers and public satisfied with the engagement?
- Did the community engagement reach out to board members of the health service provider agencies?

- Did the community engagement include other funders within the health system?
- Was the process worth the human and financial resources expended?
- Was there sufficient expertise in terms of designated roles of facilitators, (i.e. technology, information provided, responses to questions?)
- Are the results of the engagement measurable?
- Did the community engagement event inform about the health status within your Community of Care?
- How will the results and updates be reported back to the informants and the public? Were they reported back to the informants and the public?
- Is there a process for involving key stakeholders in the annual realignment of IHSP priorities or on an as-needed basis?

Next Steps

In terms of our next steps for Community Engagement, the Champlain LHIN plans to be as inclusive as possible in reaching out to as many consumers, health service providers and the members of the general public as possible, and in as many different ways as required to meet people's needs in order to receive input and feedback into the IHSP priorities.

We recognize that the Community Engagement process is a dynamic process and it will be modified as we evolve and gain more knowledge and expertise. We look forward to ongoing community engagement activities across the LHIN region as we move ahead toward the transformation of the health system in Champlain.

Appendix I

Community Engagement Opportunities

1) Passive Public Information Techniques

Printed Public Information Materials

- fact sheets
- newsletters
- brochures
- issue papers

Information Repositories

- libraries
- city halls
- schools
- distribution centres

Technical Reports

- policy findings
- research documents
- annual reports

Advertisements

- paid advertisements
- magazines
- newspapers
- newspaper inserts
- feature stories
- press releases

News Conferences

Television & Radio

Web-sites

2) Active Public Information

- Briefings
- Central Information Contact
- Information Hotline
- Technical Assistance
- Information Centres and Field Offices
- Expert Panel
- Field Trips
- Open Houses
- Community Fairs

3) Small Group Public Input Techniques

- Interviews
- In-Person Surveys
- Coffee Klatches
- Small Format Meetings

4) Large Group Public Input Techniques

- Response Sheets
- Customer Feedback Surveys
- Mailed Surveys and Questionnaires
- Telephone Surveys/Polls
- Internet Surveys/Polls
- Computer-Based Participation
- Public Hearings

5) Small Group Problem-Solving Techniques

- Community Facilitators
- Mediation/Negotiation
- Consensus Building Techniques
- Focus Groups
- Community Advisory Committees
- Task Forces
- Panels
- Citizens Juries
- Role-Playing

6) Large Group Problem-Solving Techniques

- Workshops & Conferences
- Poling

Appendix II

Definitions from the Champlain LHIN Integrated Health Service Plan, 2006

Champlain LHIN: The LHIN will provide leadership and facilitate community engagement, i.e. ensuring that advisory groups (Communities of Care) reflect the ethnic, cultural and linguistic diversity of the community.

Citizens' Forum: A number of approaches and tools can be used to engage individuals who live, work and play in the Champlain region. These may include workshops, surveys, and open houses, etc.

Communities of Care: Five geographic advisory groups across Champlain. The Champlain LHIN will be regrouped into five planning districts, with advisory groups representing the health services providers and others in each, building communities of care with their respective consumers and citizens.

Communities of Practice: There are many existing health networks across Champlain and membership is cross-sectoral in most cases. Their principal aim is improving health care services through their clinical expertise, better co-ordination, use of best practice, and developing as communities of practice.

Councils of Expertise: These councils reflect challenging issues affecting the region as a whole, and initially will include E-Health, Human Resources, and Primary Health Services/Public Health.

Health Consumers: The LHIN commitment is to the people who use health-care services, and to their loved ones. We want to ensure their voices are heard.

Non-LHIN Ministry of Health services: They include other health providers not funded through the LHINs such as public health units, family health teams, OHIP-paid physicians, ambulance services etc.

Partners Addressing Determinants of Health: They deliver services, create public policy or undertake research affecting health care delivery or health status, i.e. justice, education, recreation and transportation systems.¹⁰

¹⁰ "Toward Transformation in Health: Creating an Integrated Health Service Plan in the Champlain Region, A Blueprint", Champlain LHIN, November 2006, p.3, www.champlainlhin.ca.

References / Endnotes

¹ “Toward Transformation in Health: Creating an Integrated Health Service Plan in the Champlain Region, A Blueprint”, Champlain LHIN, November 2006, p.3, www.champlainhin.ca.

² Local Health System Integration Act, 2006, c.4 , Part 1.

³ “Toward transformation in Health: Creating an Integrated Health Service Plan in the Champlain Region, A Blueprint”, Champlain LHIN, November 2006, p. 5, www.champlainhin.ca.

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⁵ “Our Growing Understanding of Community Engagement”, Tamarack – An Institute for Community Engagement, www.tamarackcommunity.ca

⁶ “Our Growing Understanding of Community Engagement”, Tamarack – An Institute for Community Engagement, p. 9, www.tamarackcommunity.ca

⁷ “Learning to Engage: Experiences with Civic Engagement in Canada”, Canadian Policy Research Networks Inc., Ottawa, p.7. www.cprn.rcrpp.com

⁸ “Community Engagement Techniques and Tools”, Community Engagement in the NSW Planning System. www.iplan.nsw.gov.au/engagement/, Part B, Section 7, Item 062.