

EFFECTIVE COMMUNITY ENGAGEMENT OPTIONS

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The LHINs in Ontario all undertook extensive community consultations during the spring and summer as they were beginning to identify their initial priorities. They are now considering how community participation in planning and priority setting can be institutionalized on a more ongoing basis. What are the most effective means of community engagement? The fundamental answer is that it depends on the purpose.

There has been considerable experience in community engagement in regional health authorities across the country and internationally, and there is a wide literature on community engagement in health care and other planning. There are two crucial conclusions from this experience and literature for the LHINs and other agencies looking to develop effective and responsive community engagement:

- the first is the need to be very clear on the purpose(s) of engagement;
- the second is to then be very flexible in choosing and adapting the methods and forums best suited for the particular purposes.

This backgrounder highlights some key points from Canadian and international experience and research, and sets out one schema for matching purposes to a menu of possible means of engagement.

Lessons Learned

- most experts and practitioners see a continuum of three broad levels of public or community involvement, with increasing information flows and intensity or

- scope of involvement: communications, consultation and participation or engagement (these notes focus mostly on the latter two levels);
- there can be many reasons for planning agencies to undertake community engagement, and it is vital that the agencies be clear about their purposes in each case;
 - there are also many techniques and forums for community or public engagement, almost all of which are more effective for some purposes than others;
 - so the challenge is to match the specific objective(s) for community engagement and/or the specific issue being addressed --plus the time and resources available -- with the techniques or forums that will be most effective and responsive;
 - there is never likely to be a perfect match, the various methods and forums can be adjusted and combined in innovative ways to meet particular needs, and the mix can be adjusted;
 - there is no need to reinvent these particular wheels – the menu of techniques is pretty well established and there has been considerable experience with these techniques in practice;
 - evaluation has not advanced as quickly as implementation, but evaluation should be built into new engagement methods as they are being developed;
 - the best method seems to be to start by assessing what form of engagement will work for defined purposes and circumstances; setting up pilot studies; trying to evaluate how they are working as rigorously as possible as you go; and being prepared to adjust as experience dictates or situations change.

Companion backgrounders review many sources and reports, both academic and practitioner literature and frameworks developed by a number of regional health authorities in other provinces, and analyze the various methods of engagement. One of the best overviews is the July 2006 *Primer on Public Involvement* prepared for the Health Council of Canada by Julia Abelson and F-P Gauvin. They provide a clear summary table of the menu of public involvement options, where along the continuum of public participation the particular options are most effective, and some sense of the pros and cons of each.

The following diagram is also a way to think about matching up possible goals and options: if the goal is to accomplish the various objectives in the left column, then possible methods and forums are indicated in the right column. The idea is to highlight alternatives and ways to think about this challenge; the arrows are meant to be illustrative, not exhaustive or definitive. In practice, one would start with the specific objective for community engagement, identify possible methods and options, analyze the pros and cons of each, assess cost, capacity and other considerations, and determine which can most effectively be adapted to the particular purposes.

This schema concentrates on the higher end of the engagement continuum: focussing on means of significant community and public participation and influence in planning, priority setting and decision making.

Possible Goals

Tapping into the fullest range of community interests, views and ideas through broad and diverse consultations

Getting community input for strategic vision & planning

Tricky problem solving: e.g. closing or realigning facilities, allocating scarce resources among competing priorities, providing or not providing specific services

Planning integrated service delivery: by particular service sectors or regions, or for specific conditions

Neighbourhoods or regions identifying local needs & priorities

Engaging and planning with specific marginalized communities or populations

Embed ongoing public input into planning and budget processes

Possible Methods and Forums

Deliberative dialogues and/or polling

Citizen's juries

Citizens' panels

Consumer forums

Planning tables, with combinations of experts, practitioners, stakeholders, consumers, community members

Advisory committees: by neighbourhood/region or by sector/issue

Partnerships with existing coordinating networks

Healthy communities model for planning and collaboration

Inclusion research

Partnering with service providers solidly based in marginalized or other particular communities

Build advisory committee role/advice into each stage of planning and budget processes (needs assessment, identifying priorities, balancing competing demands, allocating resources, evaluating outcomes, re-adjusting priorities for next cycle, and so on)

Participatory budget and planning models

