



WELLESLEY INSTITUTE
advancing urban health

Community Engagement

▶ Effective and Equitable Health Planning

Presentation to IUHPE Conference

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Starting Points

- key goals of this conference are to better understand:
 - the social determinants of health and health disparities
 - how to build on community assets
 - how to better plan health services and systems to meet the needs of those facing the most pervasive and damaging health disparities
- this session is on integration and a comprehensive approach to such issues
- engaging local communities in health planning and priority setting is vital to achieving those goals
- I'll focus on:
 - how effective and responsive community engagement can support health care planning and delivery
 - more specifically, how community engagement can contribute to enhancing health equity



Key Messages: Why

- involving the widest range of community partners will result in far more nuanced and detailed understanding of community health needs
- there will be far more significant and insightful input into planning → planning and priority setting will be far more effective
- this is especially important for programmes or interventions targeted to particular issues or communities
- community providers are the essential building blocks of a seamless continuum of care – involving them in planning is essential to making the continuum a reality
- widespread community involvement can yield the new ways of thinking and new ideas and innovations that are vital for reforming the system
- engaged communities can be a positive force for overall reform – not least as a way to counterbalance the weight of other interests reluctant to change



Key Messages: How

- community engagement and involvement is essential to guiding and grounding effective health care delivery and planning = effectiveness argument
- more specifically, inclusive and broad community involvement is critical to shaping the kinds of programs and interventions needed to address health disparities = equity argument
- effective community engagement requires:
 - strategic focus – picking the right tools and forums for specific purposes
 - picking the junctures where community involvement will have most impact
 - addressing complexities (e.g. who is community?) and challenges (e.g. sustainability)
- equitable community engagement requires:
 - real effort to involve the full breadth of communities
 - specific forums and methods to ensure that marginalized communities are also involved
 - building diversity in

Sources: Local Health Integration Networks in Ontario

- context of recent reforms in Ontario:
 - last province to develop regionalized planning and coordination
 - 14 new regional health planning bodies with broad mandate to coordinate full spectrum of health institutions and services
 - just now starting to take over responsibility for funding hospitals and will be phasing in other providers
 - broad direction and overall funding envelopes are provided by Province
 - unlike RHAs in other provinces, public health is not included and local governance (e.g. hospital boards) has been continued
- local community networks and organizations have been extensively involved in community engagement activities of Toronto Central LHIN – and other LHINs
- for up-to date information on LHINs go to http://www.health.gov.on.ca/transformation/lhin/lhin_mn.html

RHAs and Community Engagement

- for the Ontario LHINS:
 - community engagement is part of legislated mandate, and the LHINs made a good start with extensive consultations for their first three year plans called IHSPs
 - has been – and will continue to be -- considerable variation in methods and strategies for community engagement from LHIN to LHIN
- so one challenge is how to balance the flexibility needed to best reflect local circumstances and ensuring that all LHINs really do involve their communities
- for this and other challenges to be discussed, it is crucial to learn from interesting initiatives and examples from RHAs across the country and beyond:
 - wide range of methods used by regional and other health planning bodies to involve residents
 - some very interesting examples here – Vancouver Coastal Health
 - Calgary has published useful strategy documents and guidelines on community engagement

1: Engage Strategically: Match Purposes...

- most experts and practitioners see a continuum of three broad levels or purposes for public or community involvement, with increasing information flows and intensity or scope of involvement:
 - communications – letting residents know about services or changes
 - consultation – to get input or advice
 - participation or engagement – involve community members on a more systematic and sustained basis in planning and priority setting
- it is vital that the RHAs and other planning agencies -- and the communities with which they are involved -- be clear about their purposes in each case
- just as important to be clear about the specific communities, stakeholders or audiences to be involved

...To Methods or Forums

- there are many techniques and forums for community or public engagement, almost all of which are more effective for some purposes than others
 - one-off public meetings, web-based communications, surveys, advisory committees, planning forums, formal or informal networks, citizens juries, deliberative dialogues
- so the challenge is to match the specific objective(s) for community engagement --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
- need to be flexible and nimble in all this

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

2: Engage Strategically: Where Impact Will Be Greatest

- from an RHA point of view:
 - could be to shape new strategic direction
 - if the goal is to re-orientate strategy to reflect an increasingly multi-lingual and multi-cultural population, then getting the full range of communities involved early on in defining a diversity strategy will be key
- from community point of view:
 - perhaps to identify and guide interventions most effectively
 - e.g. one direction for addressing inequitable access to health services and disparities in health outcomes is to target services to disadvantaged areas
 - it will be essential to involve people from those communities in identifying their most important service needs, what specific mix of services will most effectively meet those needs and how they want services to be delivered

3: Explicitly Address Key Challenges: Defining Community

need to differentiate different organizations and components of ‘the community’
– who can have very different perspectives, priorities and needs

1/ the dense web of agencies and groups that deliver services outside of institutional settings in neighborhoods and communities:

- each with specific and often competing organizational needs for funding and resources
- many of these agencies are self-organized into networks and partnerships

2/ community-based can mean more than simply where services are delivered
– some service providers have particularly solid roots in specific communities:

- their origins may be in a particular ethno-cultural community or a population neglected by mainstream institutions
- they may have elected boards, local advisory committee and other ways of staying accountable to particular communities
- staying connected to their particular communities is a crucial part of their ethos

Be Aware of Different Interests

- 3/ advocacy groups – for particular conditions, neighbourhoods or communities
- 4/ residents and consumers of health care services who live in particular neighborhoods and communities
- don't want to reify or idealize 'community':
 - recognize differences and conflicts within community
 - be careful about relying only on 'official' spokespersons or leaders of communities
 - don't neglect the difficult bits in working through conflicts and differences → need good process
 - but don't let these challenges paralyze planning – still need to involve community members and can make it work
- we also need to understand the different, and sometimes conflicting, interests and drivers facing the different parties in relation to community engagement

Who Wants/Needs What Out of Community Engagement?

- from the point of view of the RHA or other planning body, community engagement can be designed to achieve various objectives:
 - enhance the legitimacy of the process and build popular and stakeholder support for RHA policy
 - fulfill mandated requirements from senior governments
 - yield valuable input to their planning processes
 - while being as effective and manageable as possible
- these different purposes are not always explicitly recognized
- but the planning body needs to be clear on their purposes
- and they need to be clear on how they line up – or don't line up -- with provider and community points of view and interests

Who Wants/Needs What Out of Community Engagement: II

- community service providers can be interested in community engagement:
 - as a stakeholder -- to be at the table as allocation and priority decisions are made
 - to influence RHAs decisions to ensure that the interests of their clients are considered
 - quandary = while not being so extensively involved in consultation or planning as to detract from their service delivery
 - one challenge has been that community engagement has often not gone beyond provider or stakeholder involvement
 - but can't assume providers can (or should) speak for interests and values of their clients or communities in which they work
- from the point of view of residents and consumers:
 - some may just be interested or want to be involved
 - some may want to influence RHAs to ensure that health planning and delivery meets their general and specific interests
 - residents' working assumptions, style and culture may be very different than health authorities and providers → can be challenge for methods and process of engagement
 - another problem is advisory councils being dominated by professionals

Balancing Different Interests

- these different points of view may not be contradictory, and processes can be developed that can allow them all to be heard
- but can't be idealistic – these interests and perspectives are different, and balancing them is always a challenge
- and have to be practical – process can't get too unwieldy:
 - with best of intentions, can't consult forever, on everything
 - have to yield results – from everybody's points of view – or no one will commit to continuing
 - more specifically, community providers and residents don't want to be researched or consulted to death
- one important lesson learned is the need to clarify expectations from the start – in fact, to have all sides involved in defining purposes and processes for community engagement from the outset

4: Community Engagement for Equity

- clear conclusion from other countries and RHAs in other provinces is that community involvement is vital to implementing equity
 - it is only people from those communities facing the greatest health disparities and social and economic challenges that can most reliably identify the barriers they face and the services and support they need to overcome them
 - new forums and mechanisms to bring the voices of disadvantaged and vulnerable communities into health planning
- another key method is to use solidly grounded community-based research
 - one innovative method to enable marginalized communities to define their own needs has been inclusion research
 - *Count Us In* from the Ontario Women's Health Network, Ontario Prevention Clearinghouse and other partners involved homeless and under-housed women researching the health, service and other needs and barriers facing marginalized women [http://
www.owhn.on.ca/home.htm](http://www.owhn.on.ca/home.htm)

Involving the Marginalized and Excluded

- the usual kinds of forums, surveys and meetings simply do not work for homeless, poor or many marginalized communities
- need to remove barriers to participation by
 - going to where poorer people are, rather than making them come to you
 - using well targeted outreach strategies to ensure all can be involved
 - providing translation, providing child care, transportation, honoraria and other necessary support
- one of the most effective ways to ensure the voices of the most vulnerable groups are heard will be working with front-line service providers who have built up trust and long-standing relationships with these populations:
 - Street Health – working with and for homeless people for 20 years
 - St Christopher's House and other multi-service neighbourhood agencies
 - was my recommendation to Ontario Ministry of Health when they wanted to consult with homeless for their new health strategy – they did undertake a successful consultation partnering with community provider



5: Build on Diversity

- the need to engage with the full diversity of local populations is recognized widely by all public agencies – not just RHAs and Ministries of Health
- key requirements include:
 - translating materials and conducting meetings in languages of communities
 - proactively seeking out communities not always/often included
 - example – local neighbourhood centre organizing Portuguese and Vietnamese seniors to participate in Toronto Central LHIN consultations and providing transportation, translation and food so they could
 - be very aware of what communities or interests are missing from consultations or processes → adjust
 - example = concern that Toronto Central LHIN was not able to engage fully with immigrant and refugee populations → Access Alliance, a multi-cultural Community Health Centre serving those populations undertook specialized consultations with those communities → results were fed into LHIN planning process
- can think of culturally competent engagement – just like need for culturally competent care

6: Build on Community Strengths

- key theme of community-based research and interventions is to map community assets and strengths – not solely focus on problems and barriers
- one of the greatest strengths in most areas is the coordinating networks service providers have created over the years – discharge planning, harm reduction, seniors services, particular ethno-cultural community agencies
- these networks are a tremendous building block for RHAs
 - one key element of the Ontario LHINs' good start has been working with these existing networks and partnerships
 - in Toronto it was three regional networks that took on organizing community participation in initial planning days called by the Toronto central LHIN
- another asset is popular enthusiasm – many people are keen to be involved in decision-making bodies that affect their lives

7: Embed Community into RHA Governance and Accountabilities

- governance is vital to ensuring the voices and needs of all parts of the community are built into RHA planning:
 - ensuring that RHA boards reflect their local communities
 - and that similar principles cascade down through advisory committees, neighborhood councils and other means of representation
 - with special efforts to include communities traditionally excluded
- accountability and performance management should not just be about cost-effectiveness and quality of care – but should include community engagement:
 - what gets measured matters within health systems
 - need to develop indicators and expectations of what good community engagement looks like
 - translate these into a series of cascading expectations – at provincial level, then built into their funding and performance agreements with RHAs, and then built into RHA agreements with their service providers

8: Enable Effective Community Participation

- a vital success condition is that community stakeholders and residents have the information and analysis they need to be able to participate meaningfully in planning deliberations
- this means that RHAs have to dedicate staff resources to ensuring community participants have the necessary information and support
- also have to recognize that participation comes with costs:
 - for busy agency EDs who are not funded for their stakeholder and community work
 - for individuals volunteering their time

9: Institutionalize Community Impact in RHA Planning Cycles

- community involvement is not just about one-time or occasional consultations, but needs to be integrated into planning processes
- community participation has to be **systematically** built into all stages of planning and budget processes:
 - identifying needs and gaps
 - developing plans and priorities that reflect and balance those needs
 - allocating resources to put those priorities into action
 - then starting the planning cycle all over again by monitoring and evaluating outcomes and re-adjusting priorities and resources for the next year

Institutionalize Community Impact in RHA Planning: II

- and community participation has to be **significant**:
 - community input and involvement have to be seen to have an impact -- otherwise people won't bother
 - community partners need to be involved in monitoring the planning process to ensure that community input is taken seriously
 - which, of course, doesn't mean that every community recommendation is accepted – rather that the full range of input is seriously analyzed and responded to
- there are always going to be trade-offs
 - consultation and involvement can't be endless or it will not be effective
 - but significant community involvement will make the inevitable compromises between competing local interests and priorities easier, not harder

10: Build on Local Lessons Learned

- RHAs across the country – and their equivalents around the world – have been very innovative in their community engagement
- learning from what is working – and not working – is vital
- but to realize this potential, the provinces need to create a framework to support experimentation and innovation:
 - funding for pilot projects so RHAs can experiment and explore promising ideas and avenues for better community engagement
 - dedicated funding lines that can only be used for community engagement
 - incentives and expectations that each RHA will undertake significant community engagement, and will evaluate its effectiveness
- then need a provincial or national infrastructure to:
 - systematically trawl for and identify interesting local innovations and experiments
 - evaluate and assess potential beyond the local circumstances
 - share info widely on lessons learned
 - scale up or implement widely where appropriate
- all to create a permanent cycle and culture of front-line driven innovation on equity and community-driven engagement

11: Look Beyond Health for Ideas and Inspiration

- neighbourhood forums and school councils have enriched civic engagement in many areas – could they be adapted for health planning?
- the principle of participatory budget planning and extensive local and resident involvement have been enshrined in formal planning processes in Brazil and other countries
 - can think of creative ways in which similar ideas could be applied to RHAs
 - neighbourhood committees could discuss local priorities and make recommendations to the RHAs – in fact many RHAs have these councils
 - at the RHA level, residents – some from each of the neighbourhood committees – could help to assess and balance the various local recommendations
- deliberative dialogue processes have been successfully used in health:
 - e.g. citizen’s panel or juries have had some success in addressing complex ethical or technological issues
 - looking ahead, RHAs will continue to face contentious issues – does a well-loved local hospital need to close or should long-standing agencies merge – far better to involve communities in weighing up how to address such changes
- these kinds of participatory processes could be an important contribution to the perennially tricky tasks of identifying local interests precisely enough and then working out the inevitable compromises and trade-offs in ways that the greatest number can accept

12: Contributing to Overall Health Reform

- community engagement is not just crucial to ongoing regional and local health planning, but also for guiding overall provincial, national and system-wide health strategies
 - certainly was an important part of Romanov Commission in Canada
 - Ontario undertook extensive consultations to develop its new provincial health strategy
- one of the biggest challenges facing health reform is where are the new ideas and initiatives going to come from?
- part of the answer is to involve a wider range of people in health reform debate
 - one source is the many community stakeholders and residents involved in RHA and other planning bodies – they can be a continual source of ideas and intelligence on ‘big picture’ as well as local issues
 - building on this asset, provinces could hold annual conferences in which community representatives from every RHA come together to share experiences and map out common ideas and directions
- a second part of the answer is to find new forums and ways of involving people – ongoing innovation in community engagement can point the way

Action Conclusions: Community Engagement and Health Planning

- strategically use a wide range of flexible and innovative forums and processes to tap into the full diversity of community needs, views and perspectives
- build on, and work closely with, the large number of service coordinating networks that have been created over the years
- develop neighbourhood planning committees that can understand local needs and feed these priorities up into RHA planning in a systematic way
- pay particular attention to engaging the most vulnerable and marginalized populations whose voice is seldom heard
- provide the information and tools for communities and individuals to meaningfully participate in planning and priority setting;
- develop clear indicators for how successful community engagement will work in practice → which also means consulting with the community on what the goals and indicators should be in the first place
- evaluate, learn from successes and challenges, and adapt

About the Wellesley Institute

- funds community-based research on the relationships between health and health disparities, and housing, poverty and income inequality, social exclusion and other social and economic determinants
- works to identify and advance policy alternatives and solutions to pressing issues of urban health and health equity
- works in diverse collaborations and partnerships for progressive social change
- provides workshops, training and other capacity building support to non-profit community groups
- all of this is geared to addressing the pervasive and inequitable impact of the social determinants of health

- these speaking notes, further resources on community engagement and a great deal more on health equity and the social determinants of health are on our site at <http://wellesleyinstitute.com>
- my email is bob@wellesleyinstitute.com
- research assistants Rene Guerra Salazar and Inna Romanovska made invaluable contributions to this presentation and other Wellesley backgrounders in this area
- I would be interested in any comments on the ideas in this presentation and on initiatives or experience that address these challenges