Policy Challenge Paper

Effective and Responsive Community Engagement

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EXECUTIVE SUMMARY

Thorough the spring and summer of 2006 LHINs across the province have been consulting widely and involving their communities in planning their first Integrated Health Services Plan due in the fall. The challenge LHINs now face is how to build on a good start and embed community engagement in their planning and priority setting. At the same time, the Ministry of Health and Long-Term Care is developing a strategic plan to guide the province' heath care system. This also will involve extensive community engagement.

This paper sets out critical success factors for developing responsive and effective community engagement. While this can hopefully be immediately useful to the LHINs as a type of planning checklist, the underlying principles will be crucial to involving communities and residents in the development of an overall health strategy for Ontario as well. Key features of successful community engagement will be:

- building on, and working closely with, the large number of service networks and coordinating bodies that have been created over the years;
- developing local and neighbourhood planning committees and feeding their priorities up into LHIN planning in a systematic way;
- using a wide range of flexible and innovative forums and processes to tap into the full diversity of community needs, views and perspectives;
- paying particular attention to engaging the most vulnerable and marginalized populations whose voice is seldom heard – one of the most effective ways will be working with front-line multi-service or specialized service providers who have built up trust and long-standing relationships with these populations;
- providing the information and tools for communities and individuals to meaningfully participate in planning and priority setting;
- systematically building community involvement into all key junctures of the LHINs' planning cycles and of the development of the new provincial strategic plan;
- developing clear indicators for how successful community engagement will work in practice – starting by consulting on what the goals and indicators should be in the first place.

STARTING POINTS FOR COMMUNITY ENGAGEMENT

Developing effective and responsive community engagement is a pressing issue for three reasons:

- Community engagement is a core element of the mandate of LHINs and all have been actively consulting and working with their local communities. Within considerable variation, LHINs across the province have developed engagement strategies, used a wide variety of methods and forums to involve stakeholders, service providers and residents in their initial planning, and will be relying on this involvement to shape their first Integrated Health Services Plan due in October 2006. Significantly and systematically involving community organizations and members in planning and priority setting will be one of the critical success factors in the evolution of the LHINs.
- LHINs are just one part of ambitious overall reform of the health system being undertaken in Ontario. Another is developing a new long-term strategy to guide the province. Public engagement is seen to be an important part of shaping that strategy.
- Most generally, governments in many countries have instituted or required community engagement as part of service planning and delivery in health and other fields. Community engagement is seen to be a positive social good from many angles, not just in supporting more effective and responsive policy development, but also in building stronger communities.

Realizing the Potential Of LHINs and Health Care Reform

There is a tremendous opportunity for the LHINs to:

- better tap into community needs and interests → to better identify service and investment priorities for particular regions and neighbourhoods;
- support more effective coordination and integration of all health care providers, institutions and community agencies → so that a real continuum of care is created;
- foster innovations within their regions and share these lessons across the system → contributing to ongoing overall health system improvement and reform.

The LHINs will be able to realize this potential only **if** they:

- are able to effectively represent the diversity of interests and communities in their regions and prove themselves accountable to those communities;
- develop creative and effective planning, priority setting and resource allocation processes that encourage wide participation and reflect community interests;
- successfully build on the coordinating networks and other local initiatives that have been created over the years, fill gaps, and foster even more inventive and effective forms of coordination;

- encourage innovation and experiments in each and every LHIN, and share the insights and lessons gained in those innovations widely;
- really do create a seamless continuum of care and equitable access for all; and
- address the pervasive social and economic inequality that has such an adverse impact on health at the same time as they are developing more integrated and responsive care.

The province is currently developing a new overall strategy to guide the reform and evolution of the health care system for years to come. That also provides an opportunity to re-think the fundamental structures and dynamics of the system and to make it more efficient, accessible and equitable. And just as for component issues such as the LHINs or primary care reform, this potential will only be realized with the widest possible community participation.

Complexity and Diversity of Communities

To help guide and understand planning, we need to differentiate different organizations and components of 'the community' – who can have very different perspectives, priorities and needs. For example, the broad community relevant to the provision and reform of health care services includes:

- the dense web of agencies and groups that deliver services outside of institutional settings in neighborhoods and communities:
  - each with specific organizational needs for funding and sustainability;
  - one of the most crucial distinctions is between for-profit agencies and non-profit and community governed or driven providers;
  - many agencies, especially the non-profit, are self-organized into vibrant networks and partnerships;
  - these networks are a tremendous building block for the LHINs;
- 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 community neglected by mainstream institutions;
  - they may have elected boards, local advisory committees and other ways of staying accountable to particular communities;
  - staying connected to their particular communities is often a crucial part of their ethos;
- advocacy groups – for particular conditions or communities; and
- residents and consumers of health care services who live in particular neighborhoods and communities.

Community can also be seen as an underlying value: as an approach that relies on public participation to guide planning and implementation of government policy and service delivery.

This complexity means that it is always crucial to specify what sense of community and what range of components are being discussed in relation to particular issues. For example:

- A pervasive theme in LHINs' community engagement across the province has been the need to get beyond the usual stakeholders and providers to involve local residents and consumers of health care. This kind of broad public engagement is also clearly a key goal for the Ministry.
- On the other hand, some community engagement is going to be about working collaboratively to solve specific problems, and it may be that mostly providers and consumers in that specific area will be at this type of planning table.

Community Engagement Into Practice

As the LHINs and province have been working to connect to the widest range of people and communities, it has become clear that community engagement can no longer be only about occasional or token consultation. Communities and governments alike are looking for far more significant and ongoing involvement.

A key pre-condition for success in this engagement is clarifying early on what level of input and participation is being sought, on what kinds of questions or issues, and how this input and involvement will be integrated into planning and decision making.[1] Community involvement in health care planning is often seen in terms of a ladder or hierarchy from communication, through consultation, to engagement:

- communicating with people or organizations – at worst, to keep them quiet or manipulate them, the most restrictive sense of stakeholder management;
- informing people of decisions made or programmes being implemented;
- consulting occasionally on future directions or to identify needs as one source of input among many;
- more systematic consultations processes, plus firmer commitments to act on what is heard;
- involving people or stakeholders in discussing strategic directions;
- partnerships between community or resident groups and public agencies;
- direct involvement and significant influence of residents or consumers in making decisions and allocating resources;
- ongoing and systematic community involvement at all stages of planning cycles – from initial needs assessment, through priority setting and resources allocation, to evaluating outcomes and re-adjusting priorities and resources.

As well, there can be community involvement for different purposes, and different forums and processes will work better for the specific purposes:

- assessing needs or identifying barriers to access;
- discussing tradeoffs and compromises in particular policy or programme areas and making recommendations;

[1] This and other issues discussed here are highlighted in companion papers on the experience of other jurisdictions and the range of different forums and approaches to engagement that can most effectively be used for particular engagement purposes.

- solving technical or quality problems or providing ongoing advice on clinical or technical issues – often more specialized stakeholder exercises;
- most generally, assessing future directions and contributing to strategic planning.

Community expectations will likely be realistic; few will think that community groups are going to directly be making resource decisions or have any kind of veto power. All realize that there are going to be trade-offs and compromises. But it would appear that expectations from LHINs, the provincial government, stakeholders and community members are to the higher ends of the scale – that significant community engagement is the goal. This would certainly seem to mean far more than consultation; to include significant and ongoing consultation; and to at least raise the possibility of consumers and communities being far more involved in developing strategies, identifying priorities and allocating resources. How comfortable decision-makers are with real community empowerment and how this would work in practice will be major challenges.

A broad vision for community engagement would include:

- involving large numbers of people and community groups, which represent the full diversity and complexity of local populations;
- flexible and effective forums that will be able to draw on the widest range of people and perspectives;
- resulting in priorities and plans that are seen by local communities as reflecting their needs;
- ongoing community involvement in monitoring impact and implementation, and in re-adjusting priorities if necessary;
- with the result that community interests and values are at the core of health care planning, resource allocation and delivery.

Such an expansive view has great potential to ensure:

- needs assessment that more reliably captures the complexities and nuances of community health care needs;
- more effective planning and priority setting because the fullest range of voices and stakeholders are involved and the key priorities for particular communities are identified;
- more effective reform and implementation because resources will be allocated to the issues and programmes that will have the greatest impact, and the widest range of community partners will have 'bought in.'

The goal must not simply be community engagement, but community building:

- LHINs and other public agencies can be innovative by finding effective ways to build community capacities through long-term and sustained infrastructure and partnerships;

- they can support community organizations in doing local consultations, needs assessments and grounded action research, all of which can be fed up into regional consideration at the LHINs;
- community capacity building will be the best way to consistently and effectively address poverty, social exclusion, homelessness and other broad determinants of health.

ACTION PLAN FOR COMMUNITY-DRIVEN PLANNING AND PRIORITY SETTING

The following sets out a seven-point action plan for developing and sustaining responsive and effective community engagement. These actions apply most immediately to the development of the LHINs: their key challenge is to build on a good start and embed significant community engagement in all aspects of their planning and priority setting from now on. But the basic principles and lines of action could apply to the development of high level strategic plans – as the province will be doing – or in other settings – such as hospitals building relationships with their local community and provider partners.

All LHINs have been working hard through the spring and summer of 2006 to consult with their communities and build community perspectives and needs into their initial planning and priority setting. Many have already been developing many of the directions outlined below.

1: Build On Existing Strengths

Work to integrate and coordinate diverse care providers and institutions has been going on for many years. The LHINs can build on existing alliances, networks and community knowledge:

- these networks can be ready-made forums for planning discussions;
- several LHINs have involved such networks or coordinating bodies in their initial consultations and planning their community engagement strategies;
- many CHCs, multi-service agencies and other providers do a great deal of needs assessment, issue scanning and programme evaluation in their areas. There is no need to re-invent this research, and it could be extremely valuable to LHINs. The challenge is that research done by individual agencies or organizations is not centrally collected or even identified, and is seldom shared beyond the agency. A very useful role for LHINs could be providing the means for collecting and organizing local community-based and agency research in their areas. The best of this could also be shared beyond the local LHINs as appropriate;
- as well as issue-based consultation, the LHINs could draw upon the experience and learning of these alliances and networks on how to do effective community-oriented assessment and research.

No doubt there is duplication, gaps and probable inefficiencies amongst all these networks. But they also indicate a clear front-line recognition that integration is important and commitment to doing the necessary coordinating and planning work. The challenge will be to incorporate the best of these efforts, help all planning processes become more effective, fill in the gaps and roll all of these local efforts up into efficient regional planning and integration.

One problem is how to know where these networks are and what their impact has been. This could be addressed in stages by:

- when launching the LHINs initiative, the Ministry asked for public input on several key questions, including examples of existing integration networks. Over a thousand examples of integrated planning or delivery were mentioned. The responses could be broken down and passed on to each LHIN;
- a manageable scoping project in each LHIN would be two-pronged:
  - consulting with existing overall networks, Departments of Public Health, staff from the old DHCs and other key stakeholders;
  - linking into existing inventories and efforts to organize collaborative partnerships and initiatives – for example, several Toronto hospitals are starting to create databases of all the community agencies their programmes work with;
  - an initial project along these lines could be done in several months;
- LHINs could then consider whether they need a more comprehensive inventory of all coordinating networks and initiatives.

All LHINs have been actively working with local networks; many have gone through these kinds of stages.

2: Integrate Local and Regional Planning

An idea in some LHINs' community engagement strategies, and that arose in many consultations, has been to create local or neighbourhood committees or planning forums. Such local planning bodies have great potential:

- the particular health care needs, interests and preferences of local neighbourhoods and communities vary a great deal, and planning and needs assessment has to start at this concrete level;
- service delivery takes place at these local levels as well, so performance management and programme evaluation also needs to be centred at sub-regional levels.

In addition:

- small planning areas and initiatives can be very innovative;
- a population health rather than disease model will be most effective;
- it will be important to make these local bodies a formal part of LHIN planning processes so their priorities and representations are systematically fed up into LHIN-wide planning and priority setting.

Here again, where neighbourhood or cross sectoral coordinating bodies already exist, then they can be a forum for this kind of local planning.

Regional health authorities in other provinces, and in other countries, have developed innovative ways to incorporate more local or neighbourhood planning forums and processes into their work.

3: Planning That Involves the Whole Community

The LHINs will face two defining challenges in ensuring that the fullest range of community perspectives and interests are involved in their planning. The first is to develop planning mechanisms and forums that can reflect and involve the full diversity of the Ontario population. The second is to ensure that voices seldom heard in policy and planning processes – such as the poor and homeless – are involved.

Build Diversity Into the Fabric of LHINs

One of the crucial challenges all across the province is the incredible diversity of the population.

This diversity must be reflected in all aspects of LHINs governance, planning and resource allocation not just as a simple matter of social justice and equity, but because planning will inevitably fail that does not reflect and include local diversity. Similarly, strategic planning must build upon the full diversity of populations and perspectives.

Putting diversity into practice means:

- developing particular forms of engagement for particular communities;
- thinking carefully about representativeness:
  - on LHIN boards, management and staff;
  - this has immediate implications as the LHINs are starting to hire more and more staff – diversity must be one of the guiding principles of human resources strategies from the outset;
  - and where boards and management are not reflective of their communities, then advisory committees or other means to ensure involvement by all sectors of the community must be created;
- representativeness and accountability should be among the standards LHINs expect from all hospitals and agencies they fund;
- similarly, culturally competent care must be one of the driving principles of health care delivery in every agency funded by the LHINs and be built into the incentives and requirements in service accountability plans with all providers;
- there is also a proactive responsibility on all LHINs, and the Ministry, to support service providers with guidelines, training, funds and other resources needed to be able to put diversity into practice.

Here again, the LHINs and all providers can build on existing resources and foundations:

- many hospitals have diversity coordinators or programmes, or have build specific forums or planning mechanisms with aboriginal, ethno-cultural and other communities;
- for example, there is a Diversity Health Practitioners Network in Toronto that includes members who work in many hospitals;
- a related working group is currently developing diversity tools and resources that can be shared throughout the system.

Build in the Most Marginalized

A major challenge will be involving those communities facing systemic barriers to participation in policy circles:

- on-line surveys, town hall meetings and traditional focus group techniques do not work for many communities and individuals – limited access to technology, language, stable housing and many other barriers effectively exclude many people from public debate;
- community-based research is one crucial means of identifying the needs of marginalized communities:
  - existing research should be reviewed;
  - one of them most innovative methods 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 Clearing house and other partners involved training and supporting homeless and under-housed women to themselves conduct research on the health, service and other needs and barriers facing marginalized women http://www.owhn.on.ca/home.htm
- neighbourhood, multi-service agencies, CHCs and other service providers have considerable experience in working with the most vulnerable and marginalized populations – for example, in downtown Toronto Street Health has been working with homeless people for twenty years;
- these front-line agencies have developed solid relationships and trust with marginalized populations;
- in effect, well-connected agencies could be contracted to engage with specific communities and feed their priorities and perspectives into LHIN planning;
- these agencies could also broker meetings between the LHINs and marginalized communities to move towards those communities being directly represented on LHIN boards and planning committees.

4: Develop Flexible and Responsive Forums and Processes

Challenges such as engaging the most marginalized highlight that a wide range of innovative and responsive forums and processes will be needed to effectively tap into diverse community views and needs.

The LHINs should be as flexible as possible in letting communities work out for themselves the most innovative and reliable means of participating in planning and priority setting.

Community-based research techniques and approaches were noted above as a particularly effective approach to understanding and working with marginalized populations. More generally, CBR can be a tremendously useful tool for effective needs assessment and community involvement. This overall approach can also inform more immediate community discussion and planning forums:

- community-based consultation methods can be very effective in identifying needs and issues within diverse and complex communities, and a wide range of creative methods have evolved;
- one that was used in action planning days in the Toronto Central LHIN was appreciative inquiry, which focuses on the positive features people want in their health care as a way to clarify goals and on positive experiences with the system to try to understand the basis of what is working well;
- peer-led as opposed to professional facilitator led focus groups can yield more nuanced and reliable information in many settings For example, inclusion research style focus groups have provided insightful understanding of the needs and perspectives of homeless women and other groups traditionally excluded from policy debate;
- peers or trusted long-standing service providers may be the only way to engage some populations such as the homeless or people with mental health challenges.

5: Support and Empower Community Engagement

Provide the Tools

LHINs, Ministries and other public agencies have a proactive responsibility to provide communities and people with the information, tools and resources they need to be able to effectively and meaningfully participate in planning and priority setting. In the case of LHINs, this will require:

- access to balanced, objective and understandable information on health care delivery, trends and options;
- this must not just be masses of service statistics and raw data, but well-organized information in terms of defined objectives and indicators;
- set out and explained in terms lay people can understand;
- and, of course, significant community involvement in establishing appropriate indicators and measurements in the first place.

The LHINs will be systematically collecting and analyzing a great deal of information for their own programme monitoring purposes. Similarly, MOHLTC has enormous amounts of programme date from its transfer partners. Such data will need to be ‘translated’ and adapted in meaningful ways for community stakeholders.

Think Big: LHINs Becoming Information Resources for their Communities

As they are building their information and accountability infrastructures, the LHINs should take this a step further and become a central information resource for their communities. For example, publishing the following kinds of information on their Web sites could be an invaluable aide to both consumers and providers as they navigate the complex health care system:

- details on CHCs, CCACs, walk-in clinics and other facilities;
- lists of primary care physicians who are taking new patients;
- lists of specialists taking referrals to help both doctors and consumers;
- pharmacies that waive specific fees;
- community services and providers in affordable housing, employment and settlement support, child care and other social determinants of health.

Additional costs of providing such information should be modest: all of this information will be coming in to the LHINs in one form or another, and it will simply need some re-organization for publication. But the benefits to improved access and public understanding could be substantial.

Recognize Costs and Constraints

Community groups will also need support to build up their own capacities to analyze health delivery information and provide significant input to planning and evaluation.

- governments and the LHINs must recognize that there are real costs to community agencies participating in planning;
- ironically, given the government's commitment and community demands to play a key role, one danger is over-consultation:
  - community agencies are extensively consulted on many things and this can be a real strain on those with few staff, and even harder on volunteer groups;
  - the result is that an important proportion of an agency ED's time can be taken up on policy and consultation work that is not covered in any operational grant;
- one way to concretely recognize this cost and to facilitate meaningful participation is to explicitly fund community groups to be able to take part in policy discussions, where appropriate;
- this also means that governments and LHINs must be serious about community engagement and not consult unless they are prepared to act on its results.

6: Embed Community Participation in LHIN Planning Cycles

The final challenge is sustaining community engagement and building long-term collaborative relationships. Community involvement in planning has to be both **systematic** and **significant.**

Significant means that:

- the results of community planning forums or consultations are taken seriously within LHINs' deliberation;
- for example, in the months to come, the LHINs need a transparent process where community partners are involved in analyzing the initial consultations, and helping to feed this into planning. This cannot just be a token report back after all the priorities have been set.
- this, of course, doesn't mean that every community recommendation is accepted – rather, that the full range of input is analyzed and responded to;
- community representatives will need to be involved in monitoring planning processes and consultations to ensure that community input is responded to appropriately;
- communities will also need to see that their participation has an impact on the plans and priorities eventually adopted if they are to continue to make the effort;
- advisory bodies can make this ongoing involvement and monitoring transparent and effective.

Systematic involvement of community partners means:

- the LHINs have made a positive start in consulting with and involving communities in their initial planning and priority setting;
- but community engagement cannot be a one-off exercise as the LHINs are getting established, but must be built into their working processes and cultures;
- one way is to embed community involvement at all stages of the 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;
  - monitoring and evaluating outcomes and how well plans and services worked out;
  - then starting the planning cycle all over again and re-adjusting for the next year;
- expectations for the nature of this involvement must be modest and realistic:
  - staff are going to play the key role in developing plans and priorities – community representatives advise;
  - 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;
- innovative and effective mechanisms can be experimented with:
  - different forms of community advisory committees, especially more local or neighbourhood planning forums that can identify priorities and feed them up into LHIN-wide planning processes;

  - different forms of input and advice, ranging from going out to community drop-in centres to virtual meetings and priority setting exercises;
  - all of this will need to be adapted to the special challenges facing particular LHINs – whether the huge distances in the North, those that span dense urban and sparse rural communities, and the incredibly diverse major urban centres;
- the result would not simply be more engaged and supportive communities, but far richer and more responsive LHIN planning and priorities.

First Test: Community Role in Developing Health Service Integration Plans

Community input and involvement have to be seen to have an impact -- otherwise people and service providers won't bother to participate. The first test of this will be what happens as a result of the spring and summer consultations: to what extent will the issues, perspectives and recommendations brought forward by residents, community groups and community-based service providers be taken forward within the LHINs planning processes.

Each LHIN should take the following actions (which many have already begun):

- post a draft report summarizing the main findings of its consultations, with enough time for reflection and input;
- convene a meeting(s) in their communities to check-back and validate the findings;
- set out a transparent process whereby those findings – plus the 2005 integration priority reports prepared by working groups in each region and other relevant information and analysis -- will be incorporated into the LHINs first IHSP;
- involve community representatives in developing these reports:
  - this, of course, is the trickiest issue;
  - drafting the report is the primary role of LHINs staff and the ultimate responsibility of their Boards, and these responsibilities must not be confused;
  - but effective and timely advisory or working groups could be set up – and the reports will be that much better for community involvement;
- publish draft reports, again with time and opportunity for public and community comment before submitting them to the Ministry.

This is an ambitious process, especially given the still tight timelines facing the LHINs to get their reports in. One implication is that the Ministry has to build sufficient time, and funds, for community engagement into its expectations of the LHINs.

Community members are not naïve: no one expects all their recommendations to be adopted and all know that the LHINs will be balancing many competing pressures and interests. But the LHINs need to show their community partners that their input and involvement will have an impact, and they need to show they can produce reports that reflect the priorities and perspectives of their communities. The way to do that is to involve community members in actually developing the reports.

7: Evaluate Engagement

The Ministry and LHINs have emphasized that there will need to be clear success indicators for community engagement, as with all other facets of their work. This is an excellent principle, but communities must be part of defining how engagement will be evaluated and measured. As a starting point for discussion, the following could be the concrete objectives for good community engagement:

- who is involved must reflect and represent the diversity of local communities;
- innovative and responsive forums and processes need to be developed to effectively tap into community views and needs;
- specific mechanisms to ensure the views and interests of the most marginalized are included must be developed;
- useable information, tools and other resources must be provided to allow community groups to effectively participate;
- the overall results must be planning and priorities that reflect community interests and perspectives, and an integrated and seamless continuum of care.

The specific indicators should only be developed with community participation, of course, but could include:

- the number of individuals and community groups involved in consultations and planning forums;
- how well participants reflect community diversity and demography;
- the % of community recommendations that are acted on -- which certainly does not mean all will be accepted, but that community input will be fully considered and balanced against other options and priorities in the planning process;
- research on how community members feel their voices are being heard, on how effective the information provided by the LHINs are, preferences for certain types of forums and processes, etc.
- specific research will likely need to be conducted on how well more marginalized populations are being reached and involved; and
- all of this should be built into a systematic planning cycle – with clear requirements that the LHIN regularly report back to its communities on progress against these community engagement objectives and adjust engagement programmes as needed.

A better way to see this is not merely evaluation to ensure objectives are met, but as a process of continual learning and improvement. All the LHINs have been

working hard at community engagement, often using very different approaches in their particular settings. There is much to be learned from assessing and reflecting on this early engagement, sharing what worked (and what didn't) among the different LHINs, and building these lessons learned into more responsive and effective community engagement for subsequent stages. Community engagement will be continually changing as experience with different approaches and forums is incorporated into practice, and as trust and working relationships are built up between the LHINs and their communities. The Ministry will also have a key role to play in providing an infrastructure and resources to ensure that local innovations and experience are shared among the LHINs and that the most important lessons learned can be adapted and institutionalized across the province.