Vancouver
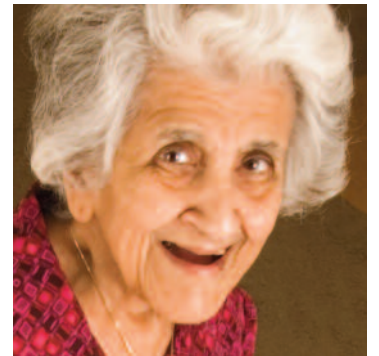**Coastal**Health
Promoting wellness. Ensuring care.

Community Engagement
Framework

More information at

www.vch.ca/ce

Contents

Community Engagement Framework
for Vancouver Coastal Health

Introduction

This Framework is intended to assist VCH decision-makers, managers and staff in better understanding the broad practice of community engagement. It offers an overview of how engagement can assist managers and staff in meeting their responsibility to respond to community/patient needs, to improve clinical quality and improve health outcomes.

Over the past 30 years, public involvement has been integral to the evolution and operation of Canada's health system. Many structures have been implemented at the local, regional, provincial and national levels to allow citizens to participate in decisions that affect their health and the development of the services they receive. However, the past two decades have also witnessed a decline of public confidence in elected officials, controversial reforms in health care, lower voter turnouts and several high-profile public scandals. The result, according to the Health Council of Canada July 2006 Primer on Public Involvement, is that

> "...democratic renewal and public involvement have moved to the forefront of the public agenda. Consequently, creative approaches to involving the public in democratic decision-making processes in Canada are being explored by many systems."

At the same time, a parallel development has moved community engagement (CE) practice to centre stage in health care. Providers in Canada, Europe and the U.S. have developed strong consensus on a new model of quality — one that identifies the needs and wishes of the patient/ client/resident as the primary drivers of clinical and policy decision-making. Patient Centred care — or People Centred Care, as VCH terms it — is a multi-dimensional shift by healthcare institutions away from models of healthcare delivery that have often been hierarchical, provider-driven, and depersonalized.

The international practice of people-centred care embraces such initiatives as:

- measurement systems that track patient satisfaction
- increased involvement of patients in the direction of their own care
- increased focus on safety and customer service
- mechanisms for the community, patients and family members to influence health system design and policy

Research indicates that greater patient and family involvement in care results in fewer errors and better clinical outcomes.

The art and science of extending people-centred care beyond the individual client and family into the community at large may be Canada's unique contribution to this international consensus. Health Canada and several regional health authorities have all adopted CE frameworks, recognizing that virtually everyone is either receiving care, has received care or will receive care; many jursdictions across Canada are developing mechanisms to bring the experience of the public, clients and families to the planning and policy process.

CE delivers a direct benefit to the health care system in its policy and planning activities, enabling the system to design programs more closely tailored to the needs of both individuals and special populations. The underlying goals of CE practice are:

- To build capacity in communities and within the organization
- To partner in the development of healthy communities
- To build trust and credibility with communities
- To contribute to better health outcomes for the people we serve
- To support the system's accountability to the public

Additional benefits of CE include:

- Bringing diverse voices into the planning process and allowing for consideration of perspectives that would not otherwise be understood
- Providing the health system with detailed information concerning community members' priorities and an opportunity to evaluate the responsiveness and accessibility of programs
- Enabling greater accountability
- Stimulating innovation as the system responds to emerging needs
- Increasing health literacy and health system literacy on the part of the public
- Developing bridges between the health system, non-profit organizations working in areas of health and social services and other relevant partners
- Empowering and activating individuals, families, and local communities to take increased responsibility for self-care and self-management
- Helping inform VCH on priority areas where it can fulfill an advocacy and health promotion function

In its brief history as an organization, VCH has emerged as a national leader in the practice of community engagement. We have devoted significant resources and creativity to both dimensions of public participation — citizen engagement and quality improvement focused on people-centred care. There are now solid bridges between many specific programs and the communities they serve, as well as dynamic forums in which representatives of the public discuss and advise on the issues of policy and resource allocation.

Vision

The context for VCH's practice of Community Engagement is contained within the organization's guiding vision:

We are committed to supporting healthy lives in healthy communities with our partners through care, education and research.

VCH's public commitment is as follows:

To support healthy lives in healthy communities means that we are focused on the people we serve. Our strategies will:

- **Increase longevity and quality of life for all**
- **Provide a positive experience for people using our health care system**
- **Promote informed choice, involvement, and support self-responsibility**

CE practice is a primary strategy for achieving that vision and commitment. VCH explicitly goes beyond routine, expected public involvement in three ways:

1. **We seek public involvement not only in clinical program design and operations but also on matters of broader policy significance.**

2. **We make a special effort to identify and engage marginalized groups e.g. ethno-cultural communities, people with disabilities, and frail, isolated seniors.**

3. **We engage the community across the full spectrum of participation levels, ranging from informing, consulting and involving to collaborating and empowering.**

VCH Community Engagement Practice has Evolved and Matured

Community engagement has been a foundational element in VCH's development since the establishment of the region in 2001; since that time CE has evolved considerably in influence and sophistication, both within the organization and in the wider community. The regions that came together to form VCH all had some existing infrastructure for public involvement, which provided the new organization with a foundation upon which to build new mechanisms.

One of the first structures established for CE was the **Community Health Advisory Committees (CHACs)** — one committee for each of the three Health Service Delivery Areas (HSDAs) Coastal, Vancouver, Richmond, and one CHAC for Aboriginal[1] communities. Members of the CHACs reflect the diversity of their HSDA[2] , and are broadly informed and engaged in their community. Recognizing the value of discussion and collective planning across the region, VCH hosts two joint CHAC meetings per year, in addition to their regular meetings within their own HSDAs.

In addition to the CHACs, VCH benefits from the participation of many **Program Advisory Committees** (e.g. the Family and Resident Councils in Residential Care); these groups serve as regular sources of community/user input to programs. They provide context about the needs of the groups served as well as feedback about the performance of the program from the user/community perspective.

As the appetite for CE has grown internally, diverse methods of public participation have been employed. When designing engagement processes specific to various communities, issues and programs, we go beyond committee structures to engage the community through **focus groups, surveys and one-to-one interviews**. To reach communities with multiple barriers to participation, innovative approaches are used (e.g., arts or game-based methods). Many internal planning and policy committees now have designated seats set aside for the public, to bring the voice of clients or community stakeholders into the internal dialogue and decision-making processes.

VCH's Community Engagement department plays a key role in realizing VCH's organization-wide commitment to **quality improvement and people-centred care**. CE has contributed its capabilities in recruiting and convening panels of individuals to help VCH better understand the patient's journey across the entire continuum of care. For example, in the course of his or her illness, a stroke patient has many different kinds of encounters with VCH, transcending different managerial jurisdictions. How smoothly do these organizational boundaries cooperate to make the patient's experience a seamless one? We can only know the answers to these questions by going directly to the people who have experienced the process.

1 "Aboriginal" means the Status and Non-Status First Nations, Metis and Inuit residents of the Health Service Delivery Area

2 Diversity includes the different gender, age, ethnicity, sexual orientation and gender identity, disability, socio-economic and geography mix within the HSDA population

Guiding Principles
for Community Engagement Practice at VCH

Everyone is a stakeholder.

At one time or another nearly everyone in our community will have contact with our system as a patient or a family member. Therefore, on issues of broad public concern, we engage with groups that are fully representative of our region, reflecting geography, and demography.

Diverse voices contribute to better planning and decision-making.

Involving people that are directly affected by a decision in the decision-making process results in a more informed decision and many other positive outcomes.

We target engagement to those most impacted by the decision.

Clients who have experienced our system are uniquely equipped to share important input with us about what we can do to make VCH more people-centred.

We help VCH consider the patients journey in its entirety.

Through engagement, we can follow the patient from a community health centre, to a complex acute care episode, possibly back to the community or to residential care, with the goal of making the entire process as seamless as possible. The patient experience spills over organizational boundaries, highlighting the need for intra-departmental cooperation.

We engage under-served populations by reducing barriers to involvement.

We design processes to ensure that people with disabilities, or with needs for child care and/or translation services can participate.

Communication is a two-way street.

VCH will report back to advisory committees and communities of interest and how their input was used in decision-making.

Engagement contributes to better health outcomes while building healthier workplaces and communities.

As individuals become more involved with their health care system through engagement processes, they become more aware of ways in which they can take steps to promote health and prevent disease for themselves, their families and within their communities.

We engage partners to find collective solutions that will lead to healthy communities.

We hold a holistic view of community, and help interest groups to take one another's goals and actions into account.

We engage with transparency and integrity in a way that builds trust with our communities and demonstrates accountability.

VCH routinely consults with stakeholders about key system decisions including planning and policy. All major decisions have multiple (technical, best practice, legislative or financial) considerations in addition to engagement. These inputs or constraints will be communicated to stakeholders. VCH will make every effort to ensure that community input and recommendations are solicited in time to be fully considered by decision-makers. We make committments to the community in good faith and will honour them.

We complete the circle of engagement.

VCH will report back to the advisory committees and communities of interest about how their input was used in decision-maiking.

The Spectrum of Participation

VCH engages the community along a Spectrum of Participation that ranges from information dissemination to full partnership with communities. Our goals are to move as far as possible towards the level of empowerment, and to build capacity within the community to partner with us to achieve better health outcomes.

The following model of participation has been adapted from the World Health Organization and from the International Association of Public Participation.

Empower
Community identifies issues, solutions and actions-system supports.

Inform
Community receives information and announcements

Collaborate
Community shares decision-making; system defines limitations

Consult
Community is consulted on draft plans or on issues; feedback impacts decisions

Involve
System involves stakeholders in planning and policy processes

Informing

VCH devotes considerable resources to implementing diverse strategies for communicating with and educating the community: These include

- "VCH Pages" on health promotion topics in local newspapers and ethnic-language media.
- A public e-newsletter to which people can subscribe by accessing our ever-expanding web site, www.vch.ca.
- Regular public education forums on topics of interest or concern to the community (e.g, end of life care, primary care).

Consulting

Consultation means asking the community for input on a specific decision, policy or planning process. VCH consults with community stakeholders through a variety of structures or mechanisms — from Community Health Advisory Committees and program advisory committees to ad-hoc surveys and focus groups. The Community Engagement Team have consulted the community on a wide variety of programs including palliative care, mental health, diabetes, stroke, and others. We tailor the format and method to suit the context — in one case we engaged youth in a creative interactive theatre format to explore alternatives to the "zero tolerance" policy for alcohol and drugs in schools.

Involving

At this level, community stakeholders are participating in a more ongoing "official" capacity. For example, there are a number of "lay seats" on VCH internal planning and policy committees (e.g., the Ethics Committee, Mental Health Redesign Committee). There are also a number of standing advisory, action and/or monitoring committees (e.g. Family and Resident Councils in Residential Care). Getting the community involved at this level gives VCH the benefit of ongoing input about the patient/resident's viewpoint; community stakeholders gain by developing greater insight into the complexity of delivering care in sometimes challenging circumstances.

Collaborating

One way VCH *collaborates* with community stakeholders is to provide resources and assistance for community partners undertaking community-driven initiatives. A good example is the Express Youth Theatre Group developed by the Methamphetamine Response Committee. It was jointly funded by the National Crime Prevention Centre, Vancouver Agreement, and VCH. VCH's role (in addition to partial funding) was to bring people together and help with the conceptual development of the project, to ensure that there was a platform in which youth could tell their story. VCH plans to continue supporting the use of art and theatre for health promotion projects — a similar project has been completed with a focus on depression.

Empowering

Given that so many determinants of health are community based, it makes sense for VCH to encourage (through funding and in-kind support) community action that fosters healthy communities. Many healthy community projects are funded through the SMART (Sharon Martin Community Health Trust) Fund or other granting sources such as the Consumer Initiative Fund. One example is the Families First Project for Addictions in the South Asian community. This was an intergenerational project to raise awareness and foster community action of addictions in the Indo-Canadian community. In particular, the project targets grandparents, who often are primary caregivers while the parents are working several jobs, to build knowledge bridges that help them deal realistically with their grandchildren's world.

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How to Use Community Engagement to Improve People-Centred Quality of Care

In a people-centred organization, it is important that clients and residents be involved at every stage of program development — from planning a new program; to providing input on existing services; to encouraging and supporting self-care; to participating in individual and collective efforts to promote health. That's the ideal, but to leaders and staff within VCH, it may not be obvious how to make that happen. The community engagement team is VCH's internal consulting service to assist programs in obtaining useful feedback, participation and partnership from their clients and residents. This guide will help you better understand how CE works.

Understanding the experience of the client or resident is key to designing and implementing programs that meet the needs of clients and are in line with the VCH standards of care. Typically, the CE process has seven steps, which a CE Leader will assist you in moving through:

Step One: Framing the Question

Step Two: Designing an Appropriate CE Process

Step Three: Recruiting Participants

Step Four: The Process Itself

Step Five: Analyzing Your Results

Step Six: Implementation

Step Seven: Closing the Loop

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Step One: Framing the Question

Generally speaking, a CE project is designed to answer a question or to help make a decision. A process may examine a particular stage in the patient's journey or it may involve their whole experience. It's important to spend some time considering the questions you have and articulating the purpose for which you seek community engagement. The CE team can share lessons learned and crucial information gathered from other CE processes that may not be readily apparent to program leaders at this early stage.

It is also valuable for managers to consider in advance what level of changes he/she might be willing to implement, and to design the project with those boundaries in mind. It's important to avoid engaging the community to generate solutions that have little chance of being implemented.

You should also consider whether the project is local or regional. If local, what is the regional context? Are there other parallel structures in the organization which might benefit from the knowledge you gain? Also, it's possible that a parallel process has already been conducted and would contribute to your understanding of the question.

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Step Two: Designing an Appropriate CE Process

The CE team will work with program managers and staff to design an appropriate CE process. This usually includes:

- Conducting a contextual analysis to understand your aims for the CE process
- Reviewing information about your client population
- Determining the appropriate level of engagement to meet your goals
- Determining the appropriate method of engagement, keeping in mind any barriers to participation for stakeholders
- Designing, with you, a plan for recruiting participants
- Developing a communications strategy for sharing the findings of the engagement process

In some instances, the CE team will advise consideration of a process that goes beyond consulting with clients. Increasingly, CE processes involve longer term, ongoing partnerships between planners, administrators, care-givers and clients, to make meaningful changes over time and to gather feedback as those changes are implemented.

You will also be asked about the budget available for the process, which is likely to include costs for transportation, childcare, translation and refreshments.

In designing an appropriate process, it's important to identify and communicate with all key stakeholders including staff and management, community partners, possible steering or standing advisory committees, etc. Often these stakeholders will add valuable perspectives that may change the way the process is designed or conducted.

3 Step Three: Recruiting Participants

A key factor in getting useful results from your CE project is to make sure you have engaged the right participants. The CE Leaders will identify and assist in recruiting participants from diverse communities — i.e. people with disabilities, frail elderly, or those who do not speak English. The diversity of our communities, and disparities in health outcomes, justifies the extra effort to give voice to those who may experience barriers in access.

The CE Leaders will need information from you about the demographics of people using (or not using) your program, prevalence information if you are working with a particular disease group, and information on the history of your community relations; all of these factors will impact who will be involved, and determine how you can maximize their participation.

4 Step Four: The Process Itself

The CE Leaders often carry out the engagement process on behalf of a program area. In some cases, the CE Leaders will provide consultative support to enable a program team to do this themselves.

Depending upon the type of engagement process, program leaders may or may not be asked to participate; if the process is at the stage of creating an ongoing partnership or advisory committee, program leaders would be actively involved. Focus groups, one-on-one interviews and other processes are usually carried out by the CE Team and do not directly involve the program leader.

The CE team aims to de-mystify the planning, evaluation and policy processes for the participants and to set the stage for an ongoing, positive relationship. They do this by:
- Clarifying for the community participants exactly what their role is and how the information they contribute will be used
- Explaining that community input is only one of many factors that go into program planning or decision-making
- Exploring opportunities for further engagement, if appropriate
- Committing, on behalf of VCH, to send a report to participants about how their input was utilized

5 Step Five: Analyzing Your Results

The CE team will provide a written report of the engagement process, summarizing the information, issues and program recommendations that arose in the course of the work. It is valuable to analyze these recommendations in light of other published material regarding best practices, incorporating the experience of other health systems and health outcomes research.

Although community engagement is quite different in both approach and intent from health services research, many of the tools we use reflect practices that have been refined by social scientists. Use of research methodologies for analysis helps ensure that our results are as reliable as possible.

As part of our commitment to transparency and openness, this written report is usually posted on the VCH website for participants and the general public to review.

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Step Six: Implementation

At this point, the original question that spurred the community engagement process will have been answered, or the input necessary to make a decision will be evident. The CE team will assist program managers and staff in responding to the feedback from the engagement process, translating the information into concrete recommendations for change.

Responding to feedback may be very easy; often the recommendations are straight-forward, actionable and cost little to implement. In other cases, larger issues may emerge that require advocacy, partnership development or significant resources. CE Leaders can assist in strategizing how to best take these suggestions forward.

In some cases, the manager may elect to experiment with pilot programs that test whether certain community recommendations are feasible or have the desired effect. They may decide to implement the suggestions within their current program, and to evaluate the long-term impact. At this point, it may be valuable to re-engage some of the individuals who were instrumental in making the recommendations, and involve them in the implementation process.

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Step Seven: Closing the Loop

Once decisions have been made and implementation is underway, it's our practice to come back to the people who participated and report to them on the changes that have taken place. Change manifests in both big and small ways, sometimes most powerfully in the heart and mind of a health care provider who is transformed by something heard from a participant. Sometimes, recommendations from community engagement processes are not implemented; in these cases, CE Leaders and program managers work together to explain to participants the other factors or constraints that played a role in the decision.

Community Engagement at a Glance

WHAT IS COMMUNITY ENGAGEMENT?

Community engagement enables a two-way interaction process between VCH and its communities, so that communities have a role in the planning and decision-making for health services and policies that affect their lives. It encompasses a wide variety of activities, from consultations with the public, to community development and community-capacity building.

WHAT DO WE DO?

- We strengthen capacity, in communities and within our organization, to ensure that community members have a role in decision-making

- We assist in the formation and maintenance of partnerships with external stakeholder groups

- We consult with the public to inform health service planning, policy and operations

- We foster a people-centred culture within VCH

WHAT ARE THE BENEFITS OF INVOLVING COMMUNITIES?

- To assess the needs of the community

- To improve services based on community feedback

- To target resources where they are most effective and valued by the community

- To foster self-help and mutual-aid

- To be publicly accountable by sharing information on decision-making

- To bring diverse voices into the planning process and allowing for consideration of perspectives that would not otherwise be understood.

HOW CAN WE HELP YOUR DEPARTMENT?

- Are you planning a new program?

- Do you need information about the clients and families who use your service?

- Are you interested in hearing from clients and their families about how to improve your program or service?

- Would a community advisory committee enhance your program?

- Are you aware of programs in the community you would like to link with, but need help in establishing a partnership?

- Do you want to understand barriers for those who may need to but are unable to access your program?

HOW TO CONTACT US:

- Email: **ce@vch.ca**

- or visit our website: **www.vch.ca/ce**

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