Pan LHIN Communications

LHIN Community Engagement Guidelines — *Revised*

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Ontario
Local Health Integration Network

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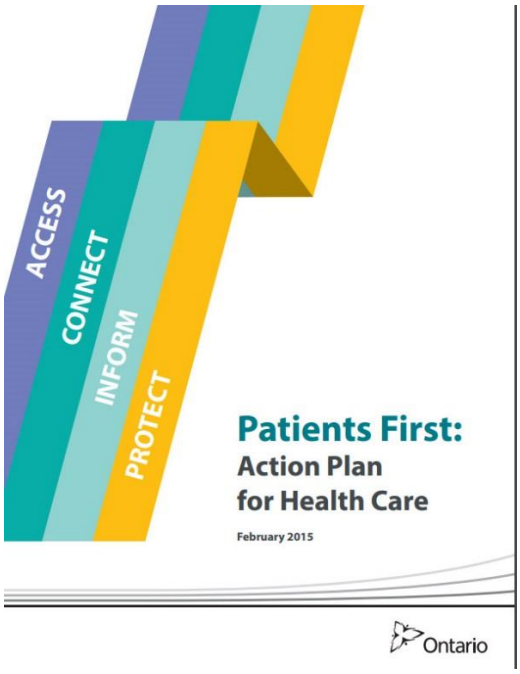
1. Introduction

Community engagement is an essential function and core value of the Local Health Integration Networks (LHINs), in alignment with the *Local Health System Integration Act*, 2006 (LHSIA). To support both consistency and accountability in community engagement practices, the LHINs, in partnership with the Ministry of Health and Long-Term Care (MOHLTC), have developed a set of performance measurement indicators and a guideline toolkit. The *LHIN Community Engagement Guidelines and Toolkit* (Guidelines) was first published in February 2011.



In early 2015, review of the Guidelines' use and application indicated that LHINs were finding the materials challenging to use. As the LHINs have matured, engagement planning and evaluation have become embedded in regular planning and project management processes, offering a new opportunity to streamline Guidelines' material within current processes.

The February 2015 release of the MOHLTC policy paper *Patients First: Action Plan for Health Care* includes explicit commitments for patient and community engagement. These include:

- Engaging Ontarians on health care so we fully understand patients' needs and concerns
- Making decisions that are informed by patients, so that they play a major role in affecting system change
- Expanding patient engagement

The goal of these revised Guidelines is to support LHINs as they engage, plan, and fund their local health care and service-delivery systems. The revisions reflect the changing landscape of community and patient engagement, along with the maturation of the LHINs.

The revised Guidelines include information on the following enhancements, which can support LHINs in developing their local engagement strategies and plans:

- Key LHIN engagement requirements
- The Triple Aim framework, which supports a population-health focus
- The International Association of Public Participation (IAP2) guiding principles
- Situational suggestions and principles
- Ways to identify documentation and evaluation components of engagement activity

2. LHIN Engagement Guidelines

2.1 Defining Community Engagement

Section 16.2 of LHSIA outlines the LHINs' legislative mandate to engage communities in health system planning on an ongoing basis. LHSIA defines "community" as patients and other individuals within the LHINs' geographic area, health service providers (HSPs), and any other person or entity that provides services in or for the local health system, as well as employees involved in the local health system.

Individuals, communities, political entities, or organizations that have a vested interest in the outcomes of a given initiative or project are referred to as stakeholders. Anyone whose interests may be positively or negatively affected by a project or anyone who may exert influence on the project or its results is considered a stakeholder. All stakeholders must be identified and engaged appropriately.

Engagement:

Meaningful involvement of stakeholders in the work of the LHIN and health service providers (HSPs), ranging from priority setting and planning to decision-making, implementation, review and evaluation.[1]

2.2 LHIN Key Engagement Requirements

The LHIN Community Engagement Guidelines have been developed to outline the common standard for LHIN community engagement practices across the province, acknowledging that there are multiple methods and approaches that LHINs may employ to engage with community stakeholders. For LHINs, community engagement is not only a legislated requirement, but a fundamental value and a foundational practice. Engaging with local communities informs and strengthens the work of the LHINs and helps them maintain currency and relevance.

LHINs adhere to the requirements for community engagement outlined in LHSIA, Part III, s. 16 (1-6). Within the confines of LHSIA, the LHINs have the opportunity and responsibility to utilize the most appropriate method based on the goal, project, and stakeholder group. This flexibility enables the LHINs to elicit meaningful input and create a positive engagement experience for all participants.

[1] Adapted from the Organisation for Economic Co-operation's (OECD's) definition, and quoted in the Primer on Public Involvement, prepared by the Canadian Policy Research Networks for the Health Council of Canada, July 2006, available at http://www.cprn.org/documents/45131_en.pdf.

The following key engagement requirements provide the LHINs with an opportunity to demonstrate their commitment and adherence to community engagement legislation under LHSIA:

1. Document a Community Engagement Plan within the Annual Business Plan and post it publicly to the LHIN website. This plan should outline major planned engagement activities, target audiences, and goals and methods, as well as ongoing LHIN engagement structures and processes, such as citizens' and other advisory groups.

2. Maintain an inventory of all formal community engagement activities hosted by the LHIN, for the purposes of eliciting input into strategic planning, initiative-specific activities, and priority-setting. The inventory is to include the purpose and/or goal of the engagement, the format of the engagement activity, and an evaluation of the outcome (the themes that emerged from participants and how the feedback was used in the planning process), noting specific information related to community engagement with Francophone and Indigenous communities.

3. Include the inventory of community engagement activities in the LHIN Annual Report.

4. Engage in reflective practice related to community engagement activities with a view to continuously improving and strengthening LHIN engagement practices.

3. Supporting Engagement Practice

The following information is intended to provide foundational information and context to support LHINs at the local level. A number of engagement resource sites are available to the LHINs, including The Canadian Foundation for Healthcare Improvement's Patient Engagement Resource Hub, Health Quality Ontario's Patient Engagement Tools and Resources page, and the EPIC (Engaging People, Improving Care) website. All of these sites include references and links to resources on community and patient engagement.

3.1 Patient, Family, and Caregiver Engagement

For the purposes of these Guidelines, the term "patient" refers to recipients of health services, their families, and caregivers, and is synonymous with terms such as "client," "consumer," "resident," and "community member." Meaningful patient engagement involves patients along the full spectrum of health care.

From a LHIN perspective, patient engagement is essential to health service planning, design and evaluation. Patient and family participants represent the LHIN population for whom the service is designed. Engagement activities are an essential component of both strategic planning, such as Integrated Health Service Plan development, and population-specific projects.

The full participation of citizen stakeholders requires a level of health literacy that is appropriate to the engagement. The Canadian Public Health Association Expert Panel on Health Literacy[2] defines health literacy as "the ability to access, understand, evaluate and communicate information as a way to promote, maintain and improve health in a variety of settings across the life-course." Particularly within the context of LHIN engagement activities, health literacy includes health system and system navigation information.

According to the Expert Panel, 55% of adult Canadians have less-than-adequate health literacy skills; this number jumps to 88% of adults over the age of 65. Other groups with lower-than-average health literacy levels include immigrants, particularly those with little knowledge of English or French; Indigenous peoples; persons with disabilities; and individuals with lower levels of education and income. Access to information is a complex phenomenon, mediated not only by the availability, format, and nature of the information presented, but by the culture, education, and language of the recipient; the communication skills of the health professional; and the context in which the information is presented.

Pre-existing health literacy should not be a requirement for engagement participation. Engagement initiatives should provide the necessary orientation/training to enable meaningful participation and implement strategies to reduce health literacy demand on participants. Examples include greeting participants warmly, maintaining eye contact, encouraging participants to ask questions, using plain language and avoiding jargon, and using multiple media for presentation of information. Keeping sessions focused on a few main points, and ensuring that presentation content is simple and concrete will also help to engage persons with lower levels of health literacy.

[2] Canadian Public Health Association, *A Vision for a Health Literate Canada: Report of the Expert Panel on Health Literacy* (2008), available at http://www.cpha.ca/uploads/portals/h-l/report_e.pdf.

3.2 Principles of Meaningful Engagement

The effectiveness of engagement with patients, family, caregivers, and communities is related directly to how a LHIN plans, executes, and facilitates its engagement activities. The International Association for Public Participation engagement principles can be used as a resource and adapted for the purposes of providing a comprehensive framework for LHIN engagement activities.

Key LHIN-specific principles include:

1. **Informed planning and preparation**: Some planning processes require people with real-life experience of the specific health care service or disease process under consideration. Thorough and inclusive planning is needed to ensure that the design, organization, and implementation of the engagement process serve both a clearly defined purpose and participants' needs.

2. **Attention to inclusion and demographic diversity**: Participants in engagement activities should reflect the LHIN population in gender, culture, urban–rural mix, socio-economic levels, and other significant ways demographically. Consideration may need to be given to ensure that those participating in engagement initiatives do not suffer financial hardship, particularly people living in rural areas or those from lower socio-economic groups, or that lack of resources does not prevent their participation. The Health Equity Impact Assessment (HEIA) Tool[3] may be useful in identifying unintended equity-based impacts of engagement plans and strategies.

3. **Engagement of Indigenous Peoples:** To better address the health care needs of local communities, LHINs are specifically required under LHSIA to engage Indigenous peoples. Indigenous peoples comprise First Nations, Métis, and Inuit living both on- and off-reserve, in both urban and rural areas.

French-Language Services

LHSIA reinforces the requirements of the French Languages Services Act*, underlining its commitment to equity in serving Ontario's French-speaking population. Under s. 16 of LHSIA, LHINs are required to engage the Francophone community by involving the local French Language Health Planning Entity (FLHPE). LHINs must work with their respective FLHPEs on how best to engage the French-speaking community; meet the health needs and priorities of the French-speaking community, including the needs and priorities of diverse groups within that community; identify the health services available to the French-speaking community; identify and designate HSPs for the provision of French-language health services; create strategies to improve access to, accessibility of, and integration of French-language health services in the local health system; and plan for and integrate health services.*[4]

[3] MOHLTC, Health Equity Impact Assessment (HEIA) Tool available at http://www.health.gov.on.ca/en/pro/programs/heia/tool.aspx.

[4] O. Reg. 515/09, s. 3 (1) available at https://www.ontario.ca/laws/regulation/090515

4. **Engagement of the Francophone community:** LHINs also have a legislative requirement to engage the Francophone populations they serve. As identified in LHSIA and its Regulation 515/09, LHINs will receive advice from the French Language Health Planning Entities (FLHPEs) on how to engage the French-speaking community.

5. **Commitment to learning:** Facilitate open discussion, explore new ideas unconstrained by predetermined outcomes, learn and apply information in ways that generate new options, and evaluate engagement activities for effectiveness.

6. **Demonstrate trust and transparency**: Be clear about the process and follow through on commitments made to participants. Advise participants that while all input is considered, it is unlikely that all input will be directly evident in final policies or program designs.

7. **Focus on impact and action**: Ensure that each participatory effort has the potential to make a difference and that participants are aware of that potential.

8. **Sustain a participatory culture**: Promote a culture of participation with programs and institutions that support ongoing quality engagement.

3.3 Engagement Goals and Objectives

The primary engagement goal is to bring the patient, family, caregiver, and community voice into the LHIN activity that has a direct impact on the participant. The goal of the LHIN is to listen, document, and respond.

As health system planners, the LHINs' engagement objectives may be framed within the broader goals of the Triple Aim framework, which refers to the simultaneous pursuit of improving population health, improving the care experiences of patients, and reducing the per-capita cost of health care (or, within an Ontario context, improving value for health care dollars invested). The Triple Aim framework was developed by the U.S. Institute for Healthcare Improvement through an initiative involving 141 health care organizations across nine countries. It outlines the importance of defining quality from the perspective of the target population (see Figure 1).

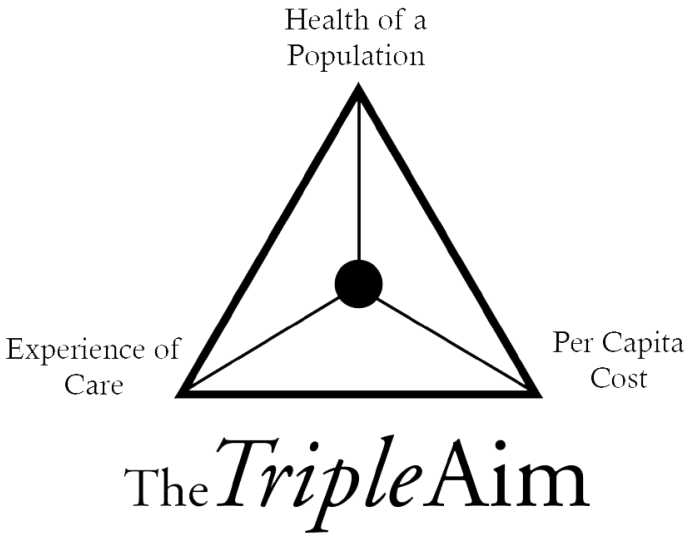


Figure 1: The IHI Triple Aim Framework

3.4 When to Engage

Engagement can occur throughout a project or initiative, and LHINs may select engagement points that make the most sense, depending on the nature of the initiative and the LHIN's involvement. Whom to engage, how engagement is conducted, and the intensity of the engagement will vary throughout an initiative. Each engagement activity should be designed to achieve the best experience for participants while achieving the desired engagement goal.

Potential opportunities for engagement within a project or initiative are outlined in Figure 2.

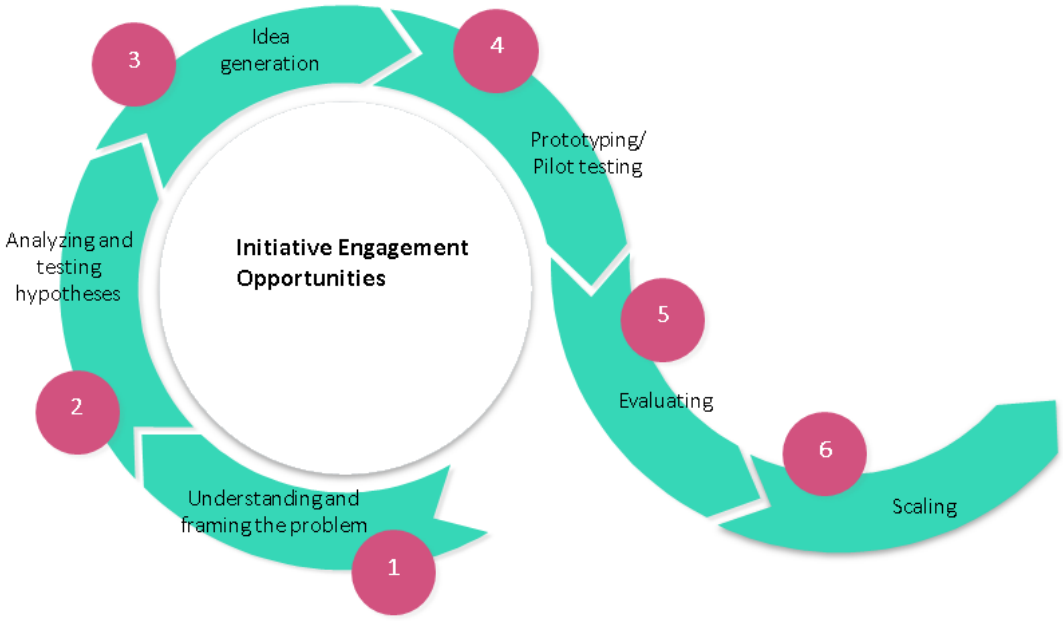


Figure 2: Initiative Engagement Opportunities[5]

3.5 The Spectrum of Engagement

To engage effectively, it is essential that LHIN staff consider the desired outcome as well as the appropriate engagement approach. Table 1 outlines the full spectrum of engagement (increasing in intensity from left to right), with approach examples aligned with each level.

A similar continuum of engagement can be seen in the Ontario Public Engagement Framework, which was released in March 2016. It is expected that lower-intensity engagement will be used more frequently than higher intensity. LHINs are accountable for decisions made; therefore, it is important to be clear and transparent about the scope of input and decision-making that stakeholders have throughout the engagement process.

The "Empower" level of engagement, as outlined in Table 1, may be achieved less frequently, and likely only for a clearly defined scope of decision-making.

[5] Original source unknown

Table 1: Levels of Participation in Patient, Family, Caregiver, and Community Engagement[6]

	Inform	Consult	Involve	Collaborate	Empower
Engagement goals	Provide balanced, objective, accurate, and consistent information to help stakeholders understand the problem, alternatives, opportunities, and/or solutions.	Obtain feedback from stakeholders on analysis, alternatives, and/or outcomes.	Work directly with stakeholders throughout the process to ensure that their concerns and needs are consistently understood and considered.	Partner with the stakeholder, including the development of alternatives, making decisions, and identifying preferred solutions.	Place final decision-making in the hands of the stakeholder. Stakeholders are enabled/equipped to actively contribute to the achievement of outcomes**.**
Promise to patients, families, caregivers, and community	We will keep you informed.	We will listen to and acknowledge concerns and aspirations, and provide feedback on how stakeholder input influenced the outcome.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed, and provide feedback on how stakeholder input influenced the outcome.	We will look to you for advice and innovation in formulating solutions, and will incorporate your advice and recommendations to the maximum extent possible.	We will implement what you decide. We will support and complement your actions.
Examples of approaches	Fact sheet; FAQ; Q&A; news release; brochure or pamphlet; email management tool; e-blast; LHINfo Minute; newsletter; community report; annual report; website; board meetings.	Public comment; focus groups; surveys; public meetings. Citizen's Health Advisory Panels.	Workshops; patients/family/ caregivers or public on committees or in workgroups; deliberative polling; ongoing forums.	Reference and advisory groups; facilitated consensus-building forums; participatory decision-making; co-design.	Joint planning; shared projects; ballots.

[6] Adapted from IAP2, www.iap2.org. Used with permission.

4. Summary

These revised LHIN Community Engagement Guidelines reflect the changing landscape of community and patient engagement and the maturation of LHIN processes that have systematically incorporated engagement into routine planning. The Guidelines include an articulated set of core LHIN requirements as outlined in LHSIA. As well, they outline relevant foundational content and context to support LHIN engagement practice at the local level.

This document reflects the LHINs' continued commitment to patient and community engagement, and acknowledges the essential place that this practice holds in the planning, funding, and integration activity performed by LHINs. Furthermore, it emphasizes best practices and allows individual LHINs to continue using local engagement materials in a way that is efficient and relevant.

The LHINs understand that the practice of community engagement, as well as patient and stakeholder partnership, is dynamic and growing. The LHINS will therefore continue to be mindful of changing practices and routinely evaluate their engagement practices with a view to continuous improvement.