

Vancouver Coastal
Health Authority
North Shore/Coast Garibaldi, Vancouver & Richmond

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Background

Since the Seaton Commission report, there has been a wide degree of recognition across British Columbia that communities and individuals need to be engaged in the design, delivery and accountability of the health system. The Commission's report also highlighted the importance of local community engagement and identified population groups whose needs have historically not been adequately addressed by the health system. The new provincial government has indicated the need to implement the recommendations of the Seaton Commission across the province.

In December 2001, the Ministry of Health established five new regional health authorities and one provincial health authority, with the commitment to¹:

- Eliminate administration duplication and costs
- Ensure that health boards are accountable to the public
- Establish clear performance measures
- Ensure all families get the care they need, where they live, when they need it

One of the means of achieving the goal of accountability to the public and that of meeting the needs of communities is the development of community engagement processes. These processes span the spectrum of approaches from consultations with the public to involving communities in their own health through community development activities. The Ministry of Health Planning has indicated an expectation that health authorities will engage their communities in consultation activities and has developed a framework to guide these activities².

The variety of approaches to community engagement has been widely discussed in the literature. There has also been much discussion of the benefits and effectiveness of community engagement, although on a much more theoretical basis: pervasive engagement of the public at various levels of the health system, from governance to service delivery, is relatively new to health care and has not been implemented nor evaluated extensively to date.

For the most part, some of the main reasons for interest in community engagement include:

- the public's strong desire to become involved in the health system
- the notion that services and programs will be more effective and efficient with the involvement of the end-user
- the requirement to balance a wide array of needs within limited resources
- the importance of communities taking responsibility for and having control over their own health and health decisions

¹ From the Ministry of Health Website: <http://www.gov.bc.ca/healthplanning/>

² Draft Consultation Framework, March 11, 2002

Purpose of the Framework

The purpose of this framework is to provide interested audiences with the tools, guidance, and information needed to better understand the VCHA approach to community engagement at various levels of the organization and to participate in the various processes that are available for engaging the public. The framework will clarify the most appropriate level of community engagement for the outcomes sought and will identify the role that the Health Systems Policy and Community Involvement (HSP&CI) Team will play in facilitating and advising on community engagement activities across the health authority.

The overarching goal of the HSP&CI Team is to support the public and the organization in the development, planning, implementation, and evaluation of health policies, services and programs. The underlying goals are to build capacity in communities and within the organization, to partner in the development of healthy communities, to identify the best ways of engaging the public, to build trust and credibility with communities, and to support the system's accountability to the public. The framework outlines the various approaches and activities that the VCHA and the HSP&CI Team have undertaken to contribute to the achievement of one of the Board's major goal areas:

Improved Health and Wellness

Our Vision:

- The VCHA services contribute to improved health status of the population especially groups experiencing poorer health status than the norm
- The VCHA contributes to partnerships with other sectors, such as municipal governments, to address social factors that affect the health of the population

What is the Value of Community Engagement?

The literature documents a wide variety of reasons for organizations, especially in health care, to engage the communities they serve. These reasons are based both on the theories of community participation and on lived experiences by many organizations in different countries in engaging with their communities.

The value of community engagement to governance

- **Increased accountability** - A Regional Health Authority, as a body legislated and appointed by the Ministry of Health, is accountable to the public as an extension of the Ministry's accountability. Given this direct relationship, health authorities can be more accountable to their communities by engaging them in the governance decisions of the Health Authority (i.e. setting the policy direction).

- **Effective decision-making** – Informing and engaging the public is the best approach to reflect community needs and rationally address competing priorities. In addition, community engagement places a shared responsibility on the community to strike its own balance among its various priorities.
- **System sustainability and community expertise and energy** – Communities are often the best source of knowledge of their own issues and their own solutions. As such, community engagement leads to effective policies and harnesses available community capacity. The building of capacity in communities is a major contributing factor to the long-term sustainability of the system.

The value of community engagement to services/programs

- **Increased accountability** – To maximize effectiveness and efficiency, the system will need to demonstrate that it is providing the right services, to the right people, in the right way. Community engagement, from the first stages of program/service development to evaluation, will provide an important source of information and ensure a high level of accountability and achievement of appropriate outcomes.
- **Planning with the end-user in mind** – The design, implementation, and evaluation of services require decisions to be made at several junctures along this process. Though service providers and planners provide expertise on many aspects of services, the end-users have the most expertise on decisions that impact access to and satisfaction with these services. Community engagement will lead to more effective decisions and a more sustainable system, where services are not developed nor continued if they are not meeting needs.
- **Innovation** – Engaged communities will often develop solutions to community issues that are more holistic, integrated, and creative than those with little or no public input. Often, these ideas will also be cost-effective as they involve, at least in part, some form of voluntary community participation.
- **Improved health** – The health literature of the past twenty years identifies increased control over decisions affecting communities and individuals as one of the major contributors to a healthier population.

Principles for Community Engagement

- Transparency of purpose, of goals, of accountabilities, of commitments, of expectations, and of constraints
- Level and method of engagement based on appropriateness to the purpose

- Clear, accessible, sufficient communication and information for involvement with issues and decision-making
- Engagement in the process at the earliest point possible
- Timelines realistic for the level of engagement appropriate to the situation and respectful of the communities with whom we engage
- Engagement of the full diversity of communities impacted by the purpose, by the process, and by the outcomes
- Supports for “hard-to-reach” and/or marginalized communities to participate;
- Transparency of how engagement will impact and be used in decision-making
- Responsiveness of decision-makers to community engagement
- Evaluation and monitoring of the effectiveness of community engagement

Description of the VCHA Approach to Community Engagement

Community engagement will be one of five key sources of information and expertise from which the VCHA will draw for the purposes of decision-making and program development. The five sources of inputs are public, stakeholder, technical, financial, and public policy. These inputs will be balanced to make the best decisions possible. Each will influence decisions to the degree most appropriate to the issues and decisions in question.

A review of the literature reveals that a variety of approaches and activities are employed when organizations engage their communities. This spectrum of community engagement has been depicted in a variety of ways. One of the most visually clear refers to the “ladder of participation” and is shown on the following page.

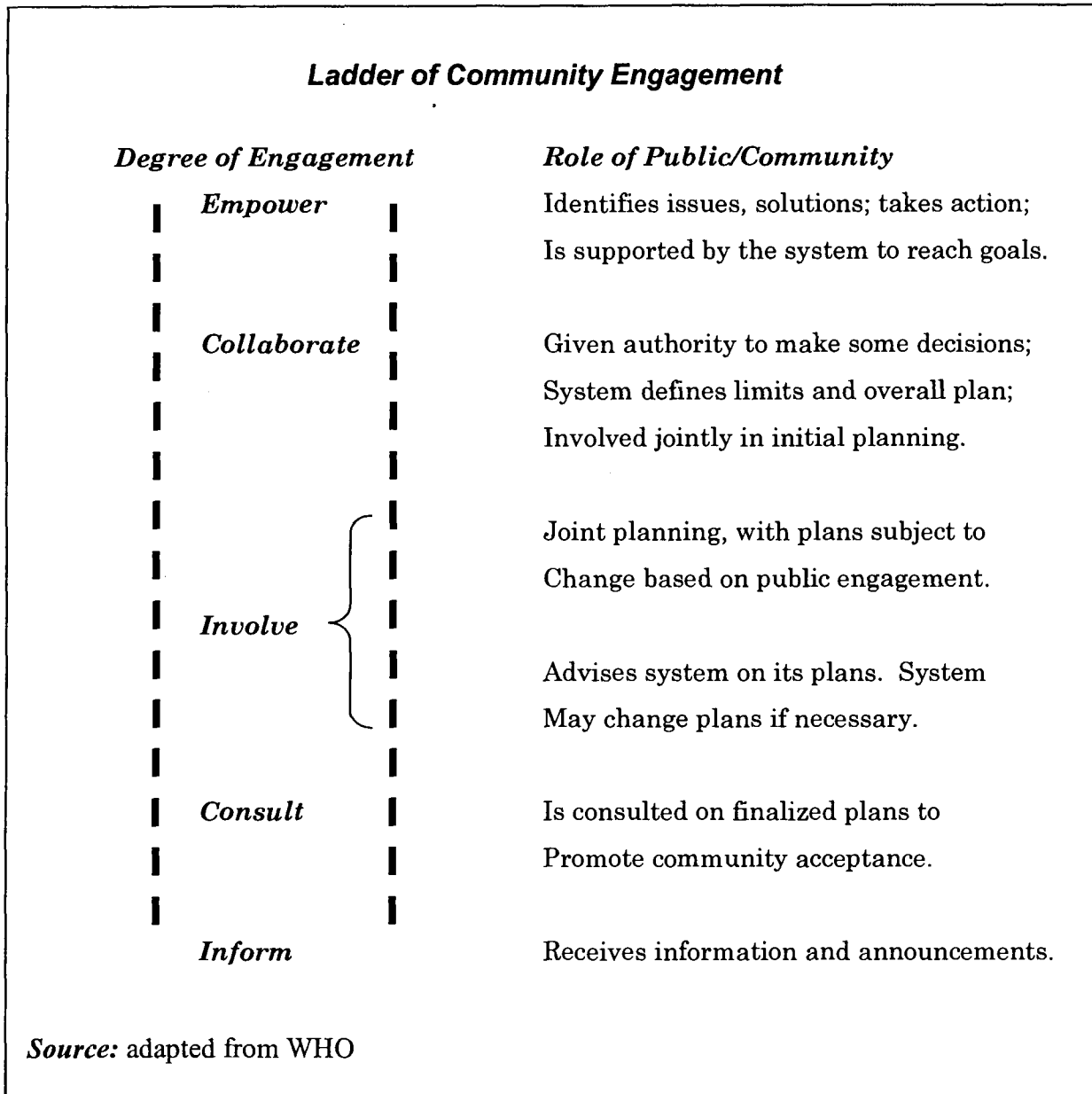
Who should with engage the community?

The VCHA has designed its community engagement framework to reflect the commitment that community engagement will take place across the entire health authority and will be the responsibility of all levels of management. Where differences will arise will be within the type and the level of engagement in which each level of the organization will engage. At the most strategic level of the organization, the engagement of the community will focus on conducting appropriate community consultations to elicit public and community input into Board and Senior Management decisions. At the levels closest to clients and communities, engagement activities will involve the highest degree of participation into service planning, implementation and evaluation.

Levels of engagement appropriate to the task

Different approaches may be appropriate for different goals and different levels of resourcing will be required depending on the approach taken. However, it is clear that certain system goals, for example, improving the overall health of the population, can only be achieved with more active levels of community engagement

where citizens become involved in self-help and mutual-aid strategies to address health issues. In addition, the sustainability of the system is also dependant on this more active form of engagement of the public and communities.



Community Engagement Structures and Strategies

The VCHA has designed its community engagement activities to facilitate the highest degree of community involvement in decisions closest to the community and/or the client. The VCHA Board of Governors will receive and consider community input along with other major inputs prior to making governance decisions whereas front-line managers and program directors will work in

partnership with their specific communities when designing the details of new programs/services or when evaluating existing programs/services.

The VCHA will engage with the community across the entire spectrum of community participation levels depending on the issues, decisions and projects under development.

- ***Community Involvement Team:*** staff in this area is responsible for implementing community consultation that supports VCHA planning and evaluation. The staff uses a variety of means to ensure effective consultation with the community including public forums, focus groups, and surveys. This staff component also provides an important health promotion function for VCHA. Through their community consultation, they are a key link between the health services system and other organizations (e.g., government ministries, municipal governments, provincial non-profit agencies and private sector companies) concerned with issues affecting the “health” status of the population. As such they are in an excellent position to provide leadership in generating health promotion initiatives.
- ***Community Advisory Committees³:*** four of these bodies, advisory in nature, have been created in the three health service delivery areas of the VCHA⁴ and one regional committee with a focus on aboriginal communities. The role of these committees will be to provide advice to the VCHA on the best means of consulting with its various populations with respect to the decisions being made and the health services being planned.
- ***Program Advisory Committees:*** these bodies exist in different areas across the Health Authority and have been created to provide advice to the local area or program management on the needs of the groups served or to provide feedback on the performance of services and programs from the user and community perspective. These bodies are not mandated for every program area and may have been created based on management consideration of certain guidelines⁵.
- ***Healthy Communities Partnerships:*** the VCHA will participate, with other community groups and across jurisdictions, in partnerships that address the factors affecting population health status. These partnerships may result in VCHA staff membership on committees, working with partners to consult the community, and contributing financial and other resources to cross-jurisdictional projects. Healthy Communities examples of participatory projects funded in part or fully by the VCHA include the SMART fund which currently provides operating funds to 48 community-based projects, the North Shore work on homelessness, and the Aboriginal Health Plan.

³ Terms of reference in Appendix II

⁴ The three HSDAs are Vancouver, Richmond and North Shore/Coast Garibaldi/the Bellas, as defined by the Ministry of Health.

⁵ Guide in Appendix III

- ***Community Development and Capacity Building:*** each community health area in Vancouver and the North Shore has a community developer that works within the community services structure with local communities. The North Shore and Richmond also integrate a community development component with service delivery through the work of the Coordinator, Community Consultation and Partnerships. This integration will support the development of community capacity and the participation of the community in self-help and mutual-aid activities. Health Service Delivery and Program areas also seek community input to improve programs and services.
- ***Coordinating Community Development:*** community developers will come together to foster relationships and networks at the community level and those at the cross-jurisdictional and cross-regional levels. Community Developers from across the VCHA will work with the HSP&CI Team staff to brainstorm, plan collectively, share resources, make connections between the diversity of community engagement activities, etc.

Appendix I
Glossary of Terms

Community¹: defined as any group of citizens that has either a geographic, population-based, or self-defined relationship and whose health and health needs are or may be impacted by the health system. Examples of each of these types of communities may include people living in the same neighbourhood, people living with a disability, or new mothers supporting each other.

Community Engagement¹: a term used to refer to a whole spectrum of activities that support the two-way communication process between the VCHA and its communities. 'Consultation', 'involvement', and 'participation' are all terms that are interchangeably used to describe community engagement activities. However, each term refers to intrinsically different forms of engagement, which are dependent on the overall objectives.

Community Involvement¹: communities have a role in decision-making and deciding together on the future of their neighbourhoods and other decisions that affect their lives. Communities can have the power to choose, without fully sharing the responsibility for action. Also referred to as community participation.

Consultation¹: the objective is to seek the views and opinions of citizens, to inform the decision-making process of the organisation. This method does not put community ideas directly into action but does imply an interest in change on the part of the organisation based on a variety of inputs to decision-making.

Community Empowerment¹: the process of enabling communities to think, behave, take action, take control and make decisions in autonomous ways. Communities are enabled to participate in voluntary structures that support self-help, mutual-aid, and social change.

Lived experience¹: the experience that is acquired from one's personal, family, or community health events.

Public¹: the term is contrasted to 'community', indicating the general group of individuals who, though interested in health and health services, do not choose to have the same level of involvement in healthcare decision-making as clients, patients, residents, consumers, their families, advocates, etc.

¹ These definitions are continuously debated in the literature and there has been no one definition accepted as THE definition. They have also been adapted from several other sources to fit the context of the Community Engagement Framework.

Appendix II
Community Advisory Committees Terms of Reference

Vancouver Coastal **Health** Authority

North Shore/Coast Garibaldi, Vancouver & Richmond

FRAMEWORK FOR TERMS OF REFERENCE OF THE COMMUNITY ADVISORY COMMITTEES

INTRODUCTION:

The Vancouver Coastal Health Authority (VCHA) has established four Community Advisory Committees to assist in the design and implementation of effective community consultation processes. There is one committee for each of the three Health Service Delivery Areas (HSDA) - North Shore/Coast Garibaldi/the Bellas, Vancouver, Richmond, and one for the Aboriginal¹ community. The VCHA recognizes the unique governance structures in Aboriginal communities across the Health Authority and will work to reflect that in its community involvement processes. Members of the Community Advisory Committees reflect the diversity of their Health Service Delivery Area², and are broadly informed and engaged in their community. The Committees are advisory to the Chief Operating Officers of the Health Service Delivery Areas, the Regional Director of Health Systems Policy Development and Community Involvement and the VCHA Senior Executive Team.

DEFINITION OF COMMUNITY:

For the purposes of the VCHA Health Services Policy Development & Community Involvement, community will be defined as any group of citizens that have either a geographic, population-based, or self-defined relationship and whose health and health needs are or may be impacted by the health system. Examples of each of these types of communities may include people living in the same neighbourhood, people living with a disability, or new mothers supporting each other.

GUIDING PRINCIPLES FOR COMMUNITY CONSULTATION:

The VCHA and its Community Advisory Committees will be guided by the following principles as they design and carry out consultation processes across the health authority.

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

Advisory Consultation: the community will be consulted about health plans and services in an advisory capacity and not in a decision-making capacity.

Clarity and Information Sharing: the community will be provided information about the topic for consultation, and about the opportunities and constraints involved in making the decisions.

Fair, Transparent and Legitimate: the community will be consulted prior to key system decisions being made and will be informed about how their input was used in decision-making. Consultation will be focused on real opportunities to influence decisions.

Accountability: the effectiveness of the VCHA community consultation strategies and the performance of the Community Advisory Committees will be evaluated, resulting in improvements based on evaluation findings.

Balance of Diverse Inputs: community consultation is valued as one of the key sources of input to decisions. There will be a balance struck between ensuring appropriate timelines for consultation and the need for timely decision-making.

Variety of Consultation Methods: different methods will be used to gather community input in order to broaden opportunities for participation, e.g. focus groups, questionnaires, town hall meetings, etc.

PURPOSE:

The purpose of Community Advisory Committees is to assist the VCHA fulfill the mandate of the Board of Directors to “establish mechanisms for ensuring public input throughout the Region”.

FUNCTIONS:

The specific functions of the Committees are as follows:

1. Advise the Chief Operating Officers of the Health Service Delivery Areas, the Regional Director of Health Systems Policy Development and Community Involvement, and the VCHA Senior Executive Team on community consultation strategies that will provide meaningful input into health planning, service delivery and evaluation.
2. Assist in implementing community consultation strategies by:
 - Linking VCHA staff with key stakeholder groups and community organizations
 - Participating in community consultation processes
 - Recommending participants for VCHA working groups and task forces
 - Identifying issues that require consultation with the community
3. Evaluate the effectiveness of community consultation strategies and provide recommendations for improvements.

MEMBERSHIP:

The Chief Executive Officer (CEO) of the VCHA appoints the Community Advisory Committees. Each Committee has up to 15 members and meets between 6 to 10 times annually. Applicants for membership should be members of the community related to the appropriate Committee. Committee membership should reflect the diversity³ of the population.

Members of the Committees are appointed for a 2-year term, with the opportunity to renew membership for an additional 2-year term.

QUALIFICATIONS OF MEMBERS:

Qualifications for individuals seeking membership on the Community Advisory Committees include:

- Commitment to community consultations on health in the VCHA
- Balance of skills, knowledge and relevant experience
- Connections with community groups and organizations

SUPPORT:

Staff of the Health Systems Policy Development and Community Involvement Team provides documentation, background briefing and other support services to the Committees.

Members are volunteers and do not receive remuneration, but are reimbursed for out-of-pocket expenses.

³ Ibid.

Appendix III
Draft Guide to Developing and Working with Program Advisory Committees

Guide to Developing and Working with Program Advisory Committees

Program Advisory Committees (PACs) are one of many options available to managers and staff for working with the community and engaging the community in the service development, delivery and evaluation process. This guide provides some of the basic tools for deciding whether a PAC is the best option, how to form one and how to establish an effective working relationship with its members.

The Community Involvement Team and other community development staff are available to staff across the VCHA to consult with and to get support from when using this guide and considering engaging the public in your program area.

Program Advisory Committee – Defined

Mandate

A PAC is a committee usually made up of members of the public, communities and consumers, with the mandate to provide advice and become involved in a variety of capacities with the planning, implementation, and evaluation of services. PACs can also include other stakeholders of the program, such as staff providing the services and members of other neighbourhood agencies that share clients with the program. However, if the PAC is not mainly focused on the community's perspective, the initial intent of involving the public may be lost.

Membership

It is important to ensure that a PAC be reflective of the diversity of people and ideas that are stakeholders to the program. There needs to be special efforts made to recruit hard-to-reach and marginalized groups through outreach.

Timelines

Most often, PACS are not time limited but membership on the committee is, with limits to the number of terms.

Accountabilities

When developing a PAC, it is important to establish clear lines of accountability. Members need to know what their role will be as well as the limitations to the role of a PAC. Managers and staff of the program also need to understand that in establishing a PAC, the program is also establishing a commitment of direct accountability to its users and stakeholders.

Resources

PACs will need staff support to assist with both administrative needs and with activities requiring community connections. This latter support is best provided by staff knowledgeable about community development principles and activities.

Deciding on establishing a PAC

Establishing a PAC requires organizational commitment. This commitment is demonstrated through provision of resources and impacts made by the PAC on changes to the program. Given the importance of this commitment, it is essential that the decision to establish a PAC be made deliberately and carefully. The following is a list of questions and related criteria to assist in determining whether establishing a PAC is the optimal option for involving the community in the program.

- Is the community interested in becoming involved?
 - Need to understand who is available to participate;
 - Need to determine the extent to which people are willing to be involved.
- What is the intent/purpose for involving the community?
 - Clearly articulated purpose;
 - Clear timelines and resources available to achieve this purpose;
 - The community must ultimately share this sense of purpose;
 - The method of engaging the community must fit with the purpose stated;
 - A PAC is useful if one of the purposes is to build on the assets and strength of the community;
 - The more values based the issues and decisions (social, ethical, preferences, policy oriented), the more higher levels of participation, such as a PAC, as useful;
 - The higher the quality and depth of feedback and input is sought, the more useful a PAC will be;
 - If the purpose of involving the community is short-term, a PAC is not the appropriate method.
- What are the goals and objectives you are trying to achieve by involving the community?
 - Goals need to be long-term but achievable;
 - Objectives need to be specific, measurable, achievable, relevant, and time limited;
 - The method of community engagement needs to fit the goals and objectives stated;
 - A PAC is useful when communities can be partners in achieving the goals and objectives of the program;
 - Goals and Objectives need to be ultimately agreed to by the community.
- What does the program expect of a committee?
- Is the program staff ready to work with the community on long-term, incremental improvements?
- Which stages of the program process, i.e. development, implementation, evaluation, does the program want the community involved in?
- What will committee participants get from this?
- Is the program staff ready to work as facilitators instead of as providers with the committee members?
- Are there other ways of involving the community that would achieve the same purpose, goals and objectives?

- Why would a committee be useful to this purpose, these goals and objectives?
 - A PAC is most useful when there is controversy/debate about a program in the community;
 - A PAC is most useful when a program serves a very diverse population;
 - A PAC is most useful when the program is not time limited and works within a continuous quality improvement framework;
 - A PAC is most useful when a program seeks accreditation.
- Are there committees and community groups working with other neighbourhood organizations or contracted agencies that the program could do this work with?
 - Other groups may already exist that share the same purpose, goals and objectives in involving the community and it may not be necessary to develop a parallel structure;
- Will the organization provide the resources necessary to ensure a committee is supported?
 - Resources need to be available to have an accessible process, including resources needed to ensure that hard-to-reach and marginalized groups can participate;
 - Resources need to be available for training staff and community participants;
 - Resources will be needed to ensure that data and background information for the decision are made available to committee members;
- How will this committee link with other community groups?
- How will this committee link with other groups in the organization? E.g. community developers, Community Involvement Team, other programs.

Working effectively with a PAC

Once the decision has been made that establishing a PAC is the most appropriate approach to engaging the community for your program, some steps need to be taken in order to ensure effective working relationships with the PAC in the short and long-term.

Establishing the PAC and its work plan

1. Establish draft Terms of Reference for the PAC, which set out
 - the role of the committee
 - the relationship between the committee and the organization's structures
 - the principles by which the committee will operate
 - the membership (numbers, composition, how it will be decided, etc.)
 - the accountabilities for decision-making, and the level of involvement the PAC will have in decision-making
 - meeting frequency
 - resources
2. Recruit your members using an approach that would be acceptable to your communities and involves them in the recruitment process (a large body of literature exists on this topic);
3. Orient members to the organization as to their intended role;

4. Work with the members to finalize the Terms of Reference using processes that build trust;
5. Develop objectives and a work plan with your committee members;
6. Clarify the decision-making authority and availability of resources;
7. Use community-based, participatory approaches to engage the PAC in any steps of the process. i.e. planning, implementation, evaluation.

Common challenges to address

- Members may need child care subsidies or other financial support to participate;
- Members may need training and educational materials for working with committees, writing minutes, etc.;
- Members may need to meet at locations that are accessible to the disabled, by bus, etc.;
- Members will need technical expertise for some types of information;
- Facilitators may be needed for complex decisions and difficult meetings;
- Materials may need to be rewritten in more accessible language prior to distribution;
- Members may distrust the process.

Appendix IV
Public Participation Toolbox
(to be added upon receipt of permission from the International Association
of Public Participation)