



Lunchtime Webinar: Community Engagement and Communications

RISE Webinar

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Panelists:

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Erica Di Maio, Manager, Corporate Communications, Michael Garron Hospital



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Today's Webinar

- Six lunchtime (12-1 pm) webinars focused on topics particularly relevant for teams invited to full application
 - Monday August 26 – Leadership infrastructure for OHTs
 - Tuesday September 3 – Population-health management by OHTs
 - Monday September 9 – How OHTs can approach their work with an attributed population
 - Thursday September 19 – Community engagement and communications
 - Monday September 23 – Engaging and improving care for francophone communities
 - Tuesday October 1 – Taking steps towards collaborative governance
- A [recording](#) of today's webinar will be posted on the RISE website under 'Join events'

Many Questions in OHT Full Application

”Note that a **core component** of the Ontario Health Team model is alignment with the Patient Declaration of Values for Ontario, as well as comprehensive community engagement. This form includes **discrete questions** related to patient partnership and community engagement, but your team is also encouraged to consider patient, family and caregiver perspectives and opportunities for patient partnership and community engagement **throughout your submission.**”

Specific sections:

- S. 2.6 – who else will you collaborate with?
- S. 2.10 – how did you develop your application (who did you engage with in the design and planning of your application & how were they engaged)
- S. 5.3 – how does your team use patient input to change practice
- S. 5.4 – how does your team use community input to change practice?

Building Block #3

- OHT building block #3 is partly about [patient partnership](#), which means involving patients, families and caregivers in
 - Governance and leadership positions
 - Co-design processes and rapid learning & improvement processes
 - To improve care experiences and health outcomes for year 1 priority populations (building block #4)
 - For the full suite of OHT building blocks to lay the foundation for becoming accountable for an entire population
- In doing so, OHTs can use the [Patient Declaration of Values for Ontario](#) as a vision of what they are moving towards
 - “We expect equal and fair access to the health care system and services for all regardless of language... ethnicity, race... or location within Ontario”

Building Block #3 (2)

- OHT building block #3 is also partly about **community engagement**, which means engaging diverse **groups**, and through them diverse communities, in decision-making and/or in the planning, design, governance and delivery of services
 - Including communities whose voices typically aren't heard, including those who may not be accessing needed services now, and who may not have been well treated when they attempted to access needed services in the past
- Good community engagement means
 - Building relationships with the full diversity of community groups
 - Being explicit about the goal of any given community-engagement initiative
 - Being intentional in the design of a community-engagement initiative

Building Relationships with the Full Diversity of Community Groups

- A community can refer to groups who share certain characteristics or interests (e.g., age, sexual orientation, **ethnocultural background**, **language spoken at home**, having lived experience with a condition, etc.) or who identify in relation to an intersection among these characteristics or interests
- Community groups can vary across several dimensions
 - Informal (e.g., informal self-help, support or social groups) or formal
 - Voluntary (where volunteers perform most of the work and which are often advocacy-oriented) or professional (where professional staff perform most of the work and which often have more resources)
 - Not-for-profit (which is the case for almost all formal voluntary community groups, such as faith-based groups, and for most community-based professional-service agencies, such as Community Health Centres) or for-profit (which is the case for some community-based professional-service agencies)

Being Explicit About the Goal of Any Community-Engagement Initiative

Increasing collaboration

- Possible goals (or degree of power and control sharing in)
 - **Share**: community groups receive information about an OHT program or decision in an accessible way (communication is one-way from the OHT to community groups);
 - **Consult**: community groups have an opportunity to weigh-in and provide their input (participants advocate for their views on a subject);
 - **Deliberate**: community groups help identify the issue and/or develop a strategy that the OHT commits to deliver (participants take part in varying degrees to find common ground and collectively arrive at an agreement); and
 - **Collaborate**: community groups work with the OHT to define an issue and to develop and deliver solutions (participants share decision-making and implementation of solutions)

Being Intentional in the Design of a Community-Engagement Initiative

- Intentionality in attitudes can be informed by asking questions like
 - Are we modelling an **openness** to having stories told and issues reframed, as well as a commitment to inclusivity in who is telling the stories and reframing the issues?
 - Are we demonstrating a **commitment to being as systematic and transparent** as possible in community engagement within the constraints of the decision-making process?
 - Are we showing a **willingness to adjust** the initiative (methods, timelines, etc.) when needed to engage hard-to-reach groups (and as much as possible to reduce the constraints imposed by the decision-making process)?
 - Are we seeing the initiative in part as a way to provide **future leadership opportunities** for members of underrepresented groups?

Being Intentional in the Design of a Community-Engagement Initiative (2)

- Intentionality in design can be informed by asking questions like
 - Are we clear about the **goal**? (sharing, etc.)
 - Are we clear about the **focus** (when consulting, deliberating or collaborating)? (problems, options, implementation, etc.)
 - Are we clear about the **relationship to other initiatives**? (ad hoc or ongoing, isolated or multi-faceted, formal or informal)
 - Are we recruiting in ways that respect **diversity**? (explicit criteria, defined pool, awareness of who likely to be missed, etc.)
 - Are we providing appropriate **supports**? (capacity building, translation, pre-circulated plain-language brief, presentation of key points, rules about anonymity, payment for expenses and possibly their time, counselling and other resources)

Being Intentional in the Design of a Community-Engagement Initiative (3)

- Intentionality in design (continued)
 - Are we using a clear **process**? (skilled facilitator, clarity about context and constraints, format, timing and venue acceptable to the groups, and approach to finding agreement)
 - Are we making appropriate plans for **follow-up**? (capturing what was learned in a document and sharing it, following up with participants about decisions taken)
 - Are we **evaluating** the initiative, possibly using the 'Patient and public engagement evaluation tool,' and using what we learned to improve future initiatives?

Engagement Techniques

- Publications (flyers, cheat sheets, briefs, etc.)
- Public meetings (e.g., town halls)
- Open house
- Advisory committee/task force
- Workshops
- Targeted briefings
- Focus groups
- Bilateral meetings
- Hack-a-thons
- Toll-free phone lines/email
- Interviews
- Surveys
- Public hearings
- Open space techniques
- Stakeholder dialogues
- Citizen panels
- Social networking
- Social media tools (e.g., Engagement HQ)
- Live tweets/tweet threads

Panelists

RISE OHT community members

- Tracey Turriff, Sr Communications & PR manager, VHA Home Healthcare
- Erica Di Maio, Manager, Corporate Communications, Michael Garron Hospital

Related Resources

- RISE brief 5 about community engagement
- Community engagement event checklist [East Toronto Health Partners]

East Toronto
Health Partners

Community Engagement Event Checklist

The purpose of this checklist is to help guide community engagement events/activities and support members in maximizing effectiveness of engagement initiatives with consistency across the East Toronto Health Partners (ETHP).

The first section is designed to help clarify the goals for the event to ensure all appropriate elements are being considered to make the engagement as effective as possible.

BEFORE YOU START PLANNING YOUR EVENT –

CLARIFY YOUR GOALS AND OBJECTIVES

- ✓ **Why do you want to involve patients/providers/others?**
 - What is the purpose of the engagement and what does success look like?
 - Consider if you are requesting engagement for a one-time event or an ongoing commitment
- ✓ **Who do you need to involve?**
 - Have you considered all of the voices at the table and who will be affected by the decisions you make? i.e. patients, clients, families, caregivers, general public, community partners/agencies, primary care, government, etc.
- ✓ **What 'type' of engagement are you looking for?**
 - To share (keep people informed)?
 - To Consult (seek input)?
 - To collaborate (work together on solution)?
- ✓ **When will you involve others?**
 - What are your timelines?
 - Do you have an appropriate location secured? Is it accessible?
- ✓ **How will you engage others?**
 - What type of engagement are you hosting?
 - i.e. round tables, larger or small group, focus groups, one-on-one, information sessions, town halls, etc.
- ✓ **How will you know you've been successful?**
 - What measures have you put in place to evaluate success?

Observations? Questions?

Please remember that we're audio-recording the session
(and we'll post the recording on the RISE website) and
we can't answer policy questions

English: www.OHTrise.org | Français: www.ESOrise.org

Join an Upcoming Webinar

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