



Winnipeg Regional
Health Authority
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“Public Engagement in Health: Community Perspectives”

Community Health Advisory Councils January 2012

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Preface

This report contains the ideas and feedback generated by the Community Health Advisory Councils over the course of 2 meetings held from September to November 2011.

The Councils were asked by the Winnipeg Regional Health Authority's Board to explore the topic of public engagement as it is one of the WRHA's six strategic directions identified in the 2011-16 strategic plan. The Councils shared their insights and suggestions about public and patient engagement that would help inform the guiding principles of public engagement and the public engagement plan. They provided feedback on what public engagement means to them, the value of public engagement, suggestions for public engagement activities, and considerations for ensuring that public engagement is successful and meaningful for both participants and the WRHA.

The Report includes:

- An overview of the methodology, context for the exploration of the topic, Council perspectives on the meaningful and value of public engagement, recommendations for public engagement activities, and considerations for successful engagement.

Appendix A provides a map of the Winnipeg health region's community areas

Appendix B provides lists of Council members, Board liaisons, and staff that support the work of the Councils

It is hoped that this report will be useful to the WRHA Board, Senior Management, the Public Engagement Council, and the many staff within the region who work with patients, clients, family members, and members of the public to get their input and ideas to help us build a better health care system.

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Executive Summary

The Community Health Advisory Councils (CHAC's) have been providing advice and their unique community perspectives on significant health issues to the WRHA Board for nine years. There are six Councils that represent community areas from across the Winnipeg health region. Each Council is comprised of up to 15 individuals from diverse backgrounds, all with the desire to ensure that the health system and health services continue to meet the needs of people in the Winnipeg health region.

In September 2011, the Board of the Winnipeg Regional Health Authority (WRHA) asked the Community Health Advisory Councils (CHAC's) to explore the topic of public engagement as it is one of the WRHA's six strategic directions identified in the 2011-16 strategic plan. The Councils would be sharing their insights and suggestions about public and patient engagement that would help inform the guiding principles of public engagement and the public engagement plan.

How they explored the topic of public engagement

At the first meeting of each Council, Staff shared information about the strategic direction of "fostering public engagement" and the development of the WRHA Public Engagement Council, its role in building a culture of engagement within the WRHA and its main work, and, how the CHAC's exploration of public engagement would assist in the development of guiding principles and a 5 year plan of public/patient engagement activities across the Winnipeg health region. Council members were then asked to respond to the questions, "What does public engagement mean to you?" and "What do you think the benefits of public engagement could be to the WRHA?"

At the second set of meetings, Council members were asked the following questions, "What are your ideas for public engagement activities?" and "What do you think are the most important considerations in making sure public engagement is successful?"

What is public engagement?

Public or citizen engagement is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process. The World Health Organization defines it as "a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change".

"(Public engagement in health) demonstrates that everybody is valuable and has something to contribute to bettering society and health." (Member, River East and Transcona CHAC)

The Councils' input on public engagement supports the WRHA's plan of broader engagement that includes the general public, consumers of health services, patients, caregivers, advocates, and community/health service providers and organizations.

The major themes that Council members touched on when considering what public engagement means to them included – it is a democratic and empowering process; it is a venue for the public and patients to participate in decision-making in health; it allows the region to gain a better understanding for the context of health issues; and it is a transparent process that builds trust and a sense of shared ownership of the system. It must be meaningful and done with the intention of using the input. Overall, public engagement demonstrates that the WRHA values people/the community and what they can learn from them.

“Public engagement enables people to be part of the reform. It builds trust and confidence. When you participate you learn about the obstacles and challenges to improving the system. Participation equals involvement – shaping what your health care system looks like. This creates ownership.” (Members, St Boniface and St Vital CHAC)

The benefits and value of public engagement for the WRHA

Council members felt that there was tremendous value in public engagement and that the WRHA would benefit in a number of ways from engaging the public and users of the health care system. They also felt that individuals benefit from participating in engagement activities by acquiring more knowledge, the feeling of being empowered, and by the sense of community they feel as a result of participating. Some of the key benefits for the region include -- making more informed decisions which then result in better health outcomes, public buy-in and support of decisions, shared responsibility for tough decisions, increased trust and ownership of the system, a more positive image of the WRHA, improved relationships with users of the system and other key stakeholders, increased individual commitment to their well-being, and opportunities for community building.

“People will become more engaged and will feel a heightened sense of ownership of the system and have a vested interest. It is our system -- I had a say and I made a difference.” (Member, River East and Transcona CHAC)

Engaging the public in health builds a positive image of the WRHA, increased public trust, improved relationships, and builds community. ***“If public engagement is demonstrated, it will help build trust at the individual level and at the community level. If the WRHA responds with tangible tools and strategies, it will be seen as more positive – that it can address issues, manage problems, and build empathy.”*** (Member, Downtown and Point Douglas CHAC)

Council ideas for public engagement activities

Council members provided suggestions for public engagement topics, venues, populations that should be engaged, suggested links into communities, and methods to engage – the “what”, “who”, and “how” of public engagement in health.

Councils suggested that the topics that the WRHA chooses to engage the public and users of the system on should be a balance between issues that are a priority to the WRHA and issues that are of interest to a population.

Another factor in public engagement that the Councils felt was critical to its success is engaging and getting input from diverse populations, especially the most vulnerable who are the biggest users of the health care system. Diverse populations include people from different cultural, ethnic, and faith backgrounds, different socio-economic groups and professions, different sexual orientations, and individuals with physical and mental health challenges. It also includes gender and diversity of age.

The region should ***“target as many people as possible (in their) communities. We should find out what issues are important to each specific community -- mental health, teen health issues, etc. The demographic make-up of a community may influence what issues are important to them.”*** (Member, River East and Transcona CHAC)

Unique approaches to engagement were suggested by a number of Councils, targeting different populations – from Newcomers to family members supporting a frail elderly relative. The approach they suggested was to hold workshops that would be of interest to a specific population and use that as an opportunity to also engage on a topic that was of interest to the region. Engagement must include Newcomers, seniors, teens, and First Nations and Aboriginal populations.

All of the Councils stressed the importance of taking engagement to people, to communities. This could include community or cultural organizations, work places, homeless shelters, seniors’ buildings, places of faith, food banks, shopping malls, and street parties. And, Councils recommended that staff utilize community cultural, faith, and/or education leaders in planning the most appropriate approach to engagement with that population.

Council members strongly recommend that the WRHA utilize a broad range of media and mediums in both promoting engagement activities and as approaches to engaging targeted populations and the public. ***“Use the WRHA website, email, social media, blogs, and Facebook to ask questions and get feedback on important topics.”*** (Member, River Heights and Fort Garry CHAC)

Many of the Councils recommended that engagement include surveys after care and comment cards or touch-screens that patients can use to give feedback after a care experience.

A number of the Councils felt that it made sense to use the existing relationships that WRHA programs, sites, and staff have with organizations and networks in communities across the region to engage.

Councils felt that there was much for senior management at the WRHA to gain from participating in “walk-about” at health care sites as a way to engage patients and family members about their experience with the system. One Council suggested that the complaints process was an engagement opportunity and that this type of feedback from users of the system should be shared with staff and be utilized.

Councils’ suggestions to ensure that public engagement is successful

At the heart of engagement, the program, site or the region as a whole needs to approach it with an openness to receive the input and be prepared to make changes.

“You need to be prepared to make the changes before you engage about a specific issue and put aside interests.” (Member, Downtown and Point Douglas CHAC)

Council members felt that it is important for the WRHA to set a positive tone when laying the groundwork for future engagement. Promoting the engagement that has already been done and how the input has been used is an important aspect of that.

Council members stated the importance of being both creative when engaging community members and courageous as well. One of the biggest challenges to engaging the public is getting them interested and inspired enough to participate. This means choosing topics that connect with people and that they are interested in.

All of the Councils stated that it was critical to adjust your engagement approach to the population that you are engaging. ***“Who we engage impacts how we engage.”*** (Member, Downtown and Point Douglas CHAC)

“You need to take into consideration different cultures and the appropriate level and approach to engagement. Every culture has their own way of being active in their community.” (Member, Seven Oaks and Inkster CHAC)

Members of the Councils also shared the importance of creating a non-threatening, comfortable environment for the participants of an engagement activity; that people need to feel comfortable and safe before they can be engaged.

Make sure to offer many different ways for people to provide input. ***“Make sure that there are enough ways to have voices heard – have many different opportunities for input and (ways) to participate.”*** (Member, St Boniface and St Vital CHAC)

Recommendation

And, when planning engagement activities, it is important to identify and address subtle barriers to engagement – language, cultural, and socio-economic barriers for example.

“We should be considering language barriers when we target cultural or language groups. We need to address this barrier and provide support so that everyone can participate.” (Member, River East and Transcona CHAC)

In order for engagement to be successful, it is also important to utilize the expertise of staff from the programs or sites relevant to the targeted engagement activity. Ensuring that engagement staff are genuine, humble, and connect with the participants helps create an environment that is comfortable and safe for engagement.

“Be genuine, be connected, and build understanding. Honour people when engaging them, be humble.” (Members, Downtown and Point Douglas CHAC)

Council members also stated that it was important to set clear goals for each engagement activity and be clear with participants about what to expect and their role. It is also important the engagement facilitator is a good match and appropriate for the population that is being engaged. The facilitator must be skilled and neutral. And, reporting back about how the decision or issue was impacted by their input is a necessary part of any engagement initiative.

Council members also suggested that health care providers need to be able to take input on care experiences from patients and family members in an appropriate and positive manner as this kind of feedback to the system is also a level and type of engagement.

Key Challenges identified

Overall, Council members identified some key challenges that the WRHA needs to address in order to have meaningful public and patient engagement.

1. At the heart of engagement, the program, site or the region as a whole needs to approach it with an openness to receive the input and be prepared to make changes.
2. Getting members of the public and users of health services interested enough to participate in engagement initiatives. This means choosing topics that connect with people and that they are interested in.

3. Ensuring that the biggest users of the system are engaged.

Key Recommendations:

Council members made a range of recommendations regarding public engagement that included populations to engage, topics of engagement, approaches to engagement, and engagement planning and process suggestions.

1. Set a positive tone when laying the groundwork for future engagement. Promote what engagement has already been done and how input was used.
2. Get input from diverse populations, especially the most vulnerable who are the biggest users of the health care system. Engagement must include Newcomers, seniors, teens, and First Nations and Aboriginal populations.
3. Adjust the engagement approach to the population that is being engaged and identify and address barriers to engagement (cultural, linguistic, socio-economic, etc).
4. Create a non-threatening and comfortable environment for engagement participants.
5. Take engagement into communities and workplaces.
6. Offer many different ways for people to provide input – from surveys to focus groups and on-going advisory groups.
7. Utilize a broad range of media and mediums in both promoting engagement activities and as approaches to engaging targeted populations and the public.
8. Hold workshops that would be of interest to a specific population and use that as an opportunity to also engage on a topic that is of interest to the region. (examples – Newcomers, caregivers, teens)
9. Use the existing relationships that WRHA programs, sites, and staff have with organizations and networks in communities across the region to engage.
10. Engagement planning and process recommendations:
 - a. Work with community cultural, faith, and/or education leaders in planning the most appropriate approach to engagement with that population.
 - b. Utilize the expertise of staff from the programs or sites relevant to the targeted engagement activity.

- c. Set clear goals for each engagement activity and be clear with participants about what to expect and their role.
 - d. Ensure that the engagement facilitator is a good match and appropriate for the population that is being engaged. The facilitator must be skilled and neutral.
 - e. Report back to engagement participants about how their input was used.
11. Support and train health care providers so that they can respond appropriately and positively to feedback from patients and family members because input from them should also be considered as a type of engagement.
12. Have members of senior management at the WRHA participate in “walk-about” at health care sites as a way to engage patients and family members about their experience with the system.
13. Consider the complaints process as an engagement opportunity for the region. Input and recommendations from the complaints process should be shared with staff and considered when improving services.

Section I

Report Summary

Introduction and Methodology

Priority Issues and the Community Health Advisory Councils

In September 2011, the Board of the Winnipeg Regional Health Authority (WRHA) asked the Community Health Advisory Councils (CHAC's) to explore the topic of public engagement as it is one of the WRHA's six strategic directions identified in the 2011-16 strategic plan. The Councils would be sharing their insights and suggestions about public and patient engagement that would help inform the guiding principles of public engagement and the public engagement plan. The WRHA wants to ensure that meaningful public input on potential strategies and methods to engage the public are planned and implemented.

The Community Health Advisory Councils are comprised of residents of the geographic community areas that each Council represents along with some representation from the Boards of health organizations also located in the community areas. The Councils are diverse in terms of culture, socio-economic status, professional backgrounds and work experience, age, and gender. Members of the six CHAC's participate in an orientation session prior to beginning their exploration of strategic priorities of the health region.

Population Health Framework and Perspectives from their community

The Community Health Advisory Councils use a population health framework when exploring health issues – taking into consideration the social, environmental, economic, and other factors that impact the health of a population. A population health approach helps identify factors that influence health, to analyze them, and to weigh their overall impact on our health.

The Meetings

At the first meeting of each Council, Staff shared information about the strategic direction of “fostering public engagement” and the development of the Public Engagement Council, its role in building a culture of engagement within the WRHA and its main work, and, how the CHAC's exploration of public engagement would assist in the development of guiding principles and 5 year plan of public/patient engagement activities across the Winnipeg health region.

Council members were then asked to respond to the questions, “What does public engagement mean to you?” and “What do you think the benefits of public engagement could be to the WRHA?”

At the second set of Council meetings, discussion notes from first meeting were reviewed and Council members were invited to add any additional thoughts they had on the first questions. Staff then provided a summary of their responses about what they felt public engagement “means” and the benefits/value of public engagement that they identified. Staff shared information on a scan of public/patient engagement activities

currently underway by the WRHA. This was done so that Council members would have an idea of the range of activities and issues of public/patient engagement in health. Council members were then asked to respond to the following questions, “What are your ideas for public engagement activities?” and “What do you think are the most important considerations in making sure public engagement is successful?”

Presentation to the Board of the Winnipeg Regional Health Authority

Discussions from the meetings of all six Community Health Advisory Councils are synthesized and compiled into this report. Co-Chairs of the Councils presented this report to the Board of the Winnipeg Regional Health Authority in January 2012.

Background on public engagement

Public or citizen engagement is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process. The World Health Organization defines it as “a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change”. (World Health Organization, 2002, 10) Public engagement is two-way communication and collaborative solving with the goal of achieving better and more acceptable decisions. (International Association for Public Participation, 2007 and Creighton & Creighton, 2008)

The Winnipeg Regional Health Authority’s new 5 year Strategic Plan includes “Foster Public Engagement” as one of the 6 new Strategic Directions identified for the region. This Strategic Direction guides the WRHA to “Work with the community to improve its health and well-being by forging partnerships and collaborating with those we serve.” Having public input on the development of the guiding principles of public engagement and the regional public engagement plan is an essential first step. Public or citizen engagement is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process. The World Health Organization defines it as “a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change”.

What does public engagement mean?

To begin the exploration of the topic of public engagement with the Councils, it was important to find out what Council members’ understanding, perception, and expectations of public engagement in health was. Council members participated in an orientation when they begin their terms. The orientation includes background on public engagement along with the work and role of the CHAC’s.

“(Public engagement in health) demonstrates that everybody is valuable and has something to contribute to bettering society and health.” (Member, River East and Transcona CHAC)

When we talk about “public” engagement, who are we referring to? Who do you think should be engaged? Councils’ input supports the WRHA’s plan of broader engagement that includes the general public, consumers of health services, patients, caregivers, advocates, and community/health service providers and organizations.

The major themes that Council members touched on when considering what public engagement means to them included – it is a democratic and empowering process; it is

a venue for the public and patients to participate in decision-making in health; it allows the region a better understanding for the context of health issues; and it is a transparent process that builds trust and a sense of shared ownership of the system. It must be meaningful and done with the intention of using the input. Overall, public engagement demonstrates that the WRHA values community and what they can learn from community members.

It is a democratic, power-sharing, and empowering process

All of the Councils view public engagement as an example of democracy in action. When public engagement is done properly, it evens the playing field and empowers community members and users of the system to have a say, creating an **“on-going exchange of information between equal partners.”** (Member, St Boniface and St Vital CHAC)

“(Public engagement is not just communication and consultation. It is the vigorous involvement of the community; power-sharing.” (Member, Seven Oaks and Inkster CHAC)

“Public engagement is participatory democracy.” (Member, River Heights and Fort Garry CHAC)

Allows the region to hear and understand the stories behind the statistics

Activities that engage members of the public and users of the health care system enable decision-makers to have a better understanding of the context of a health care issue as a result of gaining perhaps a different or new perspective on an issue.

“It is a process for actively listening to what the public has to say.” (Member, St James-Assiniboia and Assiniboine South CHAC)

Public engagement allows the region to **“hear the stories behind the statistics, through the engagement of organizations and people active in their communities.”** (Member, Downtown and Point Douglas CHAC)

It is a venue for patients and the public to share concerns and suggestions

Public engagement in health provides a venue for patients and members of the public **“to express their needs, expectations, and concerns.”** (Member, Seven Oaks and Inkster CHAC) Council members shared that **“when you make a decision, you should be asking the end-users, the consumers how they see it. They will be able to tell you what the problems are, especially, patients of on-going services, like dialysis.”** (Member, River East and Transcona CHAC)

An issue raised by the Councils was that ***“the biggest users of the system are seemingly least engaged; they are not being asked for (their) input or ideas.”*** (Member, River East and Transcona CHAC)

It must be meaningful and not token

Public engagement must not be token. It must be a meaningful and intentional process of taking into account the input of community members and users of the health system.

“(Public engagement) is not yelling into the wind. It should be somewhere where peoples’ input will be taken into account when making decisions and planning. This creates a sense of accountability.” (Member, St Boniface and St Vital CHAC)

“The public needs to feel that their input and ideas are taken on board and valued.” (Member, St James-Assiniboia and Assiniboine South CHAC)

It builds trust and confidence and ownership of the system

When public engagement in health is done well, it builds trust and confidence in the health care system and creates a sense of ownership as well.

“Public engagement enables people to be part of the reform. It builds trust and confidence. When you participate you learn about the obstacles and challenges to improving the system. Getting people to take ownership of the health care system is key. They will care more. I see it as a civic duty. Participation equals involvement – shaping what your health care system looks like. This creates ownership.” (Members, St Boniface and St Vital CHAC)

“Trust is built, for those willing to participate and be heard.” (Member, River East and Transcona CHAC)

The benefits of public engagement for the WRHA

Council members felt that there was tremendous value in public engagement and that the WRHA would benefit in a number of ways from engaging the public and users of the health care system. They also felt that individuals benefit from participating in engagement activities by acquiring more knowledge, the feeling of being empowered, and by the sense of community they feel as a result of participating. Some of the key benefits for the region include -- making more informed decisions which then result in better health outcomes, public buy-in and support of decisions, shared responsibility for tough decisions, increased trust and ownership of the system, a more positive image of the WRHA, improved relationships with users of the system and other key stakeholders, increased individual commitment to their well-being, and opportunities for community building.

The opportunity to make better decisions and improve health outcomes

All of the Councils felt that engaging the public and users of the system on important health issues would enable the region to make more informed decisions which results in improved health outcomes. ***“It helps the WRHA look more objectively at health and health system issues”*** (Member, Seven Oaks and Inkster CHAC) and ***“helps give the system a balanced perspective.”*** (Member, St James-Assiniboia and Assiniboine South CHAC)

Public buy-in and support of decisions and shared responsibility for tough decisions

Councils shared that another benefit of engaging the public is that ***“people buy into decisions when they have been involved and asked for their input.”*** (Member, St Boniface and St Vital CHAC) There would be ***“shared responsibility for tough decisions if the public is engaged.”*** (Member, River East and Transcona CHAC)

Council members also suggested that public involvement in budget and priority setting exercises could be beneficial as the region would ***“learn about priorities from public’s perspective.”*** (Member, St Boniface and St Vital CHAC) Public participation could help ***“ensure that the health care system is sustainable. The public needs to be involved and proactive in order to do this.”*** (Member, Seven Oaks and Inkster CHAC)

Increased awareness for the region and the public

“As the WRHA becomes more aware of public opinions and their ideas and the public becomes more engaged and aware of the system and issues, it would result in increased awareness for both the public and the WRHA.” (Member, River East and Transcona CHAC) Engagement of community members and users of the health system allows for a ***“better transfer of knowledge to and from the community.”*** (Member, Downtown and Point Douglas CHAC)

“There is a need for continuous and on-going engagement of the public because the health system is not static and needs to adjust and adapt to changes in the community, needs, demographics, etc.” (Member, Seven Oaks and Inkster CHAC)

It creates a sense of ownership of the system -- at individual and community level
All of the Councils felt that one of the greatest benefits of public engagement for the region is the sense of ownership of the system that is created as a result.

Public engagement creates ***“a sense of ownership of the system and it is valued more as a result. People will take care of it and use it appropriately. There is a financial benefit in that.”*** (Member, River Heights and Fort Garry CHAC)

“People will become more engaged and will feel a heightened sense of ownership of the system and have a vested interest. It is our system -- I had a say and I made a difference. They will then start caring more about their community’s broader well-being.” (Members, River East and Transcona CHAC)

It builds positive image of the WRHA, increased public trust and improved relationships
Another important benefit for the region is that ***“if public engagement is demonstrated, it will help build trust at the individual level and at the community level. If the WRHA responds with tangible tools and strategies, it will be seen as more positive – that it can address issues, manage problems, and build empathy.”*** (Member, Downtown and Point Douglas CHAC)

If the WRHA ***“validates the public for their input, opinions of the system will improve because they feel that they were listened to and that the WRHA is acting on their input.”*** (Member, St James-Assiniboia and Assiniboine South CHAC) This ***“would lead to an improved relationship between the WRHA, health care providers, and patients and families.”***(Member, River Heights and Fort Garry CHAC)

Public engagement ***“develops or builds trust and legitimizes decision-making.”***
(Member, Seven Oaks and Inkster CHAC)

It builds individual commitment to own health
Public engagement is something that not only benefits individuals who participate; it also can build the commitment that individuals have to their own health. It serves an educational purpose as well -- ***“educating the public about the appropriate use of health care services, as there is a finite amount of money to fund health care.”***
(Member, River Heights and Fort Garry CHAC)

Public engagement ***“will result improvements in health promotion, people taking ownership of their health, care, and treatment.”*** (Member, Downtown and Point Douglas CHAC)

It creates opportunities to build community

And, finally, public engagement can create opportunities to build “community” and support the region working collaboratively with communities.

“Public engagement creates a sense of community” (Member, Downtown and Point Douglas CHAC) and ***“opportunities to build community by bringing individuals and groups together to explore and work on different health and health system issues.”*** (Member, St James-Assiniboia and Assiniboine South CHAC)

“You build a sense of community when you engage. It can be a bonding experience when people discuss and provide input. There’s a shared interest and concern in the issue.” (Member, River East and Transcona CHAC)

“It is the beginning of collaborative work together.” (Member, St James-Assiniboia and Assiniboine South CHAC)

Ideas for public engagement activities

At the beginning of the second set of meetings on public engagement, staff shared information about the levels of public engagement. The International Association of Public Participation (IAP2) describes five levels of engagement (from “inform” to “empower”) each with an increasing level of public involvement and impact.

- **Inform** – “to provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions”(techniques include: fact sheets, web sites, open houses)
- **Consult** – “to obtain public input on analysis, alternatives, and/or decisions”(techniques include: public comment, focus groups, surveys, public meetings)
- **Involve** – “to work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered” (techniques include: workshops, deliberative polling)
- **Collaborate** – “to partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution” (techniques include: citizen advisory committees, consensus-building, participatory decision-making)
- **Empower** –“to place final decision-making in the hands of the public” (techniques include: citizen juries, ballots, delegated decision)

Staff also shared the range of public engagement activities and approaches that the WRHA has undertaken from on-going advice from and consultation with the CHAC’s as advisory to the Board to focus groups on emergency departments and patient feedback via surveys. Providing information on the levels of engagement and the range of activities that the region has undertaken served as a good starting point for positive brain-storming sessions with the Councils.

Council members provided suggestions for public engagement topics, venues, populations that should be engaged, suggested links into communities, and methods to engage – the “what”, “who”, and “how” of public engagement in health.

“WHAT?” Suggested Topics that the WRHA should ask for input on

Councils suggested that the topics that the WRHA chooses to engage the public and users of the system on should be a balance between issues that are a priority to them and issues that are of interest to a population. Many Councils suggested that the priority topics should include health promotion and the role of disease prevention in health, and getting feedback on the services that patients/clients receive. Other ideas included engaging about emergency department usage, alternative approaches to health, spirituality and health, getting Newcomers’ perspectives of their experience using the health care system, and cultural issues related to health care. Members also shared the importance that the WRHA develop a process to prioritize what topics or issues they should focus public engagement efforts on.

The WRHA should ***“engage different cultural groups about what is important to them related to the health system. This could be about cultural issues related to how health care is delivered to them.”*** (Member, St Boniface and St Vital CHAC)

The region should ***“target as many people as possible (in their) communities. We should find out what issues are important to each specific community -- mental health, teen health issues, etc. The demographic make-up of a community may influence what issues are important to them.”*** (Member, River East and Transcona CHAC)

Link workshop info-sharing and engagement to targeted populations

Unique approaches to engagement were suggested by a number of Councils, targeting different populations – from Newcomers to family members supporting a frail elderly relative. The approach they suggested was to hold workshops that would be of interest to a specific population and use that as an opportunity to also engage on a topic that was of interest to the region.

“Engaging family members is important because of the increasing numbers of the elderly in the health care system. (They would be interested in) learning more about how family members can advocate for their elderly family member. The WRHA should have engagement tied to an info sharing session. Bring in an “expert” to share information with family members.” (Member, St Boniface and St Vital CHAC)

“Engagement of Newcomers could be approached as part of a workshop where they receive information about the health care system, about their rights, how the health system works, and where they can go if they have complaints or concerns. Use interpreters and send information about engagement to community centres, faith groups, and cultural associations.” (Member, St Boniface and St Vital CHAC)

One Council suggested targeting men about self-care through their professional bodies and workplaces. ***“A potential topic – how to stay healthy? The WRHA could ask***

questions about self-care. The WRHA needs to meet people where they gather. Get their attention, feedback. The WRHA could target factory workers, retirees, office workers, and professions like taxi drivers and bus drivers; those professions where it is hard to stay healthy.” (Member, Seven Oaks and Inkster CHAC)

“WHO?” Suggested Populations the WRHA should Engage

Engage different populations – ages, gender, Aboriginal, Newcomers, vulnerable populations, people with mental health issues, etc.

All of the Councils felt that it was most important to engage vulnerable populations, who are often the biggest users of the system. Engagement must include Newcomers, seniors, teens, and First Nations and Aboriginal populations.

“More engagement needs to be done with Aboriginal and First Nations people about specialized services and opportunities to participate. The region needs to consider appropriate cultural approaches to engagement. Allow Aboriginal people to lead their own engagement process in order to make the respondents more comfortable with the process.” (Member, St Boniface and St Vital CHAC)

“Advocacy is a huge need, if a person has a mental health issue, speaks another language, and for the elderly who don’t know the medical “language”. The WRHA needs to consider all aspects of society including the homeless, street workers, and children. We need to hear all of their voices.” (Member, Downtown and Point Douglas CHAC)

A number of Councils shared the importance of engaging teens and provided suggestions for approaches and potential issues of engagement.

“Getting teens involved is really important. Use confidential surveys to get their opinions about health care, experience with their doctor, their comfort level going to a clinic, etc. Share info about engagement through health classes and Facebook and use social networking (Twitter, Facebook) to get their input on issues like child hood obesity. It would be helpful to get input from the targeted group in designing the engagement activities. Use school websites to post Wiki’s (short videos that describe engagement, etc.).” (Member, St James-Assiniboia and Assiniboine South CHAC)

Sometimes patients or other health care system users are unable to participate in engagement activities. A couple of Councils suggested getting family members to provide input. ***“Get feedback from family members on behalf of relatives who are too frail to provide feedback.”*** (Member, St Boniface and St Vital CHAC)

“HOW?” Suggested Approaches to Public Engagement in Health

Take engagement out into communities, work places, etc.

All of the Councils stressed the importance of taking engagement to people, to communities. This could include community or cultural organizations, work places, homeless shelters, seniors’ buildings, places of faith, food banks, shopping malls, and street parties.

“Engage community members at community barbeques and at street parties in North Point Douglas. Staff could go there and get to know community members.” (Member, Downtown and Point Douglas CHAC)

“Go to Main Street project, Siloam mission, etc. The homeless population are huge users of health care but we need to go to them to engage.” (Member, River Heights and Fort Garry CHAC)

“Engage people at food banks, like at St Mary’s United Church. There are lots of people and they stay for at least 1 and ½ hours. They are a target population and they feel comfortable there.” (Member, St Boniface and St Vital CHAC)

“Branch out to seniors’ homes and buildings to engage the senior population and get their input.” (Member, River Heights and Fort Garry CHAC) ***“Have information sessions at seniors’ buildings and centres.”*** (Member, St James-Assiniboia and Assiniboine South CHAC)

“Connect with people in the work place – it is a big population. Use their interest in prevention and workplace wellness as a platform to engage. The WRHA could bring in guest speakers.” (Member, River Heights and Fort Garry CHAC)

“Most churches have groups that outreach to the shut-in, elderly, and people with mental health issues – this could be another way to get input from the vulnerable, frail, and elderly populations.” (Member, St Boniface and St Vital CHAC)

“Set up information booths in malls where seniors and retirement building shuttle buses go, etc.” (Member, St James-Assiniboia and Assiniboine South CHAC)

A couple of Councils suggested running town hall meetings. ***“Hold town hall meetings and use experienced facilitators. Talk to people where they are, where they gather and have a member of senior management attend. Hold round tables with community stakeholders – a balanced representation of community – for all day work shops.”*** (Members, St James-Assiniboia and Assiniboine South CHAC)

Go through community, cultural, faith, education leaders to connect with people
Councils recommended that staff utilize community cultural, faith, and/or education leaders in planning the most appropriate approach to engagement with that population. They can help with the planning of the activity, promotion, potential participants, location of the activity, and discussion facilitation as well. These community engagement activities could take place in community and cultural centres. ***“The St Boniface University, Centre Culturel Franco-Manitobain and the Sam Cohen auditorium at the St. Boniface Research Centre are all excellent potential venues that could be considered to reach the French-speaking population.”*** (Member, St Boniface and St Vital CHAC)

“(When planning engagement), go through cultural or ethnic leaders and utilize Elders in the Aboriginal community. Speak to a representative of a cultural association to find out the best approach to engage – from both cultural and faith backgrounds.” (Members, Seven Oaks and Inkster CHAC)

Use whole range of media – especially social media, websites
Council members strongly recommend that the WRHA utilize a broad range of media and mediums in both promoting engagement activities and as approaches to engaging targeted populations and the public.

“Use the WRHA website, email, social media, blogs, and Facebook to ask questions and get feedback on important topics.” (Member, River Heights and Fort Garry CHAC)

“Use Twitter, texting, and Facebook to engage the younger population.” (Member, Downtown and Point Douglas CHAC)

“Use internet, print, media, and mail to get the same message across different mediums -- can reach more people to promote opportunities for engagement in health.” (Member, River East and Transcona CHAC)

Council members encouraged the use of community newspapers, newsletters, and posters to share information about engagement. A number of the Councils were very enthusiastic about the region participating in a weekly segment on health with a local television program, like “Big Breakfast TV”.

“Big Breakfast TV – the WRHA should have a weekly segment on health.”
(Member, River Heights and Fort Garry CHAC)

Surveys after care and Comment Cards at health care sites

Many of the Councils recommended that engagement include surveys after care and comment cards or touch-screens that patients can use to give feedback after a care experience. Other options for post care feedback included on-line surveys at home or on the WRHA website, mailed surveys to complete, and the use of a third party (like a volunteer) to assist patients/clients in completing a survey.

“Use surveys or questionnaires so that patients can provide feedback after a care experience – like a hospital stay, for example.” (Member, St Boniface and St Vital CHAC)

“Could look at conducting patient surveys through other health care providers, like chiropractors, physiotherapists, family doctors, midwives, etc.” (Member, St James-Assiniboia and Assiniboine South CHAC)

Use the region’s existing links/relationships with community organizations and networks to engage

A number of the Councils felt that it made sense to use the existing relationships that WRHA programs, sites, and staff have with organizations and networks in communities across the region to engage.

“Partnerships are important. People feel comfortable with people that they know and they need to feel comfortable in order to provide feedback. Use existing groups and networks that they WRHA has connections to.” (Member, River East and Transcona CHAC)

“Depending on the issue, you may be able to use an established network – like Newcomer organizations and new mom groups.” (Member, St James-Assiniboia and Assiniboine South CHAC)

Visits to health care sites – walk abouts

Councils felt that there was much for senior management at the WRHA to gain from participating in “walk-abouts” at health care sites as a way to engage patients and family members about their experience with the system.

“Go out to people. Do a mobile meet and greet at hospitals, like in the MS wing at Health Sciences Centre, at ER departments, etc. Have senior management talk to patients and family members about how their experience is going, what their concerns are, etc.” (Member, River Heights and Fort Garry CHAC)

“Have senior management walk through sites.” (Member, St James-Assiniboia and Assiniboine South CHAC)

Use complaints process as an opportunity for engagement

One Council suggested that the complaints process was an engagement opportunity and that this type of feedback from users of the system should be shared with staff and be utilized.

“Direct staff members field a lot of complaints. I’m not sure what happens after they have been redirected, but they should be sharing resolutions with staff. The complaints process, both from the public and staff perspectives, is an engagement opportunity.” (Member, St Boniface and St Vital CHAC)

Suggestions to ensure that public engagement is successful

The last question that Councils were asked in their exploration of the topic of public engagement in health was, “what does the WRHA need to do in order to ensure that public engagement initiatives and activities are successful?” Members were encouraged to consider their own experience with engagement and what factors contribute to making it a positive experience/successful and what are other considerations for making engagement meaningful for both the participant and the WRHA.

Be prepared to make changes, to use the input – before you go and engage about that issue

At the heart of engagement, the program, site or the region as a whole needs to approach it with an openness to receive the input and be prepared to make changes. The region also needs to consider what input could lead to better health outcomes when deciding on topics of engagement.

“You need to be prepared to make the changes before you engage about a specific issue and put aside interests.” (Member, Downtown and Point Douglas CHAC)

“As an organization, what do we need to learn from the public for better health outcomes?” (Member, Seven Oaks and Inkster CHAC)

Build on positive tone, history of how the WRHA has engaged and used input

Council members felt that it is important for the WRHA to set a positive tone when laying the groundwork for future engagement. Promoting the engagement that has already been done and how the input has been used is an important aspect of that.

“We need to change the overall tone – that all health care news is negative. We need to build on the positive. It is important to set the groundwork to get people involved and engaged and interested in providing input into the system.” (Member, River East and Transcona CHAC)

“Build trust in engagement. Promote what is being done already, how input is being used.” (Member, River East and Transcona CHAC)

Be creative, be willing to take risks – have courageous conversations

Council members stated the importance of being both creative when engaging community members and courageous as well, given the complexity and difficulty of addressing the significant link between poverty and poor health outcomes and the risks that are taken when engaging about difficult health system issues.

“The region needs to be creative when engaging. You have to be willing to take risks and have to be willing to advocate even if it’s risky, like on the issue of poverty. The Board could take this on. Increasing incomes will improve health outcomes.” (Member, Downtown and Point Douglas CHAC)

“Have courageous conversations.” (Member, River East and Transcona CHAC)

Need to inspire and connect in order to engage

One of the biggest challenges to engaging the public is getting them interested and inspired enough to participate. This means choosing topics that connect with people and that they are interested in.

“Engaging the public, not being apathetic, getting people interested is critical. It doesn’t matter how much you communicate if no one is listening or interested. Make sure that the process gets them talking and have an interesting and timely topic for them to provide input on.” (Members, River East and Transcona CHAC)

“Participation/engagement happens when there is interest and concern.” (Member, Seven Oaks and Inkster CHAC)

Who you engage impacts how you engage

All of the Councils stated that it was critical to adjust your engagement approach to the population that you are engaging. ***“Who we engage impacts how we engage.”*** (Member, Downtown and Point Douglas CHAC)

“The group that you target will influence “how” you engage them. Think about the population and how they get and share information, like the elderly and youth.” (Member, River East and Transcona CHAC)

“Use unique approaches and engage people where they are – shopping malls, etc.” (Member, St James-Assiniboia and Assiniboine South CHAC)

“You need to take into consideration different cultures and the appropriate level and approach to engagement. Every culture has their own way of being active in their community.” (Member, Seven Oaks and Inkster CHAC)

Get input from diverse populations, especially most vulnerable – the biggest users of the system – get everyone to the table

Another factor in public engagement that the Councils felt was critical to its success is engaging and getting input from diverse populations, especially the most vulnerable

who are the biggest users of the health care system. Diverse populations include people from different cultural, ethnic, and faith backgrounds, different socio-economic groups and professions, different sexual orientations, and individuals with physical and mental health challenges. It also includes gender and diversity of age.

“(Get) input from a diverse group – occupations, way of life, on meaningful topics that are relevant to community, individuals, and the health care system.” (Member, St Boniface and St Vital CHAC)

“(Engagement initiatives need participants that are) representative of diverse populations and it should be interactive and on-going.” (Member, St James-Assiniboia and Assiniboine South CHAC)

“There must be participation from First Nations, Aboriginal, Metis, Inuit people – we need to get everyone at the table.” (Member, Downtown and Point Douglas CHAC)

Make it comfortable and fit needs of group that you are engaging

Members of the Councils also shared the importance of creating a non-threatening, comfortable environment for the participants of an engagement activity; that people need to feel comfortable and safe before they can be engaged. Incentives like the opportunity to socialize, eating together, and the opportunity to acquire new knowledge and skills was also identified as being important components.

“Participants need to feel comfortable and not intimidated before they can share.” (Member, River Heights and Fort Garry CHAC)

“Go to where the people are – like the homeless population at shelters, children and parents through schools, etc.” (Member, St Boniface and St Vital CHAC)

“For meaningful feedback, you need to create a safe forum for people to provide their thoughts, etc. – like Newcomers.” (Member, St James-Assiniboia and Assiniboine South CHAC)

“Provide incentives (for their participation), like the group, good food, sharing a meal.” (Member, River East and Transcona CHAC)

“It is always good to talk to people where they feel most comfortable. We should be going to them.” (Member, Downtown and Point Douglas CHAC)

Make sure to offer many different ways for people to provide input

Given the region should provide engagement opportunities for diverse populations, engagement approaches also need to be diverse – from filling out surveys to participating in on-going advisory councils.

“Make sure that there are enough ways to have voices heard – have many different opportunities for input and (ways) to participate.” (Member, St Boniface and St Vital CHAC)

“Use a range of mediums to engage. Use social media with a monitor to pull ideas out. But, there is a need to consider that not everyone has access to technology.” (Members, St James-Assiniboia and Assiniboine South CHAC)

“I would like to have an opportunity to fill out evaluation form (could do this on the website as well) and share what my experience was because I was afraid to give negative feedback. We need to have the option to provide feedback anonymously.” (Member, River East and Transcona CHAC)

“Address the fear that some older people, Newcomers, and others have about providing negative feedback or criticism of the system. (Assure them) that it will not impact their care.” (Member, River East and Transcona CHAC)

Address barriers

When planning engagement, it is important to identify and address subtle barriers to engagement – language, cultural, and socio-economic barriers for example.

“We should be considering language barriers when we target cultural or language groups. We need to address this barrier and provide support so that everyone can participate.” (Member, River East and Transcona CHAC)

“Engage and have engagement materials in multiple languages.” (Member, River Heights and Fort Garry CHAC)

“When engaging people whose first language is not English, use facilitators with different languages and/or interpreters to share information and to engage.” (Member, Seven Oaks and Inkster CHAC)

One Council member pointed out the challenges and barriers that people with a low income face. She shared that ***“we need to meet peoples’ basic needs before they are able and willing to be engaged. (Maslov’s hierarchy of needs)”*** (Member, River East and Transcona CHAC)

Utilize expertise from whatever program/site/community you are engaging –
In order for engagement to be successful, it is also important to utilize the expertise of staff from the programs or sites relevant to the targeted engagement activity.

“Have an expert present in case there are questions about the particular program/topic that is the focus of the engagement activity. A unique approach is necessary to engage older population who are worried about asking questions, giving feedback, etc. Have staff that work with this population help design the public engagement approach, questions, etc.” (Member, St Boniface and St Vital CHAC)

Be genuine

Ensuring that the engagement staff are genuine, humble, and connect with the participants helps create an environment that is comfortable and safe for engagement.

“Be genuine, be connected, build understanding. Honour people when engaging them, be humble.” (Members, Downtown and Point Douglas CHAC)

Set clear goals for each engagement activity and be clear with participants about what to expect and their role

It is also critical to set clear goals for each engagement activity and share with participants. Their expectations, the process, and their role also need to be clear. Evaluation of engagement is essential.

“Set clear goals of what you want to accomplish and how you will go about engaging.” (Member, Seven Oaks and Inkster CHAC)

“Provide expectations about the engagement (activity) and the role of participants.” (Member, River Heights and Fort Garry CHAC)

“Evaluate engagement activities and use feedback to improve.” (Member, River Heights and Fort Garry CHAC)

Make sure that staff that are running engagement activities are skilled

Council members also shared the importance of having the appropriate engagement facilitator to match the population that is being engaged. Gender, culture, and power issues need to be considered when planning and choosing a facilitator. The facilitator must be skilled and neutral.

“(In choosing) a facilitator, you need to consider who is most appropriate for each target group in terms of culture, gender, etc. Break down some barriers to

involvement by considering who is facilitating and potential power issues. The facilitator needs to be knowledgeable and friendly. (Members, River Heights and Fort Garry CHAC)

“The neutrality of the person who facilitates a public engagement activity is really important. The provider has all of the power so the patient may have concerns about fall-out if they give negative feedback about care – like residents at personal care homes.” (Member, St Boniface and St Vital CHAC)

“Need to educate the engager with training, guides about the “how-to’s” of engagement that cover responsibilities, relationship between the engager and the patient/community member and the relationship between the engager and their supervisor. Need to acknowledge the levels of authority and decision-making. This includes who decides if the input will be used.” (Member, Downtown and Point Douglas CHAC)

Report back about how the decision or issue was impacted by their input

All of the Councils felt that the participants of an engagement activity need to know what happened with their input.

“(There needs to be) a feedback system. If we ask the public about an issue, we need to make sure that we tell them what we did with their input.” (Member, River Heights and Fort Garry CHAC)

“Report back to people – they need to know that they made a difference. Get back to them in a tangible way. They will be more likely to provide input the next time.” (Member, Downtown and Point Douglas CHAC)

“(You) need to let people know how their input was used. People want to see the results and impact of their input.” (Member, Seven Oaks and Inkster CHAC)

Help health care providers learn how to receive feedback from patients

Council members also suggested that health care providers need to be able to take input on care experiences from patients and family members in an appropriate and positive manner as this kind of feedback to the system is also a level and type of engagement.

“Need to educate health care providers about how to receive feedback – especially negative feedback.” (Member, River East and Transcona CHAC)

Other ideas:

Some additional suggestions that Councils had for making engagement successful including the following ideas/comments:

“Piggy-back on other community health events, networks, etc. and use as an opportunity to engage.” (Member, St James-Assiniboia and Assiniboine South CHAC)

“Public education and the proper use of the system is part of public engagement.” (Member, St James-Assiniboia and Assiniboine South CHAC)

“Give and take – sometimes the group might want to talk about something else. Give them an opportunity for input on that too.” (Member, River East and Transcona CHAC)

There were a couple of insightful comments about engagement that summarize what is essential to making it meaningful:

“You cannot underestimate the importance of a non-threatening environment and a good facilitator.” (Member, St James-Assiniboia and Assiniboine South CHAC)

“Don’t underestimate the human connection – being together, feeding off each other, sparking ideas, etc.” (Member, St James-Assiniboia and Assiniboine South CHAC)

Discussion Notes from Council Meetings

Downtown and Point Douglas Community Health Advisory Council

Public Engagement Topic: Notes from first meeting

Question #1: “What does public engagement mean to you?”

- Listening to individuals
- Careful attention paid to each patient – more time, patience – to listen – interactions that happen between health care providers and patients
- Hearing the stories behind the statistics – through the organizations and people active in their communities
- Reaching the public – needs to be systematic – through existing organizations – there needs to be a cooperative atmosphere – “a community is created”
- At the government level – liaising with other government departments that can address poverty issues – because of the strong link between poverty and poor health outcomes
- Sharing of information, cooperation
- Sharing from patients
- Kindness in listening, respect
- Not a town hall meeting
- Community members build a safe community among themselves, sense of trust, share opinions, thoughts
- Consult but report back on the results of the input we gave
- Other kinds of engagement might be more challenging – like homeless population – hard to share the results of engagement back with this population
- How do you build interest in engagement?
- People not taking responsibility for their own health – need to take ownership of the information
- Need a strategy to engage people to encourage them to take responsibility for their own health – translating the information/making the connection so that it speaks to people
- Empowering patients and family members
- “Getting engaged, getting married” – involves listening, the potential for change, building trust in order to hear, telling stories – from all different walks of life
- Advocacy
- Hearing voices that have been marginalized
- Leaving judgement at the door – if not – a wall will go up
- Humour – use in engaging to break the ice before engaging about health
- Very big issues to try and address
- A lot of issues that are not being dealt with
- If you don’t engage, there will be misunderstandings
- Need to talk about the difficult issues – in a positive way that will shed light on the issue

- Active participation in people on health – communication, trust, and advocacy
- Engaging front line staff so that they can advocate for patients
- Instil active participation – we should focus on engaging youth
- Promoting self-care – reduce reliance on providers and the system
- Be genuine, be connected, build understanding – informative info-sharing – provide a hub of information for resources in the community
- Honour people when engaging them, be humble
- Important to listen to each person/patient each time in order to understand their situation

Question #2: “What are the benefits of public engagement for the WRHA?”

- Health outcomes improve
- Health care providers are better informed
- Hearing the story – so that the WRHA can better understand the context of an issue
- Creates sense of community
- “the map/statistics is not the landscape”
- Practice informs policy – to engaging/building understanding
- Focus on the principle –practice informed – reality-informed practice
- Building awareness of the appropriate use of health services
- Results – actual care/positive experiences – getting shared between people
- Depth of knowledge that you get from engaging – more detail, more context, more in-depth
- Better transfer of knowledge to and from the community
- Improvements in health promotion, people taking ownership of their health/own care/treatment
- Overall benefits to the health system – working collaboratively to address poverty/housing – example, reduce homelessness – through advocacy, support, assistance with navigating the system
- Develop/build trust – if public engagement is demonstrated, it will help build trust at the individual level and at the community level
 - If the WRHA responds with tangible tools and strategies
- Will result in commitment at the individual level to better manage their own health
- WRHA – can grow, be seen as more positive – address issues, manage problems, build empathy
- Improves wellness, people won’t play the “sick” role
- More awareness
- Less people relying on the system for everything
- Connecting the dots – increased awareness and improved health outcomes
- Promoting wellness, self-awareness

Downtown and Point Douglas Community Health Advisory Council

Public Engagement Topic: Notes from second meeting

Question #1: “What are your ideas for public engagement activities that the WRHA could undertake?”

- Engage health care workers on stresses in the workplace – like over work, provide input on addressing issues important to them
- Advocating for EIA clients re: their experience with the system, being able to receive additional funds and connecting to resources
- Use social media to promote health workshops, flu clinics to get info out to organizations and populations, send to typical meeting places
- Have computers set up at social service organizations so that community members can access the internet to complete WRHA surveys on topics, can also advertise flu shot campaigns, etc. or the Right to Ask campaign – have WRHA survey on the home page with promotional info
- Forums, surveys, one-on-one patient data collection
- Patient/advocate support workers – this has been started
- Engage EIA workers
- Engage community members at community barbeques, street parties in North Point Douglas – staff could go there and get to know community members
- Use Twitter, texting, Facebook to engage the younger population
- Elders – sit and talk and be prepared to listen
- Share your power
- Use existing forums to engage
- If people aren’t talked to and listened to they’re not engaged
- Engage before developing or changing the way that services are delivered – like Newcomers around the development of the new clinic
- Often the most vulnerable, marginalized people are not engaged and can be further traumatized when issues aren’t addressed with them
- Advocacy is a huge need – if a person has a mental health issue, speaks another language, and for the elderly who don’t know the medical “language” – we need to consider all aspects of society including the homeless, street workers, children – we need to hear all of their voices
- Get input from Newcomers on their experience with the health care system, especially regarding their experience with interpretation/interpreters
- Create posters in a variety of languages to give Newcomers info on how to navigate the health system – they can feel overwhelmed when they can’t understand
- Build awareness of the WRHA – many only know of the negative stories associated with the WRHA – we should share info about the WRHA’s role, purpose, goals, etc.

- Use community newspapers, Aboriginal newspaper, The Better Times (reaches people on EIA), Coffee Time, West End newspaper, The Metro, etc. – to share info, to engage, to build awareness of what the WRHA does
- Use plain language
- Without awareness, how can you build trust and engage?
- Engage children – use contests
- Develop “ombudsman” role at all sites

Question #2: “What does the WRHA need to do (in planning and facilitating public engagement) to ensure that it is successful?”

- The WRHA needs to admit that there are problems, issues to address
- You need to be prepared to make the changes before you engage about a specific issue
- Problem identification, data collection – and continue to assess to see if need is being addressed – use evaluation
- Use existing reports on health issues from MB Metis Federation, MB Health, etc. – much work has already been done – we should be utilizing this work to improve the system
- There must be participation from First Nations, Aboriginal, Metis, Inuit people – need to get everyone at the table
- Need to remember that in some communities, people have been over researched/ engaged about issues
- Patients are most knowledgeable about their own experience with the system and have ideas for how we could improve their experience
- Who we engage will impact how we engage
- It is always good to talk to people where they feel most comfortable – we should be going to them
- Be prepared to change before you engage
- Report back to people – they need to know that they made a difference – get back to them in a tangible way – they will be more likely to provide input the next time
- Need to be creative when engaging
- Identify and address subtle barriers to engagement – some men are less inclined to use health care services
- Have to be willing to take risks and have to be willing to advocate even if it’s risky – like on the issue of poverty – the Board could take this on – that increasing incomes will improve health outcomes
- We need to put aside our own interests
- Need to educate the engager – with training, guides about the “how-to’s” of engagement – responsibilities, relationship between the engager and the patient/community member and the relationship between the engager and their supervisor – need to acknowledge the levels of authority, decision making, who decides if the input will be used
- Don’t over-engage – it will be overwhelming

River East and Transcona Community Health Advisory Council

Public Engagement Topic: Notes from first meeting

Question #1: “What does public engagement mean to you?”

- More and improved communication between the WRHA and patients, health care providers, doctors, etc.
- Including the public and the community in decision-making – like voting on important issues and other types of engagement
- Consultation with the public – what level of authority will they have? Decision is made prior to engagement
- Input from the public
- Engaging the public – not being apathetic, getting people interested is critical – doesn’t matter how much you communicate if no one is listening or interested
- As important it is for the public to communicate with the WRHA, the WRHA should communicate with the public – 2-way communication
- Empowering the public – giving more choice in relation to health care
- Including all interested citizens in decision-making, policy development, and policy-implementation
 - Should be allowed to be actively engaged in the process
- Why engage in health care? Everyone needs it, a majority of the budget goes into health care
- The biggest users of the system are seemingly least engaged – not being asked for input or ideas
- When you make a decision, you should be asking the end-users, consumers how they see it – they will be able to tell you what the problems are, especially, patients of on-going services, like dialysis
- Helping participants understand the system better
- Needs to be follow through on the input – if the public should see that the region uses the input
- Ideas from engagement – hoping that they are being used/implemented
- Helpful to hear complaints/what we can do better
- Who should be engaged? – health care providers too, others involved in the health care system
- Your perception of how well the health care system works will vary depending on what area of the city you live in/or if you moved from a rural area
- How do people want to be engaged? Younger population use the internet
- How do people become knowledgeable about the health care system? When they need to -- from using different components/parts of the system
- How do we package information on the health care system?
- Many will just complain and will not put the effort into being part of a solution

- We can communicate more and more – people still not necessarily become more aware as a result
- Centralize information at hospitals – like kiosks, waiting rooms
- Engagement can not be general – need to engage the right audience – targeted to issues
- Take engagement out into the community – schools, community groups, churches, etc.
- We need to invite people to the process
- Citizen engagement empowers decision-making
- If people aren't involved, they won't care, nothing will be accomplished
- Need to have option to provide anonymous input
- Those using the system – older generation – are afraid to provide feedback because they think that it will impact their care – Newcomers could feel this way too
- Let's reframe away from illness-focus to staying healthy
- Engage about the little things, not just the big things
- Better signage that describes what services are available – like at the access centres – marquee signs, very effective way to share information
- Sometimes the public doesn't have the whole picture or knowledge of what the consequences of a decision would be
- Open communication between government and the citizens it represents.
- It allows interaction to be results based and mutually inclusive. Citizens don't just observe policy making, but actually contribute ideas, concepts, etc.... that are helpful in implementing policies.
- Matches social needs expressed by communities with government priorities and funding to the areas that will make the greatest impact for the most people involved.
- It gives a voice to all sectors of the population equally. E.g.) marginalized citizens; aboriginal communities; etc.....
- Transparency of government actions, decision making processes, etc.....
- Trust is built, for those willing to participate and be heard.
- Government is viewed as interactive and willing to build social networks with the communities that it represents. It demonstrates that everybody is valuable and has something to contribute to bettering society/health. "We want to hear what you have to say".

Question #2: "What are the benefits of public engagement for the WRHA?"

- Public's knowledge of the system, etc. will increase – like members of the CHAC's have increased their knowledge by participating

- Increasing awareness for both the public and the WRHA – the WRHA becomes more aware of public opinions and their ideas and the public becomes more engaged and aware of the system and issues
- Increased public trust – once people are engaged, they trust more in the health services and the system
- Maintain and enhance the lines of communication – leads to better relationships and better service
- People will value that the region is trying to improve the system for them and with them
- How do you communicate that there has been action?
- People will become more engaged, will feel a heightened sense of ownership of the system and have a vested interest – they will then start caring more about their community's broader well-being
- Cost-effective
- Good communication, education – allows users of the system to navigate more efficiently
- Public ownership and responsibility – more involved and better educated – make better decisions, will be more finally responsible, reduce cost
- More information, explanation of issues for the public
- Learn that there is a lot of work going on to improve aspects of the system/ to address issues within the system
- People will be more likely to support health system changes underway as a result
- Not autocratic processes – but bottom-up to resolve complex issues
- Shared responsibility for tough decisions if the public is engaged
- Getting new ideas and innovation
- Increase overall satisfaction with health services
- Listening to each other becomes the focus, with the flexibility to change.
- Breaks down the feeling of isolation that people with illnesses or other barriers may face. E.g.) Support groups
- Empowers all parties involved.
- Builds in ethics by having various opinions, perspectives, etc.... providing feedback. With many cultures and genders offering consult biases that normally would be missed. Which are more likely to be addressed? Protects against personal biases or self-interests from dominating.
- It allows information sharing between various agencies in order to spread common messages. E.g.) EIA; WRHA; CFS; United Way; etc.....
- Potential to spread on a larger scale from being community based to global.
- Technological advances
- Takes barriers into account. E.g.) illiteracy
- Increases accountability and impartiality
- a process that's similar to trial by jury type of process

River East and Transcona Community Health Advisory Council

Public Engagement Topic: Notes from second meeting

Question #1: “What are your ideas for public engagement activities that the WRHA could undertake?”

- There should be more information that goes to doctors and other health care providers that they can share with patients – like info on the electronic medical record – so that consistent information is getting to patients
- Should pick a topic that people are already talking about – they are already interested – use social media to get the discussion going
- You build a sense of community when you engage – it can be a bonding experience when people discuss, provide input – there’s a shared interest and concern in the issue
- Target as many people as possible
 - By communities – what issues are important to each specific community?
 - Mental health
 - Teen health issues
 - Demographic make-up of a community may influence issues
- Use internet, print, media, mail
 - Same message across different mediums
 - Can reach more people – opportunities for engagement in health
 - It’s your right to be involved, make a change, make a difference
- Take away fear of being involved
- The group that you target will influence “how” you engage them
- Think about the population and how they get/share information – the elderly, youth
 - Process – get them talking, have an interesting and timely topic for them to provide input on
- Comment cards that people can fill out
 - We need your feedback – please give it to us before you leave (the site)
 - Need a third party to assist patients to fill out surveys – this could be a volunteer
- Partnerships are important – people feel comfortable with people that they know
 - Need to feel comfortable in order to provide feedback
 - Use existing networks (that they WRHA has with organizations, etc.)
- Go to community – meet with local stakeholders
- Provide “Cole’s Notes” data on health outcomes and issues in neighbourhoods – can use this as a starting point for discussion and engagement
- People need to feel passionate before they become engaged
- Use existing groups, engage them
- History of community (River East and Transcona) – people look after themselves, get involved in issues that they are interested in

- Give people a reason to gather in a group – make sure that they feel what they have to say is of value
 - Mama whi, community centres, places where peoples’ needs are being met
- Practice self-autonomy, right to have a voice, be heard – this needs to start early
- Need to meet peoples’ basic needs before they are able and willing to be engaged – Maslov’s hierarchy of needs
- Go to missions – before people go in for the night
- Go to the teen clinic at lunch and offer lunch
- Ask for input about hours, etc. for a clinic geared to them
- Provide incentives – the group, good food, sharing a meal
- Would like to have an opportunity to fill out evaluation form and share what my experience was – afraid to give negative feedback – need to have option to provide feedback anonymously
- Survey in mail after discharge
- Giving feedback after service is over
- Kiosk with touch screen – answer surveys
- On-line surveys at home
- People surveying in person
- Need to reach people at a very young age
 - Grade 6/7 – about health – use education system – different volunteering activities
 - You can be proactive in health system
 - Health is more than something that is done to you – you can be engaged
 - Use school division partnerships, teacher advisory groups
- Bring kids to council meetings
- You can have a voice in terms of influencing where the system goes and how it develops
- Truly empowering the client – end-user has more choice in their treatment/care, especially regarding specialists – like patients being able to see a specialist without referral from family doctor
- On-line scheduling – self-scheduling appointments
- Discharge sheet – link to feedback on WRHA website

Question #2: “What does the WRHA need to do (in planning and facilitating public engagement) to ensure that it is successful?”

- Need to engage people with different language and cultural backgrounds
- We need to change the overall tone – that all health care news is negative – we need to build on positive. It is important to set the groundwork to get people involved/engaged and interested in providing input into the system
- Need to educate health care providers about how to receive feedback – especially negative feedback

- Address the fear that some older people, Newcomers, and others have about providing negative feedback, criticism of the system – that it will not impact their care
 - Options -- provide anonymous feedback – could do this on the website as well
- Need to hear more positive stories about the health system
- People that feel change will not happen; that their opinion won't count
 - We need to empower them, give control over, this is about your health
- Consider language barriers when we target cultural/language groups – need to address and provide support so that everyone can participate
- Give and take – sometimes the group might want to talk about something else – give them an opportunity for input on that too
- Target specific group – pilot – and then evaluate before further engagement
- Questions will be phrased differently depending on the population – homeless, elderly, etc.
- Remove barriers so that people can participate
- There will be a large number of people who don't want to be involved no matter how we try to encourage their participation
- Go to where people are – bingo's, MTS centre, pubs, etc.
- Build trust in engagement – promote what is being done already, how input is being used
- Take advantage of “easy” technology – like kiosks with touch screens, automatically tabulates results
- Provide feedback on how input is used
- In getting feedback – we're getting “perceptions” of an experience – difficult to move from negative to positive, therefore, we need to build an overall positive tone
- Have courageous conversations
- Health care system – makes us feel sometimes that you better not piss off/annoy a doctor because you might end up losing them, not getting care
- Not just public – should engage doctors and nurses – change attitude about receiving feedback from patients
 - We want to be engaged in our health care, have more control
 - Need to educate both sides
- As a patient, do I have any rights? What are my rights?
- Share information about providing feedback consistently
- Get doctors, health care providers to encourage patients to take active role in their care, give them feedback

River Heights and Fort Garry Community Health Advisory Council

Public Engagement Topic: Notes from first meeting

Question #1: “What does public engagement mean to you?”

- Including the public --allowing people to give their opinions and views on anything associated with WRHA
- Asking as many citizens as possible what they would like their health care system to provide – what is more/less important? As a result, we would build a system that the public wants
- Having patient/client input about their own care is critical
- Mixture of input is important
- Ensure that you cross all generations and all people – cross-sections of the community
- Empowering patient/client/consumer – so that they know they are being listened to/heard, includes resolving issues if there’s a bad experience and encouraging the sharing of positive experiences
- Public should also become more aware of what’s happening within the system – changes, challenges, etc.
- Being invited to share your experiences – both good and bad
- Results in increased public knowledge/awareness of – after care, accessing care, making complaints, etc. (Communication is part of public engagement)
- Positive feedback about your care – could use surveys
- Communication – knowing what the system looks like and how it’s structured
- People seek out information on health when they need it – we should also be proactive
 - How do I learn about what’s available and how to access it (when I need it)?
- How do we empower those who don’t read, who are marginalized – and who are often using ER’s as their family doctor?
- The WRHA will get to know the public by engaging them – learn about their needs
- Public engagement is participatory democracy
- We need to look for opportunities to educate patients and the public about the system, about WRHA sites and programs
- Questions about what the different WRHA sites provide
- Unless you have a medical need, you won’t retain information about the services, etc. offered by the WRHA
 - So, the best time to educate people about the WRHA is when they are accessing a service – like in a waiting room – then there’s a good chance that they will be receptive

Question #2: “What are the benefits of public engagement for the WRHA?”

- Has the potential to unite people

- Helps the WRHA find out if the public is impressed by the services being offered and provides a platform for interactive engagement
- Helps the WRHA with the implementation of new services and technologies
- WRHA will hear what improvements the public wants and their ideas for improvements to the system
- It increases the chance of the research/new ideas being adopted by the public
- WRHA will earn public trust
- New ideas will be generated
- Gain an awareness of the community and its needs
- Leads to an improved relationship between the WRHA, health care providers, and patients and families
- Sense of ownership – that it is our system – I had a say and I made a difference
- There is a finite amount of money to fund health care – public engagement can educate the public about the appropriate use of health care services
- If you engage the public about all the services available, the WRHA will have a better idea of what services the public is using and values
- They will have broader perspectives and increased understanding of about a health system issue than they would have had if they didn't engage the public about it
- When the public is engaged, they validate the services in the community
- A shared sense of responsibility for the health care system
- Sense of ownership of the system – and it is valued more as a result, take care of it, and use it appropriately – there is a financial benefit in that
- Through education and awareness, this sense of ownership will be achieved
- Build compassion
- Highest users of the system are the poorest
- If people are more engaged, the overall satisfaction level will increase
- Reach out to the most vulnerable – by visiting shelters and organizations – to educate and engage
- Ownership – engaged to service you access and health promotion/preventative health
- People will get information that they can use and trust and it engages them in their own health care – they take responsibility for their own health
- Vulnerable populations – targeted in proactive way
- Involving the public so that they can understand the foundation for good health
- Engagement needs to consider age-appropriate, etc. techniques and approaches -- it needs to be adaptive to each "community"
- "Public" – includes people accessing health services, health care providers, schools, community organizations, etc.

River Heights and Fort Garry Community Health Advisory Council

Public Engagement Topic: Notes from second meeting

Question #1: “What are your ideas for public engagement activities that the WRHA could undertake?”

- Hold town hall meetings – 2-3 times per year – to inform of potential new initiatives to get feedback on
- Go out to people – mobile meet and greet at hospitals – in MS wing at Health Sciences Centre, at ER departments, etc. – have senior management talk to patients/ family members about how their experience is going, what their concerns are, etc.
- Branch out to seniors homes and buildings to engage the senior population and get their input
- Access clinics
- Aboriginal Centre and Thunderbird Lodge
- Health fairs – set up WRHA table – engagement opportunities
- Go to Main Street project, Siloam mission --- the homeless population are huge users of health care – but we need to go to them to engage
- People engage when the need arises – use TV’s in waiting rooms to share info about engagement activities
- Use the WRHA website, email, social media, blogs, Facebook – to ask questions and get feedback on important topics
- Big Breakfast TV – have a weekly segment on health
- Use public meetings – get on agenda of community meetings – use existing organizations and networks/committees
- Reh-fit, Seven Oaks Wellness Centre, Rady Centre – have info tables, send info out to their members about engagement opportunities
- Set up WRHA tents at different festivals – Folk Festival, etc. and at The Cube in the exchange district
- Send questionnaires to homes for feedback
- Conduct a random survey in multiple languages
- Send surveys out to different groups like fitness organizations, disabled community, cultural community centres (Ethiopian, Italian, Filipino, etc)
- Connect with people in the work place – big population – use their interest in prevention and workplace wellness as a platform to engage – bring in guest speakers
- Get feedback from front line workers
- Use school divisions as a means to get information out
- Universities
- Public service announcements – PSA’s – and automatic messaging
- Use televisions at Winnipeg and Manitoba Clinics to promote engagement
- Coffee shops

- School trustees, principals -- share info with students, they will bring home and share with their parents
- Engage caregivers – re: their ideas for how we can support caregivers
- Clients – engage on ways to build independence
- Hold writing contests for students – win scholarships, etc. – they can write about what the WRHA means to them, healthy community, etc. – reach out to the community
- Engage the older community
- TV channel devoted to health
- Pamphlets at shopping malls
- Use home care staff – giving them the tools to engage clients, share resource info with them, offer seminars

Question #2: “What does the WRHA need to do (in planning and facilitating public engagement) to ensure that it is successful?”

- Build interest before you engage
- We can not engage everyone in every engagement activity
- Engage and engagement materials in multiple languages
- Go to where the people are
- Build interest then communicate, positive communication
- Target groups to engage on specific issues
- Make it specific
- Make it brief and exciting
- Do some broad engagement on some issues
- Use a variety of mediums
- Do multiple visits to the same sites on different topics
- Follow-up – make sure you share what happens with the input with the people you engaged
- Give lots of positive reinforcement when people contribute/provide input/don't be critical
- Use prizes, giveaways as incentives to participate – useful things
- Feedback system – if we ask public about an issue, we need to make sure that we tell them what we did with their input
- Could be anonymous – need to have that option
- Be clear about the role of staff who are facilitating an engagement activity
- Provide expectations about the engagement and the role of participants
- Evaluate engagement activities – and use feedback to improve
- Make sure that engagement staff have good facilitation skills to build comfort
- Before engagement activity begins – have introductions, explanation of the activity, build an atmosphere where people can share
- Break down some barriers to involvement – consider who is facilitating – power issues, need to knowledgeable, friendly
- Participants need to feel comfortable and not intimidated

- Facilitators – need to consider who is most appropriate for each target group – culture, gender, etc.
- Need to feel comfortable before you can share
- What is the problem that we're trying to solve?
- Focused groups – talk to people who have specific concerns for their input
- Go to the groups who are suffering with problems and then take the issues to the Board
- Start with the question – go to the people most impacted/involved with the problem and get their input

Seven Oaks and Inkster Community Health Advisory Council

Public Engagement Topic: Notes from first meeting

Question #1: “What does public engagement mean to you?”

- Not just communication and consultation – the vigorous involvement of the community – power-sharing
- Compulsory to explain expectations and set realistic objectives for all public engagement activities
- At the individual level too – taking ownership of your health and learn about resources, supports, etc. – providing feedback about services
- Become bridge between community and the WRHA
- Representation of the “public” – to hear information, consult with
- From individual to mainstream
- Main goal – good communication between the WRHA and the recipients of health care
- Trying to reach out and hear needs
- Try to engage and educate people – proactive ways, taking care of themselves and controlling their health – with overall goal of healthier lifestyles
- Surveys – one way to collect information and consult people - -to learn more about their expectations and their needs
- How do we give people not on the CHAC’s a way to express their feelings about the WRHA and learn more about what services, etc. there are
- To express their needs, expectations, and concerns
- Should include different age groups, ethnic groups, socio-economic backgrounds
- Public should be informed about decisions made from public engagement – how their engagement influenced the final decision
- Proactive, responsible approach to our health
- Need to take into consideration different cultures and appropriate level/approaches to engagement – every culture has their own way of being active in their community
- Need mechanism to let people be involved in their health care, participate in health issues
- Important for individuals to feel that they make a difference
- Public engagement will allow the WRHA’s values to better reflect the public’s values
- Public must be able to actively provide input about resources and needs
- Having public aware of the ways to be engaged and the services available to them
- Information out to the community through advertising, media
- Level of engagement – example - % that voted in the last provincial election – very low – is it because people didn’t know about the election/issues/how to vote or because they don’t feel that they can make a difference?
- How do we strike a chord that gets people engaged? (like the return of the Jets)

- To what degree are people actually engaged in health care, wellness? Only when they need to be?
- Participation/engagement happens when there is interest and concern
- Most people don't get involved unless they are personally affected by something – so, it's a good idea to involve people/families that are using the health care system
- Families have changed – they are less connected to their elders
- Health and health care is very complex – what would/could the system look like if people were really engaged?
- To better understand what is going on in the health system – like using ER, urgent care appropriately
- Information to the public – to be engaged, get more information disseminated
- Seniors are most likely to be engaged – younger generations are busy with families
- Main reason for public engagement – to know what the issues are in the community – can set up programs, but if you don't know the issues, the programs won't be successful or address what the real issues are
- Need to learn from different ages, learn about concerns, problems
- Why are people more engaged when they are opposed to something?

Question #2: “What are the benefits of public engagement for the WRHA?”

- The WRHA can create policies that reflect and are adapted to the community's needs
- Engaging the public – legitimizes decision-making
- Information from public engagement – is a tool for the WRHA to develop services and to improve health in communities
- If people are involved/engaged, they have a sense of ownership – they have been involved in the process, they are being listened to
- Public will be better able to take care of their health needs in the community
- It gives the WRHA an opportunity to evaluate existing programs as they are perceived by the public
- If there is increased awareness of services, there will be greater utilization of services
- Higher customer satisfaction
- The WRHA will be able to hear from people who use health services that they haven't hear from yet
- The public will learn about services that they can access when they need to
- Helps the WRHA look more objectively at health and health system issues
- It makes the public more aware of the services available
- Important for health providers to be able to let patients know what services they offer and what they don't offer (this relates back to the public expectations report)
- Will highlight the huge range of languages that are spoken by health care clients across the region and the need/ability to be provided for services in clients' own language
- A healthier community

- Healthcare staff might feel better supported if the public has a better understanding of the health system issues that impact them
- Value to the public? Know more about what to expect, can take care of your own family, develop more comfort with and trust of the health care system
- WRHA – will build public trust of the system
- There's a possibility of disappointing people – can't be all things to all people
- The system is not static and needs to adjust and adapt to changes in the community, needs, demographics, etc. – therefore, there is a need for continuous and on-going engagement of the public
- Public engagement – to make sure the health care system is sustainable – need to be involved and proactive in order to do this
- Attract more people into careers in health

Public Engagement Topic: Notes from second meeting

Question #1: “What are your ideas for public engagement activities that the WRHA could undertake?”

- Use social media, poll on Facebook, Twitter
- Posters in public places, handouts mailed out
- Topic – how to keep people healthy? How? Better education about physical exercises. Questions about self-care, meet people where they gather. Get their attention, feedback. Could target factory workers, retirees, office workers, professions like taxi drivers, bus drivers, etc. – those professions where it is hard to stay healthy (male focus).
- Engage about the issue of emergency department usage, wait times – what is their perspective of what a reasonable time to wait is, are they knowledgeable of alternatives to ER, their awareness of Health Links/Info Santé
- Don’t ask while people are waiting – follow-up after – survey/mail out
- Engage about safety – different issues, different perspectives
- Use the WRHA website – to engage and to provide feedback about how input was used from engagement activities
- Post survey, phone-in info line that asks “how are we doing?”
- Determine issues we want feedback on – growing costs of health care, changes in services, changing demographics, etc.
- Use focus groups on particular issues, programs, diseases/health conditions
- North Times – community papers – disseminate information about opportunities for public engagement
- People using the system – reassure them that their input will be used to improve the system
- Newcomers – get their perspectives on understanding of how the system works and provide their input about their experience using the health care system (like being told to go to the ER when they are sick and not told about family doctors)
- Campaign called, "My Health, My Responsibility" which would include a series of educational sessions related to health -- focus on lifestyle changes and obesity
 - WRHA could sponsor a similar contest like "The Biggest Loser" (a boot camp for about three to four weeks) -- the person who lose the most weight or percentage of weight would win a major prize
 - Local stations like Shaw, CTV, and CBC could televise the different challenges the contestants go through and their weigh-in’s each week.
 - Shapes, Good Life, Wellness, etc. to provide for trainers for the boot camp.
 - This initiative could then focus on smoking cessation
- A proactive approach and gives people ownership of their health for their own good and the good of the people they love. Focusing on one's health and the opportunity it brings to be able to spend time and create memories with the people they love

could be a starting point. Sometimes we forget the fact that what happens to us and our health has an enormous impact on our loved ones and our families.

- Get feedback from mental health stakeholders
- Engage people who use walk-in clinics
- Meet with and engage cultural groups who meet at community centres weekly or monthly for different programs or events
- It would be beneficial if we could phone ER departments to find out the waiting times
- Engage patients – people who use different parts of the system for different services – it is very complex – what is their experience?
- Long term plan – link engagement activities to the goals/desired outcomes of different initiatives – like the Care Clinics – get feedback and monitor peoples’ awareness and experience using new services
- Get feedback from clients/consumers about gaps in service
- Talk to and engage stakeholder organizations
- Use community TV, talk shows to promote engagement
- Use newsletters to promote workshops
- Go to groups create to provide support/information on different issues
- Wave Magazine – promote engagement
- Promote and reach people through schools, community health agencies, cultural groups – they have newsletters and websites
- “Safety Check” – health promotion reminders about looking after yourself, getting check-ups, self-care, etc.
- Surveys on the side column of Facebook
- Polls on TV news shows – CTV, Breakfast Television
- Use polling companies
- Go through cultural/ethnic leaders, Elders in Aboriginal community – questionnaires in a variety of languages
- “60 Second Driver” style of add to share info on health system
- Public forums on what the public can do to get involved in general healthcare or in their own healthcare even though they are not sick of any disease or illness
- Send brochure or posters for display also in private companies like physiotherapy clinic, dental clinics, etc.

Question #2: “What does the WRHA need to do (in planning and facilitating public engagement) to ensure that it is successful?”

- As an organization, what do we need to learn from the public for better health outcomes?
- Public – what do they need to know about us?
- When engaging people whose first language is not English – use facilitators with different languages and/or interpreters to share info and to engage
- Address language barriers of people participating in engagement activities
- Promote engagement by assuring the public at “your opinion is important to us”

- Find out where targeted populations meet – speak to a representative of a cultural association to find out the best approach to engage – from both cultural and faith backgrounds
- Church groups – opportunities to engage – for example, there is a diabetes group that meets at St Peters Catholic Church
- Use input from public/patient engagement on research
- Need to let people know how their input was used – people want to see the results/impact of their input
- Need to build trust before people will participate
- Let people know – you’re talking and we’re listening – that’s what the CHAC’s are all about
- Set clear goals of what you want to accomplish and how you will go about engaging
- Need: the right question/issue, to the right people, at the right time
- Provide good and timely information to prospective participants
- People need to know what they can expect and what they shouldn’t expect from services – this needs to be clearly communicated
- Use the media to share information – about a new program, new way of providing a service, and about plans for engagement
- Need to consider that some people have a fear of retelling the story (that it might go to the media)
- Why do you want to engage? What are you going to use the input for?
- “Air Miles” as an incentive
- Go to people where they are
- Reporting mechanism after all program has been implemented so public will know what had transpired and were these programs successful
- Organize a group assigned totally to do the review of program success or failure

St Boniface and St Vital Community Health Advisory Council

Public Engagement Topic: Notes from first meeting

Question #1: “What does public engagement mean to you?”

- Input from a diverse group – occupations, way of life, random sampling – on meaningful topics that are relevant to community, individuals, and the health care system
- On-going exchange of information between equal partners – allows for a levelling of power – and the input is valued
- The feeling that your suggestions/opinions have impacted the system
- Important that the public feel that input is valued
- People who work in health care should be included because they have direct contact and experience with the issues
- If you don't use the health care system – you might not be engaged – but when you use it – there is a better likelihood of being engaged – how/where do you start to get engaged? Education is a big part of it
- Range of involvement
- Participation equals involvement – shaping what your health care system looks like – creates ownership
- Getting people to take ownership of the health care system is key – they will care more – I see it as a civic duty
- Participate in the vision instead of contributing after it's been created
- Engage as many people as possible should be the goal
- Providing a platform and tools to be involved
- Should be unbiased – so people are not persuaded to provide certain input – should be open
- Make sure that there are enough ways to have voices heard – many different opportunities for input and to participate
- To improve conditions, health care system for people
- Enables people to be part of reform – builds trust and confidence – when you participate you learn – about the obstacles and challenges to improving the system
- Exchange of ideas – good opportunities for education – increase awareness of determinants of health – most people think about health only when they need to – there's a disconnect with younger people – focus – lifestyle, spiritual aspects of healing, etc. – will build trust through exchange of ideas
- Desire on the part of a citizen to participate – tone, effort and money – feel that they got a certain amount of control/power
- People need to want to be engaged
- True communication – not yelling into the wind – somewhere where peoples' input will be taken into account when making decisions/planning – this creates a sense of accountability

- Transparency needs to be there – let people know what’s happened to their input
- “Public” – involve different groups – like schools, universities, etc.
- Through engagement – should be helping people to understand what’s happening in the system
- Ownership builds responsibility – feeling a part of the system
- Need to consider who is using the system – then engage them to provide input/to evaluate services – patients, families, etc.
- When you engage someone, you empower them and build trust

Question #2: “What are the benefits of public engagement for the WRHA?”

- People buy into decisions when they have been involved/asked for their input
- Allows the WRHA to know what the community’s priorities are
- Many government departments that are afraid of engaging the public and learning about what they want
- Provides feedback about what’s happening on the ground from people receiving services – it should be timely
- Direct staff field a lot of complaints – not sure what happens after they have been redirected – should be sharing resolutions with staff – the complaints process – both from the public and staff perspectives – is an engagement opportunity
- Follow-up is necessary for engagement to be successful
- System is hierarchical
- If you don’t know what the expectations are, how can you determine what you should do?
- Look at root causes and explore the underlying issues
- Changing peoples’ perspective about the WRHA – more positive public image – might mean less complaints
- Improved system, less complaints, more doctors
- Should be more of a “customer” focus
- Patient-focus – provide best possible service
- Help the WRHA set the budget – learn about priorities from public’s perspective
- Talk to people in hospitals as well
- Speak to everyone to get a full picture of what people’s actual needs are
- Giving feedback to the system and being heard
- Developing a care model that suits the clients
- Now – it’s physician-centred not patient-centred – need to change to a model which will increase public satisfaction
- Create awareness for public, board, staff
- Will lead to increased satisfaction
- Public engagement has to mean something if you want to engage people

St Boniface and St Vital Community Health Advisory Council

Public Engagement Topic: Notes from second meeting

Question #1: “What are your ideas for public engagement activities that the WRHA could undertake?”

- Engage different age groups
- Engage mental health consumers
- Engage people with addictions
- Aboriginal/First Nations – more engagement needs to be done – about specialized services, opportunities to participate, consider appropriate cultural approaches (ceremony), spirituality
- Allow aboriginal populations to self direct their services, as opposed to presenting them with services and expecting them to engage
- Allow aboriginal people to lead their own engagement process in order to make the respondents more comfortable with the process
- Engagement – about services that people receive – get feedback from patients/clients – invite feedback – this is an opportunity to engage
- Get input on the issue of communication – between health care providers and patients
- Use the WRHA website to engage the public on issues
- Health care providers – engage about cultural sensitivity/awareness issue
- Engage different cultural groups about what is important to them related to the health system – could be about cultural issues related to how health care is delivered to them
- Send information about engagement to community centres, faith groups, cultural associations – engagement could be approached as part of a workshop where they receive information about the health care system – use interpreters
- Newcomers – send letters to them in their first language about their rights, how the health system works, where they can go if they have complaints/concerns, etc.
- Engage children and teens – about making their own health decisions
- Use movie theatres to promote engagement – before the movie is shown there are community messages, etc.
- Engage patients and educate them as well
- Take advantage of university students as potential volunteers in the health field – get them to volunteer to get feedback from patients, etc. on their care, hear complaints and concerns
- Volunteers in hospitals to walk with patients
- Get feedback from family members on behalf of relatives who are too frail to provide feedback
- Use surveys/questionnaires so that patients can provide feedback after a care experience – like a hospital stay, for example

- Discussions about organ donation might be an opportunity to get feedback/engage family members
- Engaging family members is important because of increasing numbers of the elderly in the health care system and the tie to advocacy – learning more about how family members can advocate for their elderly family member – have engagement tied to an info sharing session – bring in “expert” to share info with family members
- Focus on population that is healthy – how can we keep them healthy?
- Use existing school and university advisory groups – they may have a different perspective about health and health system issues
- Need to engage clients of social services more – clients, Newcomers, the homeless
- Go to homeless shelters, missions to engage vulnerable street population
- WRHA should have more health promotion that encourages people to eat well and exercise – appropriate to their age – something like “Dr Oz” – this could be shown prior to movies
- Get feedback and other health care providers at personal care homes, etc about how the time that they have been allotted per patient/per task impacts the care that they are able to provide
- Engage people at food banks – St Mary’s United Church – lots of people, they stay for at least 1 and ½ hours, they are a target population and they feel comfortable there
- Most churches have groups that outreach to the shut-in, elderly, and people with mental health issues – this could be another way to get input from the vulnerable, frail, and elderly populations
- Use “banners” that run at the bottom of the weather channel, etc. to promote engagement activities
- Breakfast TV – local, current, 3 hour show – have a routine segment on the WRHA – promote what we’re doing, engagement, etc.
- Use radio shows like the Ace Burpee show – Manitoban celebrities
- Venues that could be considered to reach the French-speaking population -- the Saint-Boniface University, the Centre culturel Franco-manitobain and the Sam Cohen auditorium at the St. Boniface Research Centre are all excellent possibilities depending on the size of the group
- Discussion on recent research findings and how the public might view their applicability
- Discussion on how the WRHA views the notion of holistic care and how the public must consider all aspects of personal health (mind, body, spirit)
- Topics on prevention and well-being
- Discussion on how to build a community approach to healthcare and how to better integrate all aspects of health
- How to better communicate information to the public that will enhance their well-being, prevent disease and help to recover from health issues.

Question #2: “What does the WRHA need to do (in planning and facilitating public engagement) to ensure that it is successful?”

- Provide incentives to participate in public engagement activities – like providing a meal, social interaction, etc.
- Go to where the people are – like the homeless population at shelters, children and parents through schools, etc.
- Invite people to get engaged
- Consider different approaches that will work/appeal to different populations
- Provide info – verbal and written
- Consider literacy levels and languages spoken
- The approach should be appropriate to the individuals/targeted population
- Great opportunity – engage people who just received service – will likely get more positive feedback – not just negative feedback from people who complain
- How do you engage a community where everything is going well?
- What about engaging the homeless? Those with the most health issues
- Engage people when they are not in a crisis
- Neutrality of the person who facilitates a public engagement activity is really important – the provider has all of the power – so the patient may have concerns about fall-out if they give negative feedback about care – like residents at personal care homes
- Unique approach is necessary to engage older population who are worried about asking questions, giving feedback, etc. (have staff that work with this population help design the public engagement approach, questions, etc.)
- Assure that appropriate feedback is given to the participant population. When people feel that their input was put to good use they are more likely to engage at the next opportunity
- We need to make available the most simple and direct non-automated way to access information and help. The process of engagement begins with ease of access. One must be able to gain access at the critical time easily. Often it is said we do have a system "For complaints" for example but the average person does not know where to start or is given so many automated options that they quit, frustrated, before they really get started. It is easy to say we must engage but the simplicity of the initial access, availability and process is critical. Follow-up is, of course, crucial for credibility.

St James-Assiniboia and Assiniboine South Community Health Advisory Council

Public Engagement Topic: Notes from first meeting

Question #1: “What does public engagement mean to you?”

- Public being involved in decisions, policies
- Participation in assessment and feedback
- People getting together to share ideas and concerns and to offer suggestions
- Asking the public for their input – knowing that the opportunity is there
- Collaboration and inviting all community groups and citizens
- Meaningful – not token interaction
- Gathering perspectives on different topics – like a needs assessment
- Empowering the public to have a say
- Lead by example – proper use of the system, not abuse of it
- Honesty, 2-way communication
- Intention and follow-through in the use of input/feedback from the public
- Needs to be well thought-out and planned
- Needs to be diverse and well-targeted
- Process for actively listening to what the public has to say
- Working collaboratively as a team
- Process has to be mutually beneficial to the public and the WRHA
- It needs to be timely – things change quickly – the input needs to be used before it becomes irrelevant
- Public education and the proper use of the system is part of public engagement
- Outcomes should not be pre-determined
- Shouldn't be asking for input that you're hoping to get – need to consider how questions/topics are framed
- Clearly identify goals and objectives of each initiative
- Should be more like a conversation than specific questions
- Representative of diverse populations – should be interactive and continuous/on-going
- Public need to feel that their input/ideas are taken on board and valued
- Goal to stay client-focused
- Bottom-up approach – starting at their level and working up

Question #2: “What are the benefits of public engagement for the WRHA?”

- Valuable input
- Validate public for their input – opinions of the system will improve – because they feel that they were listened to and that the WRHA is acting on their input
- Benefits to the community as well

- More appropriate utilization of services if you get input from people about what their needs are (health services) – specific communities and populations
- Gives people a sense that they have the power to make change – they will feel better about the system
- Shared responsibility
- Identify the needs of the community and provide the resources that are needed
- Could be cost savings to region – input could help create programs/services
- Provides a balance from the “science”, best practices – get community perspectives – maybe different and better decisions as a result
- Creates opportunities to build community – by bringing individuals and groups together to explore and work on different health/health system issues
- It is the beginning of collaborative work together
- Builds skills in individuals, volunteers
- Encourages staff who work in the region – to keep doing what they’re doing, to learn, grow by listening to the public
- Empowers people to take responsibility – encourages groups to take on issues
- Helps give the system a balanced perspective

St James-Assiniboia and Assiniboine South Community Health Advisory Council

Public Engagement Topic: Notes from second meeting

Question #1: “What are your ideas for public engagement activities that the WRHA could undertake?”

- **Getting teens involved is really important** – use confidential surveys to get their opinions about health care, experience with their doctor, etc., are they comfortable going to a clinic, etc.
 - Share info about engagement through health classes, Facebook
 - Go to superintendents/school divisions, and then connect with physical education coordinators
 - The issue that you are wanting input on will drive how you engage
 - Hold informal focus groups – like with youth who have type 1 diabetes – to learn about how they are accessing health care, what their issues are, etc.
 - Use social networking – Twitter, Facebook – on issues, like child hood obesity – engage teens
 - Get input from the targeted group in designing engagement activities
 - Challenge – getting communication home and understood by parents/students
 - Use school website to post Wiki’s (short videos that describe engagement, etc.)
- Seniors – missing a percentage of seniors – those at home who don’t go to seniors centres, etc. and don’t have computers
 - How do they access info?
 - How can we engage them?
- Engage at shopping malls, legions
- Hold town hall meetings and use experienced facilitators – talk to people where they are/where they gather – have a member of senior management attend
- Hand out flyers – advertise polls on the WRHA website at Jets games, etc.
- Use the media – TV shows, radio call in shows – have a once a week blurb on the WRHA – “Health Watch”
- Community newspapers, newsletters, posters to advertise
- Engage at churches, synagogues, temples and other faith organizations/sites
- Depending on the issue – you may be able to use an established network – like Newcomer organizations and new mom groups
- Ask ambassadors at hospitals for feedback
- Consider a focus for public engagement (topic/issue that the WRHA would like broad input on)
- We need to learn how to and then engage staff working in health care facilities
 - They are rarely asked for their opinion
- There is still a large percentage of the population that doesn’t know about the WRHA – should educating the public about who we are be an important first step?
- Have senior management walk through sites

- Set up information booths in malls – where seniors go, retirement building shuttles go
- Have information session at seniors buildings/centres
- A central information booth about WRHA engage through work places – workplace health, thru flu shot clinics
- Engage Newcomer population
- Engage first Nations and Aboriginal populations
- Create and distribute/post fact sheets about the WRHA
- Hold round tables with community stakeholders – balanced representation of community – all day work shops
- Need to return the information – telling participants how their input was used – post results by a certain date
- Engage special needs organizations that support families with children who have special needs
- Newcomer program for new moms – uses 17 interpreters – good target group to engage
- Cultural groups—get input on the best approaches to engage a specific cultural group
- Use surveys to get input from patients/clients on their experience, and whether or not our services are meeting their needs
- Engage people on surgical waiting lists
- Patient relations officers – use what they’re hearing and they may be able to identify potential people to engage
- Engage people who leave ER’s before being seen – call back
- Streamline surveys out to patients post-care/surgery
- Could look at surveys through other health care providers to patients – chiropractors, physiotherapists, family doctors, midwives, etc.
- Long term research – using surveys to engage patients/family over a longer period of time – ensure we follow-up
- With regards to engaging seniors, I think we need to educate their children then it would become the responsibility of the children to engage their parents. Seniors listen to their children, if you provide children with information they can then pass it on to their parents. For example the Alzheimer Society holds two day seminars entitled “Living with Alzheimer Disease and Related Dementias. The individuals who attend are generally adult children wanting to obtain information to pass on to a parent who is a caregiver.

Question #2: “What does the WRHA need to do (in planning and facilitating public engagement) to ensure that it is successful?”

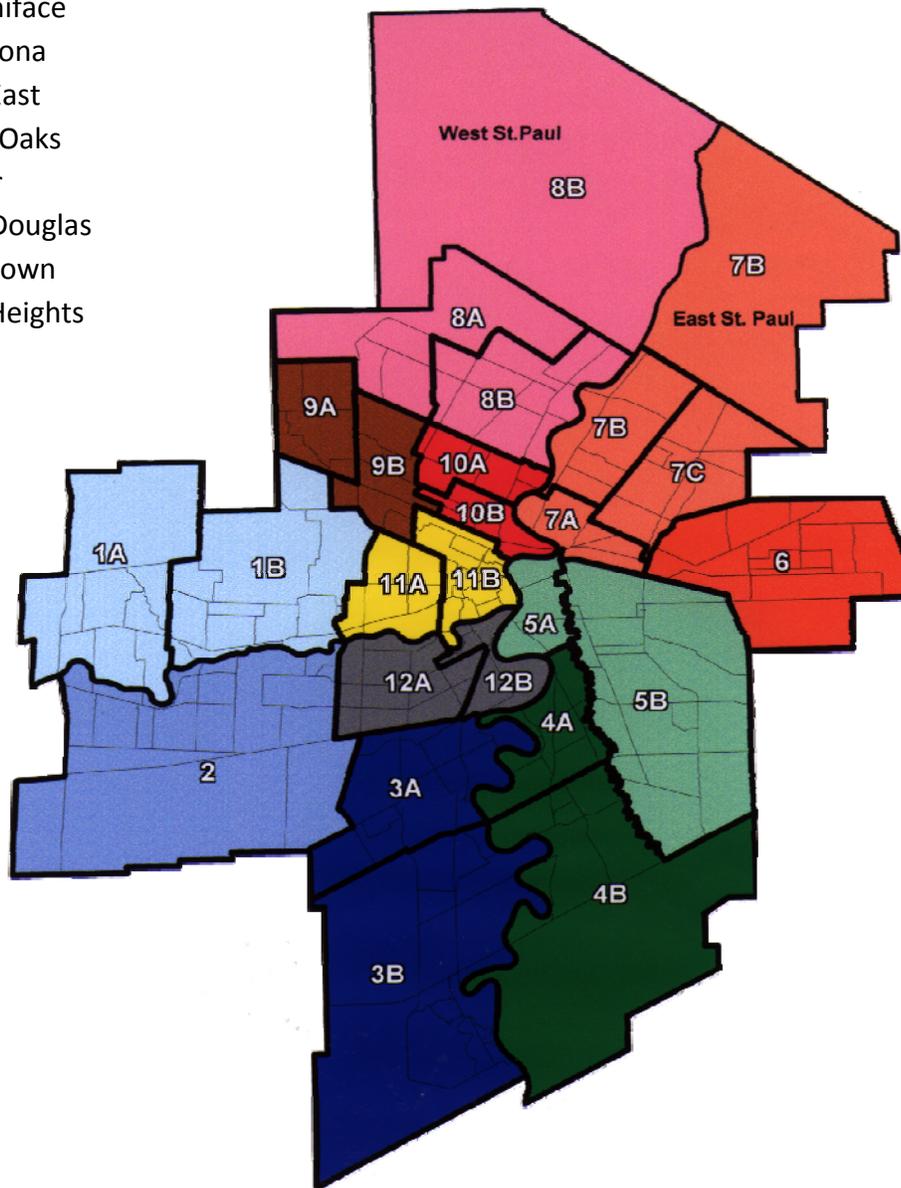
- Need to consider that not everyone has access to technology
- Use a range of mediums to engage
- More access points the better

- Don't underestimate the human connection – being together, feeding off each other, sparking ideas, etc.
- Use unique approaches and engage people where they are – shopping malls, etc.
- People will provide input on what they're interested in
- Get professional evaluator/research help in designing questions for public engagement activities
- Each engagement activity needs a specific focus
- Consider language and how we're communicating with the targeted population
- For meaningful feedback – you need to create a safe forum for people to provide their thoughts, etc. – like Newcomers
 - Impacts medium – how you engage, who facilitates, where, location, etc.
 - Need for confidentiality
- Adult education – free, food, focus, fun – everyone learns from everyone else
- Needs to be sincere
- Non-threatening
- Have knowledgeable people go out to be able to share information
- Use social media – need to monitor to pull ideas out
- Needs to be cost effective
- Creative and innovative ideas to engage – very important
- Piggy-back on other community health events, networks, etc. and use as an opportunity to engage
- Accessibility
- Accountability – to the information and how it is used, follow-up with participants
- Use TV's in ER's, doctors' offices waiting rooms to share information and engage
- Advertise on buses
- Restaurants – on doors in rest rooms
- You cannot underestimate the importance of a non-threatening environment and a good facilitator

Appendix A

Map of the Community Areas in the Winnipeg Health Region

- 1 St. James – Assiniboia
- 2 Assiniboine South
- 3 Fort Garry
- 4 St. Vital
- 5 St. Boniface
- 6 Transcona
- 7 River East
- 8 Seven Oaks
- 9 Inkster
- 10 Point Douglas
- 11 Downtown
- 12 River Heights



Appendix B

Acknowledgements

Members of the Community Health Advisory Councils

Board Liaisons to the Councils

Support Staff for Councils

Members of Community Health Advisory Councils 2010-2011

Downtown/Point Douglas Council

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Patience Efafefolo
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Bruce Thompson
Bob Minaker and Suzanne Hrynyk
Marc Labossiere and Josie
Kris Frederickson and Joanne Biggs

Downtown/Point Douglas
River East/Transcona
River Heights/Fort Garry
Seven Oaks/Inkster
St. Boniface/St. Vital
St. James-Assiniboia/Assiniboine South

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