

Winnipeg Regional Health Authority



Local Health Involvement Groups

Annual Evaluation September 2014 to June 2015

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Executive Summary

This evaluation report utilizes the evaluation framework (Appendix A) from the LHIG Terms of Reference as approved by the WRHA Board August 7, 2013. The intent of the evaluation is to provide an overview of the functioning and progress of the Local Health Involvement Groups in the Winnipeg health region. The evaluation of the LHIGs has been completed on an annual basis since the inception of the LHIGs (previously known as Community Health Advisory Councils) in 2002/2003. The following is a summary of 2014/2015 findings associated with each of the goals noted in the evaluation framework and recommendations as a result of the findings.

Interest of the community/boards in the Local Health Involvement Groups

- Nominations to the LHIGs increased significantly this year (73), more than double the number received last year (33).
- A second advertisement in the Canstar and La Liberté papers was possible this year by sharing costs with the Home Care and Mental Health programs who were also recruiting members of the public for their Advisory Councils. .
- There were 36 vacant positions on the LHIGs this year to fill.
- LHIG members share information about recruitment with friends, family, community organizations, etc. which is a very effective recruitment approach.
- LHIG staff also met with the community facilitators from each of the 12 community areas to discuss demographic and neighbourhood gaps on the LHIGs and to seek assistance in supporting a targeted recruitment strategy.
- One LHIG remains a challenge to recruit for and efforts continue to find an additional 1 to 2 members from the Point Douglas community area.
- Three of the LHIGs have members from hospital, community health clinic, and/or personal care home boards located in their community areas – Downtown/Point Douglas, Seven Oaks/Inkster, and St Boniface/St Vital.

Findings and Recommendations

There is continued strong public interest in volunteering on the LHIGs. There may be a need to reconsider advertising in the Winnipeg Free Press again. The use of social media to promote the LHIGs and as a recruitment tool will be a focus for next year's recruitment as well.

LHIGs are reflective of the diversity of each of the associated geographic communities

- “Diversity” refers to characteristics such as culture, faith, socio-economic status, persons with a disability or mental health condition, and sexual orientation. In this way, diversity can refer to many aspects of a community. (Please see Appendix B – LHIG Diversity Table)
- If we consider “diversity” this way, overall the diversity of the LHIG members is estimated to be 48% (a slight improvement compared to last year's 46%) It should be noted that many aspects of ‘diversity’ rely on self declaration.
- There is an estimated range of “diversity” across the LHIGs with the highest being the Downtown/ Point Douglas at 62% and the lowest, River Heights/Fort Garry at 33%.

- The percentage of Aboriginal/First Nations members self-declared is 13%, close to last year's 12% -- (in 2009 WRHA Community Health Assessment 10% of the City's population was reported to be Aboriginal/First Nations)
- We also attempt to reflect the age demographics of Winnipeg. 34% of LHIG members fall into the under 30 years and over 55 years categories.
- One of the greatest on-going challenges of recruitment is to obtain a gender balance on all of the LHIGs. Overall, 65% of LHIG members are women, and 35% are men (improved slightly from last year (32%)). The approximate percentage of overall WRHA volunteers who are men is 25% therefore the LHIGs have a higher representation of men than does the WRHA volunteer pool.
- We have also been tracking the number of LHIG members who work in, study, or have retired from health professions, recognizing that there is more interest in the LHIGs from people who work in the health field than in other professions. This year, 8% of LHIG members fell into this category. This is down from last year's 10%.
- 85% of LHIG members who felt that their LHIGs were reflective of the diversity of their community areas. This is similar to last year's percentage of 84%.
- This year, we asked LHIG members if they felt that a diversity of perspectives was encouraged at LHIG meeting discussions. 99% agreed with this statement.
- In order to engage a diverse population, it is important that supports such as transportation, reimbursement for caregivers, and accommodation for special diets is provided. This year we asked LHIG members if LHIG members were provided with access to supports to enable their participation on the LHIG. 98% agreed with this statement
- 77% of Board members felt that the LHIGs were reflective of the diversity of their community areas and 15% neither agreed/nor disagreed. This is very similar from last year.
- 70% of senior leadership felt that LHIGs were reflective of their communities. This is dramatically down from last year (91%). It is unclear if respondents are aware of the diversity of each LHIG.
- The biggest diversity challenges remain to recruit men and youth.

Findings and Recommendations

Staff will continue to track diversity characteristics of members. Recruitment 2016 will target demographic gaps for each LHIG and focus on increasing numbers of youth and men.

Member commitment in supporting the functions of the Local Health Involvement Groups

- Overall meeting attendance has remained fairly strong at 77% (last year 75%). The St Boniface/St Vital had the lowest attendance at 74%. Staff identified members with low attendance and addressed issues and barriers to participation. Seven Oaks and Inkster had the highest attendance (second year in a row) at 81%. Staff also identified LHIG members who had missed a significant number of meetings and encouraged those members to resign as they seemed to be unable to make the commitment to volunteering.
- 100% (98% last year) of LHIG members agreed that they understand the rationale for exploring each topic and felt comfortable providing input.
- 100% of LHIG members were satisfied with how the meetings were facilitated, 100% felt that they were listened to in a respectful manner, and 100% felt that the facilitator encouraged all voices to be heard.

- 99% of LHIG members felt that their meeting notes and reports were reflective of the discussions and input that their LHIG provided on the topics.
- 99% felt that they had a greater understanding of the topics that they explored.
- During this past year of LHIG meetings, no issues were brought forward by members. The number of member issues brought forward has declined significantly since the inception of the LHIGs in 2002. This is likely due to the increased clarity of the role of the LHIGs which is shared with prospective LHIG members during the recruitment and selection process and in the orientation of members prior to meetings beginning in the fall.

Findings and Recommendations

LHIG members continue to feel that their experience on the LHIG's is worthwhile and that the processes to engage and support LHIG members to carry out their roles are working. It is also important to note that LHIG members feel that their discussion notes and reports are reflective of the discussions and explorations of the topics. LHIG staff will continue to support the LHIG's and promptly address specific member issues as they arise.

WRHA Board support of the Local Health Involvement Groups

- Board members' perception, understanding, and support of the LHIGs continues to be strong and is illustrated through their attendance and participation at LHIG meetings and their responses to the annual survey.
- The attendance of Board liaisons at LHIG meetings has increased dramatically to 83% from last year's 75%.
- It is critical that Board members understand the advisory role of the LHIGs and the role of the Board liaisons in particular. 92%, the same number as last year stated that they understood the role of the LHIGs and 85% (100% last year) stated that they understood the role of the Board liaisons.
- 85% feel that the LHIG reports are valuable in providing the Board with community perspectives about the issues that the LHIGs explore. This is down from last year's 92%.
- 92% of Board members also felt that LHIG reports provide information to assist in decision-making related to those issues and 92% that LHIGs are a value-added mechanism to support the WRHA and strategic directions of the Board. Comments from Board members about how they perceived the value of LHIGs:
 - *The work of the LHIGs is very important to our community engagement strategy. The board sincerely appreciates their perspectives and inputs. This is input that is unique in the way that it is gathered, and cannot be duplicated by any other means. We are fortunate, indeed, to have individuals who are willing to commit their time to this important process.*
 - *The work done by the LHIGs is valuable and essential. Information from the LHIGs helps direct the board and the WRHA.*

Findings and Recommendations

Staff will continue to provide an orientation session (outlining processes and their role) and support for Board members and will continue to share updates on the process and work of the LHIGs. Reports and Presentations by LHIGs will be reviewed and improved, as this need has been identified by Board and LHIG members. Staff will continue to support Board liaisons in their role on the LHIGs.

The WRHA Senior Management support of the Local Health Involvement Groups

- 100% of those who responded to the survey, understood the advisory role of the LHIGs
- 92.5% of those who responded to the survey felt that the LHIG reports are valuable in providing the Board with community perspectives about issues and that the LHIG reports assist in decision-making
- And, 92.5% felt that the LHIGs are a value-added mechanism to support the WRHA and the strategic directions of the Board.
- Comments from members of Senior Management:
 - *Members of the LHIGs provide important and often different perspectives than those held by people who work in our healthcare system. Listening and consideration of those perspectives ultimately contributes to better decisions.*
 - *I am always grateful to the people who volunteer their time and talent to participate in the LHIGs. They bring us a thoughtful perspective on the issues we work to address that is “outside” the perspectives we get from the health care professionals in the system. They share with us how the experience our system or how they would like to experience our system and that is very valuable information for those of us responsible for senior level planning and decision making to hear and incorporate.*

Findings and Recommendations

Staff will continue to keep senior management updated and informed about the processes of the LHIGs. Senior leaders are now more involved with the LHIGs through participation on the LHIG Topic Selection Working Group. After LHIG reports are presented to the Board, they will be shared with leadership tables. We will continue to share more information about how the LHIG’s input is utilized within the region with members of senior management.

LHIG members feel that their involvement is meaningful and their input is valued

- Continued strong attendance at LHIG meetings highlight how positively the LHIGs are perceived by LHIG members
- LHIG members were asked if they understood/were aware of how past LHIG reports had by used by the WRHA. 97% indicated that they were aware of how their input was used.
- LHIG members are also asked if they are interested in other engagement opportunities, once their term on their LHIG is completed. Many members express interest and are supported in applying for other opportunities. Numerous LHIG members have returned to their LHIG for a second term (after a hiatus of 2 years as indicated in the terms of reference)
 - *Really enjoyed and learned a lot from this experience. I would enjoy doing it again. It’s nice to see that our input really does get used.*
- Feedback from LHIG members on their experience:
 - *Well led meetings and a great experience to work with everyone in the area.*
 - *Great experience.*
 - *Was very informative and provided the opportunity to offer my opinions.*
 - *Great discussions.*

Findings and Recommendations

We will to provide feedback reports to LHIGs as to how their reports are being used internally by the WRHA Board, WRHA programs and services, and externally by other government departments and community organizations.

WRHA funded health organizations support the LHIGs

- Perceived value of LHIG participation by the represented WRHA funded organizations.
- The LHIG's have the involvement of board members from 1 of the community hospitals (Seven Oaks General Hospital) and from 3 of the community health centres, Mount Carmel Clinic, Nor'West Coop Health Centre, and Youville Centre.

Findings and Recommendations

Staff will continue to invite the participation of health organization board member representation on the LHIGs. Health boards in Point Douglas will be targeted next year.

All LHIGs Meeting

- This is the eleventh year that an All LHIGs Meeting was held. These events have continued at the request of LHIG members. LHIG members, members of senior management and the Board were invited to attend. The objectives of this year end meeting were to recognize the volunteer efforts of LHIG members, to present the last topic report to the Board, senior management, and members of all of the LHIGs, and to provide an opportunity for LHIG members to learn more about issues that they are interested in.
- This year, Dr Harvey Chochinov presented his Dignity in Care initiative and research, which aligned very nicely with the LHIGs' Declaration of Patient Values.
- Attendance increased this year, with 76 people in attendance including LHIG members, members of the WRHA Board and Senior Leadership, and other WRHA staff
- This year 94% responded that the All LHIGs Meeting provided an opportunity for LHIG members to share their work and hear about the work of the other LHIGs (6% neither agreed/nor disagreed)
- 97% felt that the keynote speaker was informative and enjoyable and 90% felt that this event provided an opportunity for LHIG members to receive recognition for their contributions.
 - *I really enjoyed Dr Chochinov's presentation – a real eye opener.*
 - *Interesting talk and also related well to the issues discussed in our LHIGs.*
 - *I liked how everyone was recognized for their participation with the LHIGs.*

Findings and Recommendations

The All LHIGs Meeting will continue to be held and staff will ensure that the keynote speaker will be of interest to LHIG members by seeking their input on ideas for topics to be presented. Staff will continue to work with the WRHA Volunteer Program to ensure that there is appropriate recognition of LHIG members' contributions at the All LHIGs Meeting.

Churchill Engagement

- This is the second year that LHIG staff has worked with leadership at the Churchill Health Centre to consult community and staff. In February, two community and one staff consultation was held to get feedback on WRHA strategic priorities and share priorities for the Churchill Health Centre over the next 5 years. This aligned with the Winnipeg LHIGs exploration and input into the 2016-2021 strategic plan.
- Approximately 20 community members attended the 2 community consultations and 6 staff participated in the staff consultation.
- Feedback summary:
 - 100% of meeting participants had a good understanding of the purpose and goals of the meeting and 92% had a good understanding of the strategic planning process for Winnipeg and Churchill.
 - 100% had a chance to share their thoughts about strategic priorities for the Churchill Health Centre over the next 5 years and 100% felt comfortable sharing ideas for actions related to the priorities.
 - *Great to have the opportunity to share our thoughts/ideas.*
 - *Was looking for a bit more about what the health centre does now (but maybe not the purpose of the session). Perhaps having more time to brainstorm on actions to achieve results.*

Findings and Recommendations

LHIG staff will continue to support engagement in Churchill. Broader participation will be a focus for future engagement.

Suggestions to improve the experience and value of the Local Health Involvement Groups

LHIG members, WRHA Board members, and senior management were asked to provide their suggestions to improve the LHIGs. (All comments are included)

LHIG members

- I think that these meetings are very well organized and very well explained.
- Not at this time. I found locations, times, discussions, facilities, food, etc. to be excellent.
- Advertise for new members more widely in order to improve balance of male/female membership.
- Use larger font on the power point handouts.
- Like using 'post it' notes during meetings.
- During the interview process, make sure applicants understand the purpose of the LHIG; that it is not a forum for personal agendas.
- I like working in small groups. It is easier to get a discussion going. Dinners are great!
- Coffee at meetings, please
- More meeting date selection
- No, the processes are very effective as is.
- Have the meeting schedule or tentative schedule at the first meeting of the year.
- Can't think of anything at the moment
- Great job. There should be more men on the group.
- Perhaps hold meetings on weekends if possible.

- Sometimes feels rushed. Should meetings be longer or should there be an extra meeting?
- Keep on exploring communications between the medical professionals and the patients.
- Schedule additional meeting if needed

Board members

- Communication needs are very diverse on this. Needs innovation and care.
- Just keep them going.
- Just make sure that they keep functioning.

Senior Leadership

- Encourage local team managers to also attend some meetings to hear community first hand!
- None, other than a tracking of LHIG recommendations and which ones have been implemented.
- Colleen – you do a fantastic job! I have no suggestions for improvement – perhaps an updated on CA specific trends or issues once a year/at first meeting. I don't know if that will help but may be considered.
- I think the groups don't consider (or have difficulty in considering) the practicality of their recommendations. Even if they might have the backgrounds to do so, even an attempt to consider the possible operational or management consequences of the recommendations might bring better balance into their work and therefore value to the WRHA.
- Would be interesting for LHIGs to introduce a topic that is important to the community, but may not be focused on board interests or priorities. It may be a topic unique to a specific area.
- Great job!

Findings and Recommendations

1. Continue to post the LHIG Evaluation Report on the LHIG web pages as part of overall transparency of LHIG processes.
2. Continue to elicit feedback from LHIG members about their experience and utilize this feedback to make improvements
3. Promote the LHIGs work and contributions at WRHA Annual General Meetings, on the WRHA website, and through social media.
4. Develop mechanisms to communicate with all levels of WRHA leadership regarding the role of LHIGs and their activities, processes, and recommendations. LHIG reports will be shared at senior leadership tables after they are presented to the Board.
5. Improve LHIG reports and support LHIG members in developing improved presentation skills.
6. Pay greater attention to facilitation of LHIG meetings and continue to ensure that discussions on are focused on issues and not personal experiences with the health system.
7. Increase LHIG staff time on recruitment efforts and continue to partner with other programs to promote recruitment.
8. Continue to support public engagement in Churchill community. Broader participation will be a focus for future engagement.

I Introduction

This annual evaluation utilizes the evaluation framework (see Appendix A) from the LHIG Terms of Reference. This year, we were able to compare the overall evaluation findings and progress of the LHIGs over the past eleven years. Data includes information collected regarding recruitment, meetings of the LHIGs, a year-end evaluation completed by LHIG members, member issues that arose during LHIG meetings, Board and Senior Management Surveys about the progress of the LHIGs, and how the input of the LHIGs has been used by the WRHA. For the first year, the LHIG Evaluation Report was posted on the WRHA website last year.

This past year, part of broad public and staff engagement, the LHIGs spent 3 of their 4 meetings providing input into the development of the 2016-21 Strategic Plan. At their first meeting, LHIG members received background information about the strategic planning process and then considered and shared their perspectives on the strengths, challenges, opportunities, and threats of the Winnipeg Regional Health Authority. At their second meeting, they provided input on current strategic priorities, recommended additional opportunities, and then ranked these. At their fourth meeting, they provided high level recommendations for action associated with their top 5 strategic priorities.

At the LHIGs' final meeting of the 2014-15, members helped to develop a regional Declaration of Patient Values. Members of the program advisory councils (Home Care, Mental Health, and Long Term Care) along with the Patient Family Advisory Council also participated in the process.

Consultations on strategic planning also took place in Churchill this past February. Two community consultations took place along with a staff consultation to provide input into priorities for the Churchill Health Centre.

In April, the LHIG Topic Selection Working Group (comprised of six LHIG members, 2 Board Liaisons, members of senior leadership, and LHIG staff) met to develop a short list of topics for the 2015-16 year of meetings. The short list of potential topics was shared at the All LHIGs Meeting in April and members voted to help rank the topics. The topic recommendation was presented and approved at the June Board meeting.

Recruitment for new members began in January 2015 for 3 year terms beginning in September 2015. We partnered with other WRHA program advisory councils, namely Mental Health, Home Care, and Quality so that we could run 2 advertisements in the Canstar community papers across the city and in La Liberté. This year 73 LHIG applications were received, more than doubling the number of applications received last year. The caliber of applicants continues to be exceptional and the diversity of the LHIGs continues to improve as well.

Interviews took place in May and June. New members were recommended to the Board for approval at the June meeting.

II Spring 2015 Recruitment

The process to recruit new members for Local Health Involvement Groups began in January 2015. Meetings were held with staff from WRHA Communications to develop a marketing strategy. We partnered with Mental Health, Home Care, and Quality areas so that we could run 2 advertisements in the Canstar community papers across the city and in La Liberté. A tag for the WRHA home page was also developed which was the same image used in the newspaper advertising.

LHIG staff also met with the community facilitators (community development) from each of the 12 community areas to discuss demographic and neighbourhood gaps on the LHIGs and to plan a targeted recruitment strategy together. Information on the LHIGs was shared through existing community networks and with community organizations that the facilitators were currently working with. Potential applicants were also discussed and then followed-up with by either LHIG staff or the community facilitator.

Current LHIG members also shared information about the LHIGs with their friends and neighbours. This is an extremely effective recruitment approach.

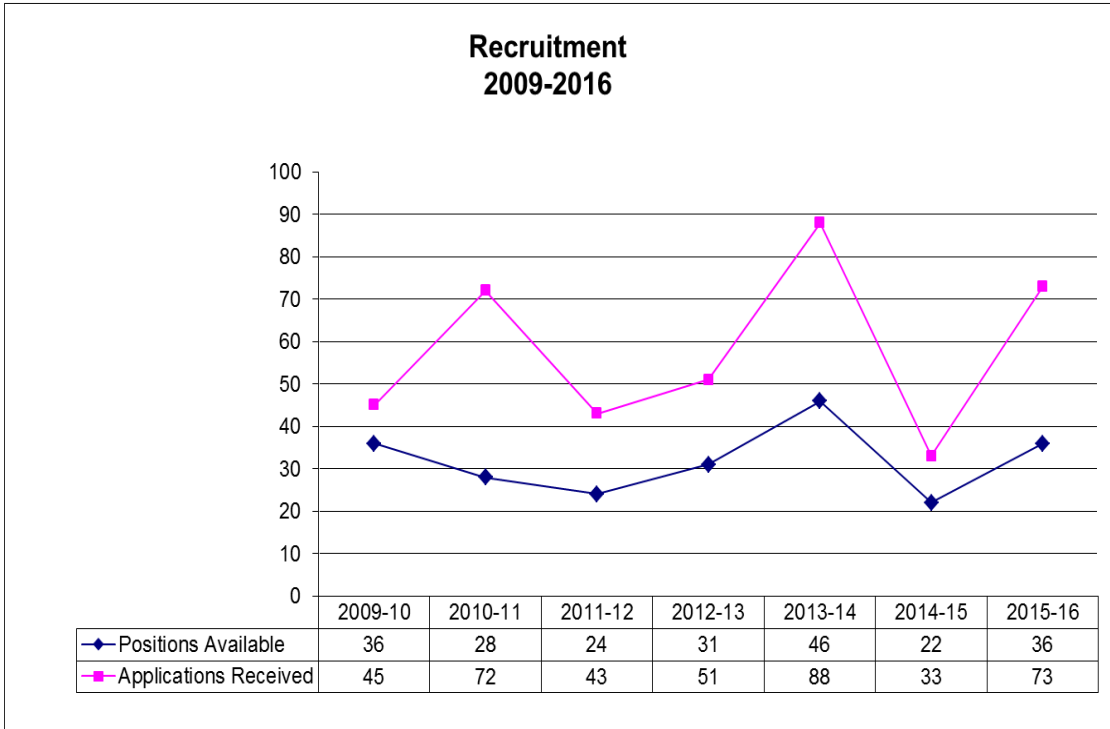
Staff recruited to fill 36 vacant positions on the LHIGs. Last year there were 22 vacancies. This year 73 applications were received. Last year 33 people applied. This year, we more than doubled applications received. And, the caliber of applicants continues to be exceptional and the diversity of the LHIGs continues to improve as well.

New members were appointed for a three year term that will begin in September 2015.

| Recruitment Year | Number of positions available | Number of applicants | Surplus nominations |
|-------------------------|--------------------------------------|-----------------------------|----------------------------|
| 2009-10 | 36 | 45 | 9 |
| 2010-2011 | 28 | 72 | 44 |
| 2011-2012 | 24 | 44 | 19 |
| 2012-13 | 31 | 51 | 20 |
| 2013-14 | 46 | 88 | 42 |
| 2014-15 | 22 | *33 | 11 |
| 2015-16 | 36 | 73 | 37 |

* The decrease in applications is partly reflective of reduced advertising budget and targeted recruiting to fill vacancies on specific LHIGs – less than ½ the vacancies as the previous year

Local Health Involvement Groups Recruitment 2009-2016



III Meeting Evaluations

A) Attendance

i) LHIG Members

| <u>LHIG</u> | <u># Meetings</u> | <u>Overall Attendance</u> 2011-2012 | <u>Overall Attendance</u> 2012-13 | Overall Attendance 2013-14 | <u>Overall Attendance</u> <u>2014-15</u> |
|--------------------------------|-------------------|--|--------------------------------------|-------------------------------|---|
| River East and Transcona | 4 | 75% | 64% | 61% | 77% |
| Seven Oaks and Inkster | 4 | 71% | 78% | 85% | 81% |
| St Boniface and St Vital | 4 | 78% | 85% | 80% | 74% |
| St James and Assiniboine South | 4 | 80% | 77% | 83% | 75% |
| Fort Garry and River Heights | 4 | 79% | 75% | 66% | 78% |
| Downtown and Point Douglas | 4 | 63% | 75% | 73% | 76% |
| Average attendance | | 74% | 76% | 75% | 77% |
| All LHIGs Meeting | | 60 people in attendance | 61 people in attendance | 68 people in attendance | 76 people in attendance |

ii) Board Liaisons:

| Year of meetings | 2009-10 | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 |
|------------------|---------|---------|---------|---------|------------|------------|
| Attendance Rate | 75% | 92% | 75% | 67%* | 75% | 83% |

B) Evaluation Indicators for LHIG Meetings

Meeting evaluation forms were completed following all four meetings per group (24 meetings). LHIG members also filled out an end of year evaluation at the conclusion of their last meeting.

1. Support to participate in the meeting:

- I received information that explained why we are exploring this topic and enough background information to help me prepare to participate in tonight's meeting.
- Any barriers that I could have experienced that would have made it difficult to participate in tonight's meeting were identified and addressed by staff. (For example, transportation, covering the cost of caregiver support, food allergies, etc.)

| | <u>River East / Transcona</u> | <u>Seven Oaks / Inkster</u> | <u>St Boniface / St Vital</u> | <u>St James / Assiniboine South</u> | <u>River Hts and Fort Garry</u> | <u>Downtown and Point Douglas</u> | <u>Average</u> | <u>Average 2013-14</u> |
|-----------------------------------|-------------------------------|-----------------------------|-------------------------------|-------------------------------------|---------------------------------|-----------------------------------|----------------|------------------------|
| Agree (Completely) | 67% | 80% | 76.5% | 84% | 81% | 84.5% | 79% | 82% |
| Agree (somewhat) | 21% | 6% | 10% | 2% | 8% | 7% | 9% | 14% |
| Neither Agree or Disagree | 4% | | 2% | 3% | 2% | 4% | 2.5% | 3% |
| Disagree (Somewhat or Completely) | 1% | | | | | | | 1% |
| Not Applicable | 7% | 14% | 11.5* | 11% | 9% | 4.5% | 9.5% | |

2. Meeting processes:

- I understand the importance of this topic to the Board of the WRHA and I am confident that my LHIG's input will be used by the Winnipeg health region.
- Facilitation of meeting – I had an opportunity to provide input and felt comfortable in sharing my perspective on this topic

| | <u>River East / Transcona</u> | <u>Seven Oaks / Inkster</u> | <u>St Boniface / St Vital</u> | <u>St James / Assiniboine South</u> | <u>River Hts and Fort Garry</u> | <u>Downtown/ Point Douglas</u> | <u>Average</u> | <u>Average 2013-14</u> |
|-----------------------------------|-------------------------------|-----------------------------|-------------------------------|-------------------------------------|---------------------------------|--------------------------------|----------------|------------------------|
| Agree (Completely) | 83% | 91% | 83% | 90% | 88% | 77.5% | 85% | 77% |
| Agree (somewhat) | 12% | 9% | 16% | 9% | 12% | 19% | 13.5% | 21% |
| Neither Agree or Disagree | 5% | | 1% | 1% | | 2% | 1.5% | 1% |
| Disagree (Somewhat or Completely) | | | | | | 1.5% | | 1% |

3. How did members find the meeting arrangements? (Location, facilities, food, etc.)

| | <u>River East / Transcona</u> | <u>Seven Oaks / Inkster</u> | <u>St Boniface / St Vital</u> | <u>St James / Assiniboine South</u> | <u>River Hts and Fort Garry</u> | <u>Downtown and Point Douglas</u> | <u>Average</u> | <u>Average 2013-14</u> |
|-------------------|-----------------------------------|---------------------------------|-----------------------------------|---|---|---|----------------|----------------------------|
| Excellent | 80% | 74% | 73% | 90% | 56% | 69% | 74% | 65% |
| Very Good | 17% | 23% | 10% | 7% | 34% | 27% | 20% | 30% |
| Good | 3% | 3% | 17% | 3% | 7% | 4% | 6% | 5% |
| Could be Improved | | | | | 3% | | | |
| Poor | | | | | | | | |

C) ORIENTATION EVALUATION Summary (24 surveys completed)

Purpose and use of evaluation: Thank you for taking a few minutes to complete an evaluation of your experiences as a LHIG member. We will be using your feedback to improve how the Local Health Involvement Groups are coordinated and supported by the WRHA.

A Content of Session:

Answer the following statements based on the extent to which you agree or disagree that the LHIG as a whole achieved the goals outlined for this session.

1. LHIG members gained an understanding of the Winnipeg Regional Health Authority and its role in the provision of health services in Winnipeg.
 - Completely Agree **79%**
 - Somewhat Agree **21%**
 - Neither Agree or Disagree
 - Somewhat Disagree
 - Completely Disagree

2. LHIG members gained an understanding of the structure, role, and purpose of the Local Health Involvement Groups.
 - Completely Agree **83%**
 - Somewhat Agree **17%**
 - Neither Agree or Disagree
 - Somewhat Disagree
 - Completely Disagree

3. LHIG members gained an understanding of how the Personal Health Information Act relates to their work as LHIG members.
 - Completely Agree **79%**
 - Somewhat Agree **17%**
 - Neither Agree or Disagree **4%**
 - Somewhat Disagree
 - Completely Disagree

4. LHIG members had an opportunity to meet the other members of their LHIG.
- Completely Agree **54%**
 - Somewhat Agree **46%**
 - Neither Agree or Disagree
 - Somewhat Disagree
 - Completely Disagree




B Organization of Orientation:

1. The orientation was well organized and the WRHA staff kept the orientation on track.
- Completely Agree **88%**
 - Somewhat Agree **12%**
 - Neither Agree or Disagree
 - Somewhat Disagree
 - Completely Disagree

Additional Comments on Session:

- Very professional and well organized! 😊
- Great orientation
- Taking members to their seats was a nice touch this time. Less confusion for us.
- Healthier food would be nice.
- Great team – expressed the information very well.
- Have all of the members introduce themselves and say a couple of things about themselves – not just names.
- Awesome!
- Well organized meeting as usual. Thanks Colleen for all of your hard work.

Churchill Engagement Session Evaluation Summary (12 surveys completed)
 Feedback on Churchill consultations...February 24 and 25, 2015

| Did you....??? |  |  |  |
|---|--|---|---|
| Have a good understanding of the purpose and goals of the meeting? | 100% | | |
| Understand what's happening with strategic planning for Winnipeg-Churchill health region? | 92% | 8% | |
| Have a chance to share your thoughts about strategic priorities for the next 5 years? | 100% | | |
| Share ideas for actions related to the priorities? | 100% | | |

Comments:

What did you like/enjoy about today's gathering?

- I enjoy hearing other community members' thoughts.
- Having input into what is a priority in Churchill.
- Listening to everyone.
- Opportunity to provide our input. Hear others' input; what is important to them.
- Chance to share ideas.
- The information sharing.
- Opportunity to participate.
- Hearing the ideas and opinions of others in the room.
- Very informative session. The presentation was well done!
- We are developing a plan.
- Great to have the opportunity to share our thoughts/ideas.

What didn't you like/enjoy about today's gathering?

- Too rushed.
- Time frame was short.
- Room was too warm.
- Pens didn't work. Would like to see more community members engaged.
- Getting here.
- People monopolizing the conversation.
- n/a 😊
- Can't think of anything.

Did you feel comfortable sharing your thoughts and ideas?

- Yes, although it was too rushed.
- Yes.

- Yes.
- Yes.
- Yes.
- Yes.
- Yes.
- Yes.
- Yes.
- Yes, good group of people
- Yes.

What could we have done differently to make it better?

- Allow more than 2 hours for the session.
- It was rushed at the end.
- More time for the session.
- Was looking for a bit more about what the health centre does now (but maybe not the purpose of the session). Perhaps having more time to brainstorm on actions to achieve results.
- 3 hours instead of 2 hours.

Other comments

- Enjoyed the opportunity to participate in “my” health care.
- Well done.
- Good job of keeping people on track/task.

IV End of Year Evaluation

Members of the Local Health Involvement Groups completed this evaluation at the end of their last meeting. (All comments included in summary).

A Meeting Participation and Supports

1. I feel that my LHIG reflects the diversity of my community.

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|---|----------------|------------|---------------------------|-----------|-------------------|------------|
| Seven Oaks and Inkster (11 surveys) | 37% | 45% | 9% | 9%* | | |
| River East and Transcona (9 surveys) | 44.5% | 55.5% | 11% | | | |
| St James and Assiniboine South (10 surveys) | 50% | 30% | | 20% | | |
| St Boniface and St Vital (11 surveys) | 45% | 45% | | 9% | | |
| River Heights and Fort Garry (7 surveys) | | 71% | 29% | | | |
| Downtown and Point Douglas (7 surveys) | 29% | 57% | 14% | | | |
| Average rate | 34% | 51% | 10% | 5% | | |

*requires 50/50 split of male/female members

2. I felt that a diversity of perspectives was encouraged in our discussions at LHIG meetings.

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|--------------------------|----------------|-------|---------------------------|----------|-------------------|------------|
| Seven Oaks and Inkster | 64% | 36% | | | | |
| River East and Transcona | 67% | 33% | | | | |

| | | | | | | |
|---------------------------------------|------------|------------|-----------|--|--|--|
| St James and Assiniboine South | 70% | 30% | | | | |
| St Boniface and St Vital | 64% | 27% | 9% | | | |
| River Heights and Fort Garry | 43% | 57% | | | | |
| Downtown and Point Douglas | 57% | 43% | | | | |
| Average rate | 61% | 38% | 1% | | | |

3. LHIG members were provided with access to supports to enable participation on the Group. (Taxi, caregiver support, special meals, etc.)

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|---------------------------------------|-----------------------|--------------|----------------------------------|-----------------|--------------------------|-------------------|
| Seven Oaks and Inkster | 91% | 9% | | | | |
| River East and Transcona | 78% | 22% | | | | |
| St James and Assiniboine South | 50% | 40% | 10% | | | |
| St Boniface and St Vital | 90% | 9% | | | | |
| River Heights and Fort Garry | 86% | 14% | | | | |
| Downtown and Point Douglas | 57% | 43% | | | | |
| Average rate | 75% | 23% | 2% | | | |

B Meeting Processes and Facilitation

1. I understood the objectives of our meetings – why we were exploring and providing feedback on the topics we were provided with

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|--------------------------------|----------------|------------|---------------------------|----------|-------------------|------------|
| Seven Oaks and Inkster | 64% | 36% | | | | |
| River East and Transcona | 44.5% | 55.5% | | | | |
| St James and Assiniboine South | 70% | 30% | | | | |
| St Boniface and St Vital | 55% | 45% | | | | |
| River Heights and Fort Garry | 43% | 57% | | | | |
| Downtown and Point Douglas | 57% | 43% | | | | |
| Average rate | 56% | 44% | | | | |

2. Staff explained how input from each topic would be used within the Winnipeg Regional Health Authority.

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|--------------------------------|----------------|-------|---------------------------|----------|-------------------|------------|
| Seven Oaks and Inkster | 82% | 18 | | | | |
| River East and Transcona | 44.5% | 55.5 | | | | |
| St James and Assiniboine South | 70% | 30 | | | | |
| St Boniface and St Vital | 64% | 36 | | | | |
| River Heights and Fort Garry | 71% | 29 | | | | |

| | | | | | | |
|-----------------------------------|------------|------------|--|--|--|--|
| Downtown and Point Douglas | 71% | 29% | | | | |
| Average rate | 67% | 33% | | | | |

3. I was satisfied with how the meetings were facilitated.

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|---------------------------------------|-----------------------|--------------|----------------------------------|-----------------|--------------------------|-------------------|
| Seven Oaks and Inkster | 55% | 45% | | | | |
| River East and Transcona | 67% | 33% | | | | |
| St James and Assiniboine South | 80% | 20% | | | | |
| St Boniface and St Vital | 82% | 18% | | | | |
| River Heights and Fort Garry | 86% | 14% | | | | |
| Downtown and Point Douglas | 71% | 29% | | | | |
| Average rate | 74% | 26% | | | | |

4. I felt that I was listened to in a respectful manner.

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|---------------------------------------|-----------------------|--------------|----------------------------------|-----------------|--------------------------|-------------------|
| Seven Oaks and Inkster | 82% | 18% | | | | |
| River East and Transcona | 78% | 22% | | | | |
| St James and Assiniboine South | 80% | 20% | | | | |
| St Boniface and St Vital | 82% | 9% | 9% | | | |

| | | | | | | |
|-------------------------------------|------------|------------|--|--|--|--|
| River Heights and Fort Garry | 71% | 29% | | | | |
| Downtown and Point Douglas | 86% | 14% | | | | |
| Average rate | 80% | 20% | | | | |

5. The facilitator encouraged all voices to be heard.

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|---------------------------------------|-----------------------|--------------|----------------------------------|-----------------|--------------------------|-------------------|
| Seven Oaks and Inkster | 91% | 9% | | | | |
| River East and Transcona | 55% | 45% | | | | |
| St James and Assiniboine South | 80% | 20% | | | | |
| St Boniface and St Vital | 90% | 9% | | | | |
| River Heights and Fort Garry | 86% | 14% | | | | |
| Downtown and Point Douglas | 71% | 29% | | | | |
| Average rate | 79% | 21% | | | | |

C Reports and Feedback

1. The meeting notes and reports were reflective of the discussions and input that my LHIG provided on the topics.

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|--------------------------------|----------------|------------|---------------------------|----------|-------------------|------------|
| Seven Oaks and Inkster | 82% | 18% | | | | |
| River East and Transcona | 44.5% | 55.5% | | | | |
| St James and Assiniboine South | 60% | 40% | | | | |
| St Boniface and St Vital | 73% | 18% | | | | 9% |
| River Heights and Fort Garry | 43% | 57% | | | | |
| Downtown and Point Douglas | 43% | 57% | | | | |
| Average rate | 58% | 41% | | | | 1% |

2. I understood the process of how our reports/suggestions would be used within the WRHA.

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|--------------------------------|----------------|-------|---------------------------|----------|-------------------|------------|
| Seven Oaks and Inkster | 64% | 36% | | | | |
| River East and Transcona | 44.5% | 55.5% | | | | |
| St James and Assiniboine South | 40% | 60% | | | | |
| St Boniface and St Vital | 55% | 27% | 9% | 9% | | |
| River Heights and Fort Garry | 43% | 57% | | | | |

| | | | | | | |
|-----------------------------------|------------|------------|-------------|-------------|--|--|
| Downtown and Point Douglas | 43% | 57% | | | | |
| Average rate | 48% | 49% | 1.5% | 1.5% | | |

3. I was informed about how past LHIG reports and suggestions had been used by the WRHA.

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|---------------------------------------|-----------------------|--------------|----------------------------------|-----------------|--------------------------|-------------------|
| Seven Oaks and Inkster | 64% | 27% | 9% | | | |
| River East and Transcona | 44.5% | 55.5% | | | | |
| St James and Assiniboine South | 40% | 60% | | | | |
| St Boniface and St Vital | 45% | 45% | | 9% | | |
| River Heights and Fort Garry | 29% | 71% | | | | |
| Downtown and Point Douglas | 57% | 43% | | | | |
| Average rate | 47% | 50% | 1.5% | 1.5% | | |

4. I have a greater understanding of the topics that we explored.

| LHIG | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Don't Know |
|---------------------------------------|-----------------------|--------------|----------------------------------|-----------------|--------------------------|-------------------|
| Seven Oaks and Inkster | 73% | 27% | | | | |
| River East and Transcona | 33% | 67% | | | | |
| St James and Assiniboine South | 40% | 60% | | | | |

| | | | | | | |
|-------------------------------------|------------|------------|-----------|--|--|--|
| St Boniface and St Vital | 55% | 36% | 9% | | | |
| River Heights and Fort Garry | 57% | 43% | | | | |
| Downtown and Point Douglas | 57% | 43% | | | | |
| Average rate | 53% | 46% | 1% | | | |

D Suggestions and Future Participation

1. Do you have any ideas/suggestions to improve the LHIG processes or the experience of members?

| | |
|--|--------------------------------|
| <ul style="list-style-type: none"> ○ I think that these meetings are very well organized and very well explained. ○ Not at this time. I found locations, times, discussions, facilities, food, etc. to be excellent. ○ None. ○ Advertise for new members more widely in order to improve balance of male/female membership. | Seven Oaks and Inkster |
| <ul style="list-style-type: none"> ○ Would like to have Dr. Mike Routledge as guest speaker for All LHIGs Meeting. Use larger font on the power point handouts. ○ Like using 'post it' notes during meetings. ○ During the interview process, make sure applicants understand the purpose of the LHIG, that it is not a forum for personal agendas. ○ I like working in small groups. It is easier to get a discussion going. Dinners are great! | River East and Transcona |
| <ul style="list-style-type: none"> ○ Coffee at meetings please. | St James and Assiniboine South |
| <ul style="list-style-type: none"> ○ Not at the moment ○ More meeting date selection ○ No, the processes are very effective as is. ○ Having the meeting schedule or tentative schedule at the first meeting of the year. | St Boniface and St Vital |
| <ul style="list-style-type: none"> ○ Can't think of anything at the moment ○ Not at this time ○ Great job. Could use more men on the group. ○ Perhaps hold meetings on weekends if possible. | River Heights and Fort Garry |
| <ul style="list-style-type: none"> ○ Sometimes feels rushed. Should meetings be longer or should there be an extra meeting? ○ Keep on exploring communications between the medical professionals and the patients. Schedule additional meeting, if needed. | Downtown and Point Douglas |

2. Would you be interested in participating in other public/patient engagement initiatives at the WRHA?

| | |
|---|------------------------|
| <ul style="list-style-type: none"> ○ Really enjoyed and learned a lot from this experience. I would enjoy doing it again. It's nice to see that our input really does get used. ○ Colleen is great at keeping us on track and on pace at meetings! ○ Yes, I would. ○ Yes. ○ Yes, especially with regards to mental health. | Seven Oaks and Inkster |
|---|------------------------|

| | |
|---|--------------------------------|
| <ul style="list-style-type: none"> <input type="radio"/> Yes, I would. <input type="radio"/> Would be helpful to have definitions of terms used during the meetings so that we could understand them better. <input type="radio"/> Would love to once my term is completed. <input type="radio"/> Yes – very interested. <input type="radio"/> Not at this time. | River East and Transcona |
| <ul style="list-style-type: none"> <input type="radio"/> Yes | St James and Assiniboine South |
| <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> Perhaps in the future <input type="radio"/> yes | St Boniface and St Vital |
| <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> Yes I would be <input type="radio"/> Yes, mental health advisory council | River Heights and Fort Garry |
| <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> Yes | Downtown and Point Douglas |

Other Comments:

| | |
|--|--------------------------------|
| <ul style="list-style-type: none"> <input type="radio"/> Great experience. | Seven Oaks and Inkster |
| <ul style="list-style-type: none"> <input type="radio"/> It was a great opportunity for us to provide input on the topics. I would have had the facilitator read what was written on each flipchart so we go that whole picture/wrap-up. <input type="radio"/> Good meeting as it was good to say our good-byes. <input type="radio"/> Thank you Colleen for being a very effective facilitator and I appreciate your passion for excellence in health care. <input type="radio"/> Well led meetings and a great experience to work with everyone in the area. | River East and Transcona |
| <ul style="list-style-type: none"> <input type="radio"/> None | St James and Assiniboine South |
| <ul style="list-style-type: none"> <input type="radio"/> None | St Boniface and St Vital |
| <ul style="list-style-type: none"> <input type="radio"/> Was very informative and provided the opportunity to offer my opinions. | River Heights and Fort Garry |
| <ul style="list-style-type: none"> <input type="radio"/> Great discussions. | Downtown and Point Douglas |

V All LHIGs Meeting Evaluation (29 evaluations completed)

1. I felt that the keynote presentation by Dr Harvey Chochinov to be informative and enjoyable.

| Completely Agree | Somewhat Agree | Neither Agree or Disagree | Somewhat Disagree | Completely Disagree |
|------------------|----------------|---------------------------|-------------------|---------------------|
| 83% | 14% | 3% | | |

Last year, 93% completely agreed and 7% somewhat agreed

Comments:

- Would like to hear more presentations by him – he expresses a valuable link in all patient care.
- The presentation had really good points and was interesting. Good speaker.
- The presentation was good but very dry. I enjoyed the question part more and found the question part more interesting.
- Absolutely inspiring, it made my evening.
- It was exceptional. I wish all caregivers could be exposed to his presentation.
- Encore!
- Dr Chochinov spoke to my heart!
- I really enjoyed Dr Chochinov's presentation – a real eye opener.
- Interesting talk and also related well to the issues discussed in our LHIGs.

2. The meeting provided an opportunity for LHIG members to receive recognition for their contributions.

| Completely Agree | Somewhat Agree | Neither Agree or Disagree | Somewhat Disagree | Completely Disagree |
|------------------|----------------|---------------------------|-------------------|---------------------|
| 90% | 10% | | | |

Last year, 72.5% completely agreed, 25% somewhat agreed, and 2.5% neither agreed nor disagreed.

Comments:

- Nice touch to specifically thank departing members.
- I liked how everyone was recognized for their participation with the LHIGs.
- Thank you for making this happen in such a personal way. Certificates were appreciated.
- It's nice to be recognized.

3. The All-LHIGs meeting provided an opportunity for LHIG members to share their work and hear about the work of the other LHIGs.

| Completely Agree | Somewhat Agree | Neither Agree or Disagree | Somewhat Disagree | Completely Disagree |
|------------------|----------------|---------------------------|-------------------|---------------------|
| 76.5% | 17.5% | 6% | | |

Last year, 70% completely agreed, 17.5% somewhat agreed, and 12.5% neither agreed nor disagreed.

Additional Comments on All-LHIG Meeting:

- The usual excellent event.
- Colleen handled all comments really well.
- Good job.
- Might be good to have more LHIG engagement. Nice to see all LHIG members in one room.
- If presentation will be volunteers reading slides – then put less text/info on the slides. Adults don't need to be read to, we can read.
- Congratulations to the presentation team for putting this together.

VI Member Issues

Occasionally, a member raises an issue or concern regarding a health-related issue in the community or an issue of a personal nature that falls outside the scope of the LHIG's work and/or role. When an issue is brought forward, LHIG staff work with the member (outside of the meeting) to resolve the issue or bring it to the attention of the appropriate WRHA staff. Upon resolution, the member often shares how the issue was acted upon at a subsequent meeting of their LHIG.

During this past year of LHIG meetings, no issues were brought forward by members. The number of member issues brought forward has declined significantly since the inception of the LHIGs in 2002. This is likely due to the increased clarity of the role of the LHIGs which is shared with prospective LHIG members during the recruitment and selection process and in the orientation of members prior to meetings beginning in the fall.

VII Board and Senior Leadership Survey Results

A number of new questions were added to the surveys to the Board and Senior Leadership. The purpose was to find out how long they had been in their position and their overall awareness and understanding of the role of the LHIGs.

Summary of Board Member Responses (13 Board members completed the survey)

A. How long have you been on a Board?

| | |
|-----------------------|------------|
| Less than one year | 8% |
| One to two years | 8% |
| Two to three years | 15% |
| More than three years | 69% |

B. Have you attended a presentation of Local Health Involvement Groups? (Presentation at Board meeting and/or All LHIGs Meeting)?

| | |
|-----|------------|
| Yes | 85% |
| No | 15% |

C. Are currently/or have you been a Liaison/Alternate Liaison to a LHIG?

| | |
|-----|------------|
| Yes | 77% |
| No | 23% |

Role and Membership of LHIG's

1. I understand the advisory role of the LHIGs.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|-----------|-------------------|------------|
| 77% | 15% | | 8% | | |

Last year, 92% agreed and 8% neither agreed nor disagreed with this statement.

2. I understand the role of Board Liaisons to the LHIGs.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|-----------|----------------------------|-----------|-------------------|------------|
| 77% | 8% | 8% | 8% | | |

Last year, 100% agreed.

3. I believe the LHIG members reflect the diversity of the community areas.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|-----------|-------------------|------------|
| 31% | 46% | 15% | 8% | | |

Last year, 75% agreed and 25% neither agreed nor disagreed.

Comments:

- I think that our group also understands that they need greater diversity but it is difficult to achieve. The LHIGs make a great effort to make it possible for people to serve – taxis, family support, etc.
- Agree with diversity, but could be more diverse.
- I think this (diversity) is an area of challenge for recruitment.

- There is no LHIG in Churchill.

Support Provided

4. I believe that the staff supports the LHIGs' Board Liaisons.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|----------|-------------------|------------|
| 61% | 31% | 8% | | | |

Last year, 33% strongly agreed, 42% agreed, and 25% neither agreed nor disagreed with this statement.

5. I believe that the staff support the LHIGs

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|----------|-------------------|------------|
| 77% | 23% | | | | |

Last year, 50% strongly agreed, 42% agreed, and 8% neither agreed nor disagreed with this statement.

Leads to Action

6. The LHIG reports (for example, public engagement, sustaining the health care system, chronic disease, addressing effective patient flow, compassionate care, immigrant and refugee health, input into the 2016-21 strategic plan, etc.) are valuable in providing the Board and Senior Management with community perspectives about the issues and enhance our understanding of that issue.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|----------|-------------------|------------|
| 61% | 23% | 15% | | | |

Last year, 92% agreed and 8% disagreed.

7. The LHIG reports provide information to assist in decision-making related to those issues explored by the Groups.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|----------|-------------------|------------|
| 46% | 46% | 8% | | | |

Last year, 83% agreed, 8% neither agreed nor disagreed, and 8% disagreed.

Value Added

8. The LHIGs are a value-added mechanism to support the WRHA and strategic directions of the Board.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|----------|-------------------|------------|
| 61% | 31% | | | | 8% |

Last year, 92% agreed and 8% neither agreed nor disagreed with this statement.

9. The reports and presentations from the LHIGs are of good quality and the formatting of the reports works well.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|----------|-------------------|------------|
| 46% | 46% | | | | 8% |

Last year, 92% agreed and 8% neither agreed nor disagreed.

Comments:

- At times there is duplication in the reports that could be edited.

10. Suggestions for improving LHIGs:

Comments:

- Communication needs are very diverse on this. Needs innovation and care.
- Just keep them going.
- Just make sure that they keep functioning.

Summary of Senior Leadership Responses

(13 members of Senior Leadership completed this survey)

A How long have you been a member of the senior leadership team?

| | |
|----------------------|-----|
| Less than one year | |
| One to three years | 23% |
| Three to five years | 15% |
| More than five years | 62% |

B Have you attended a presentation of LHIGs? (Presentation at Board meeting and/or All LHIGs Meeting)

| | |
|-----|-----|
| Yes | 77% |
| No | 23% |

Role and Membership of LHIG's

1. I understand the advisory role of the LHIGs.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|----------|-------------------|------------|
| 46% | 54% | | | | |

Last year, 100% agreed.

2. I understand the role of Board Liaisons to the LHIGs.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|----------|-------------------|------------|
| 38% | 54% | 7.5% | | | |

Last year, 91% agreed and 9% disagreed with this statement.

3. I believe the LHIG members reflect the diversity of the community areas.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|--------------|----------------------------|----------|-------------------|-------------|
| 38% | 31.5% | 23% | | | 7.5% |

Last year, 91% agreed and 9% responded that they didn't know.

Comments:

- The LHIGs continue to be committed groups of volunteer community members who provide public perspectives on issues facing the health region.
- Some members are there it seems only to further their own cause or situation but that is to be expected.
- I'm not sure if LHIG members feel they are well connected to community networks, agencies, or groups, or do they speak as individual citizens? They may appreciate opportunities to consult with agencies within the community areas.

Support Provided

4. I believe that the staff supports the LHIGs’ Board Liaisons.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don’t Know |
|----------------|------------|----------------------------|----------|-------------------|-------------|
| 54% | 23% | 15% | | | 7.5% |

Last year, 73% agreed and 27% responded that they didn’t know.

5. I believe that the staff support the LHIGs

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don’t Know |
|----------------|------------|----------------------------|----------|-------------------|-------------|
| 38% | 46% | 7.5% | | | 7.5% |

Last year, 73% agreed 27% responded that they didn’t know.

Comments:

- The LHIGs would not happen without the support.

6. Leads to Action

The LHIG reports (for example, public engagement, sustaining the health care system, chronic disease, addressing effective patient flow, learning from patient experiences, compassionate care, immigrant and refugee health, etc.) are valuable in providing the Board and Senior Management with community perspectives about the issues and enhance our understanding of that issue.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don’t Know |
|----------------|------------|----------------------------|----------|-------------------|------------|
| 38% | 54% | 7.5% | | | |

Last year, 90% agreed and % disagreed.

7. The LHIG reports provide information to assist in decision-making related to those issues explored by the LHIGs.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don’t Know |
|----------------|------------|----------------------------|----------|-------------------|-------------|
| 23% | 46% | 23% | | | 7.5% |

Last year, 82% agreed and 18% neither agreed nor disagreed.

Comments:

- Not clear as to how much of the work submitted by the LHIGs is incorporated into our day to day operations.
- LHIG reports are used by staff in program planning and evaluation.

Value Added

8. The LHIGs are a value-added mechanism to support the WRHA and strategic directions of the Board.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|----------|-------------------|------------|
| 46% | 46% | 7.5% | | | |

Last year, 91% agreed and 9% responded that they did not know.

9. The reports and presentations from the LHIG's are of good quality and the formatting of the reports works well.

| Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|----------------|------------|----------------------------|----------|-------------------|------------|
| 38% | 46% | 15% | | | |

Last year, 82% agreed, and 9% neither agreed nor disagreed, and 9% did not know.

10. Suggestions for improving the Local Health Involvement Groups

- Encourage local team managers to also attend some meetings to hear community first hand!
- None, other than a tracking of LHIG recommendations and which ones have been implemented.
- Colleen – you do a fantastic job! I have no suggestions for improvement – perhaps an updated on CA specific trends or issues once a year/at first meeting. I don't know if that will help but may be considered.
- I think the groups don't consider (or have difficulty in considering) the practicality of their recommendations. Even if they might have the backgrounds to do so, even an attempt to consider the possible operational or management consequences of the recommendations might bring better balance into their work and therefore value to the WRHA.
- Would be interesting for LHIGs to introduce a topic that is important to the community, but may not be focused on board interests or priorities. It may be a topic unique to a specific area.
- Great job!

VIII Use of LHIGs' Input

Local Health Involvement Groups (Winnipeg-Churchill Health Region) Feedback Update -- October 2015

Every year, 90 citizens actively participate on Local Health Involvement Groups (LHIGs) to provide advice and their unique community perspectives on significant health issues to the WRHA Board. The input of these groups helps ensure that we build a health care system that better meets the needs of everyone in the Winnipeg health region.

Between September and May, the LHIGs meet to explore and provide feedback on 2 topics/issues. This update provides information on how input and ideas from many reports has been used by the Winnipeg Health Region and its programs and services how their input has impacted policy and strategy and influenced decision-making.

In 2014, consultations on LHIG topics began to take place in Churchill, Manitoba which joined the Winnipeg health region in 2011.

Declaration of Patient Values (May 2015)

- The Declaration of Patient Values report has been presented to numerous committees – including the Professional Advisory Committee, the Collaborative Care Committee, The Regional Ethics Council, and the Health for All Steering Committee
- Currently, a knowledge translation tool is being developed to share with staff and volunteers across all programs, sites, and with our funded agencies
- In some areas, such as the group looking at restructuring rehabilitation services in the community, the declaration of patient values was fully integrated into the principles adopted by the group as they undertook their deliberations.

Input into 2016-2011 Strategic Plan (March 2015)

- There was broad public and staff input into setting priorities for the new plan
 - The LHIGs and program advisory councils (Mental Health, Home Care, and Long Term Care) held meetings to get feedback on priorities from the current plan and to discuss future priorities for the Winnipeg Health Region
 - There were on-line surveys (and mail in surveys available as well) for the public and staff to be able to provide input
- Input from LHIGs helped inform priorities, especially regarding equity
- LHIGs were able to provide patient and family perspectives that were incredibly important, especially regarding WRHA strengths and weaknesses and what the future priorities should be for the region.
- LHIG input was used at multiple levels in the strategic plan and will be shared with programs throughout the region as operational plans evolve.

Churchill Community and Staff Consultations on Priorities for the Churchill Health Centre (February 2015)

- Consultations and priority setting resulted in the following actions:
 - Development of a model for continuity of care including Assisted Living, Home Care, and Long Term Care with inclusion of capacity for people from Nunavut
 - Proposal for in-house endoscopy program with capacity for people from Nunavut
 - Plans for further community engagement to support mental health programs (this was ranked as the top priority by community)
 - Formation of a Children’s Committee to oversee and coordinate activities related to children. (For example, resource sharing and cross training)

Transparency and Accountability in Healthcare Report (June 2014)

- During LHIG meetings on this topic there was open discussion between senior leaders and LHIG members on the push for greater transparency and the challenges of greater transparency
- Senior leaders, in response to LHIG recommendations for greater transparency and openness about problems within the health care system, felt supported in disclosing issues to the media that they might have been unsure about sharing in the past, e.g. confidentiality breaches, wait times in emergency, etc.
- LHIGs recommended that the region evaluate and share the results of implementation processes and outcomes in relation to health system performance, quality improvement, and patient perspectives
- The WRHA is working with Manitoba Health, Health Living and Seniors to support the primary care renewal evaluation. This will include a public survey.

Community Health Assessment Report (January 2014)

- The Community Health Assessment Report was presented to the Community Health Assessment Advisory Committee in January 2014 which accepted the recommendations in the report
- A community consultation on the Community Health Assessment took place in Churchill and the feedback from the community informed the development of a new community profile
- The LHIGs recommendation for further consultation resulted in a second phase of community consultation in the 12 community areas of the Winnipeg health region which took place. The draft community profiles were shared with community facilitators and some members of the health advisory groups in September for feedback and suggestions for final revisions.

Advance Care Planning Report (May 2013)

- The key recommendations from the report will continue to inform the next steps of advance care planning tools for patients, families, and health care providers

- The report continues to be shared with community groups across Winnipeg, including the group, ACES, a seniors community group that collaborates on various learning opportunities, in February
- The report definitely highlighted the importance of the patient's perspective and it helped inform the decision to be part of the ACCEPT national study that looks at the communication of Advanced Care Planning/goals of care with patients during their hospital stay.

Sustainability of the Health Care System: Community Perspectives (January 2013)

- There continues to be very positive feedback from senior leaders about the level of engagement by members of the LHIGs and of their knowledge of the health care system on the challenge of building a sustainable health care system. LHIG members had very good perspectives on where the health system needs to go (like upstream investments and addressing inequities) and the types of things that senior leaders should consider when making tough resourcing decisions.
- The report was much appreciated and will be used to inform future conversations related to funding criteria for resource allocation
- Winnipeg was the first region in Canada to engage the public on resource allocation criteria

Public Engagement in Health: Community Perspectives (January 2012)

Learning from Patient Experiences: Community Perspectives (June 2008)

- The Public Engagement in Health Report has informed the strategy to develop web-based tools and an information hub on public and patient engagement for the public and staff
- This report was also instrumental in the development of a strategy to engage cultural, linguistic, and vulnerable populations
 - Currently working with the Francophone community to begin consultation process on LHIG topics
 - Piloting engagement approach for Aboriginal/Metis/Inuit population on LHIG topics
- Volunteers are being used to get feedback from residents of long term care facilities about their experience. This concept was suggested in the Learning from Patient Experiences Report. In 2012, the Home Care program piloted the approach of using volunteers to survey home care clients for feedback on their care.
- Specialized Services for Children and Youth (SSCY) has engaged families throughout the development process including space planning, recommending the parking canopies, etc. The new SSCY building is the old Christies building on Notre Dame.

Building a Primary Care System: Feedback on Primary Care Home and Network (January 2011)

- This report informed the planning tables of Primary Care Networks, now known as My Health Teams. This strategy continues to be implemented and numerous recommendations from the advisory groups about elements critical to primary care are found within this strategy – like, connecting patients with family doctors, inter-professional teams, working with other partners in government and community, the importance of electronic medical records, chronic disease prevention, and accessibility issues (like hours of operation and more primary care based in community.) Below are some updates on the progress of this initiative:
 - Family doctor finder_--- as of August 2015, 36,297 patients matched – 89%, 100 family physicians engaged
 - In partnership with family physician practices, other agencies, and Manitoba Health, My Health Teams (formerly known as Primary Care Networks) are evolving in 6 Community Area Pairs
 - Electronic medical records (EMR) have been implemented in all WRHA primary care direct operations and funded sites, physicians are being engaged to inform technology development and implementation
 - The Primary care system is engaging partners from across acute, long-term care, emergency, and community services and agencies.
 - Community-based care initiatives – 3 Hospital Home Teams, 3 Quick Care Clinics (3 open – Marion, Dakota and McGregor) and 3 more Quick Care Clinics planned (Southdale, Seven Oaks and St. James)
 - Integration across programs -- Cancer Hub (links to ER, Family Doctor Finder, DI etc.), linkages across WRHA programs such as Emergency, Pharmacy, community programs, Support Services for Seniors (49 organizations), Home Care, Mental Health (Shared Care), Inspired! (COPD), and Chronic Disease Management e.g. diabetes
 - Working to ensure that inter-professional teams are in place to support primary care system development in Winnipeg and to engage inter-professional teams in fee for service and support My Health Team development. As of September 2015, 13 staff are working in fee-for-service clinics
 - Utilization of physician assistants in family medicine and primary care settings.

Reflections on the LHIGs from Board and Senior Leadership (April 2015)...direct quotes:

- I think the LHIGs do a wonderful job and provide great value to the WRHA. Really appreciate the insight and feedback they have given in their own reflections and experiences of the health care system
- The LHIGs and their members are reflective of how the WRHA is doing at caring for individuals throughout the region.
- The work done by the LHIGs is valuable and essential. Information from the LHIGs helps direct the board and the WRHA.

- Members of the LHIGs provide important and often different perspectives than those held by people who work in our healthcare system. Listening and consideration of those perspectives ultimately contributes to better decisions.
- I am always grateful to the people who volunteer their time and talent to participate in the LHIGs. They bring us a thoughtful perspective on the issues we work to address that is “outside” the perspectives we get from the health care professionals in the system. They share with us how the experience our system or how they would like to experience our system and that is very valuable information for those of us responsible for senior level planning and decision making to hear and incorporate.
- The work of the LHIGs is very important to our community engagement strategy. The board sincerely appreciates their perspectives and inputs. This is input that is unique in the way that it is gathered, and cannot be duplicated by any other means. We are fortunate, indeed, to have individuals who are willing to commit their time to this important process.
- I know a lot of the meetings are after hours, and on personal time, often during the coldest months of the year (such as our strategic planning engagements). They are very much appreciated. I would like to take the opportunity on behalf of the Quality Portfolio to commend the LHIGs for this and thank the members for all of their hard work.
- I would just like to thank and acknowledge the LHIGs for all of their dedication and hard work in health system decisions and policy.

Other ways that LHIG input and processes being used

- The LHIG manager remains engaged as part of a national network on public engagement in health
- The experience of the LHIGs continues to inform the development and support of broad public and patient engagement across the Winnipeg health region – including consulting programs and sites on engagement initiatives
- Work on patient engagement in health research has utilized the experience of the LHIGs
- Province-wide work on public engagement in health has incorporated many of the processes and tools originally developed for LHIGs
- LHIG staff work with different levels of government to support the development of appropriate citizen engagement strategies and approaches
- In late 2014, LHIG staff were part of a Canadian working group that won a North American award for their creation of evaluation tools for public engagement in health

Appendix A Evaluation Framework

In evaluating the work and on-going progress of the Local Health Involvement Groups, the framework for evaluation from the LHIG Terms of Reference was utilized.

| Evaluation Issue/Goal | Indicator |
|--|--|
| <p>The interest of the community/boards in the Local Health Involvement Groups.</p> <p>LHIGs will be reflective of the diversity of each of the associated geographic communities.</p> <p>The member commitment in supporting the functions of the Local Health Involvement Groups.</p> <p>The WRHA Board support of the Local Health Involvement Groups.</p> <p>The WRHA Senior Management support of the Local Health Involvement Groups.</p> <p>LHIG members feel that their involvement is meaningful and their input is valued.</p> <p>The WRHA funded health organizations support the LHIGs.</p> <p>Staff provides appropriate support and guidance to LHIGs.</p> | <ul style="list-style-type: none"> • The number of nominations/applications received per community area. (in each of the membership categories) • The perception of LHIG members, the WRHA Board and WRHA Senior Management of the diversity of the LHIG membership. • Long term commitment/participation of members through number of meetings attended • LHIG meetings attended by the appointed Board Liaison person. • Board and LHIG Attendees at joint meetings • Board member perception of the value and use of LHIG input • Senior Management Attendees at joint meetings • Senior Management perception of the value and use of LHIG input • Perceived value of community members' input by LHIG members • Perceived value of LHIG participation by the represented WRHA funded organization. • Perception of the LHIG members, WRHA Board members and WRHA senior management of the support provided by WRHA staff to the LHIGs. |

Appendix B – Local Health Involvement Groups Diversity Table (2014-15)
Total Members – 85 people

| | Downtown and Point Douglas | River East and Transcona | St James and Assiniboine South | St Boniface and St Vital | River Heights and Fort Garry | Seven Oaks and Inkster | Total and/or Average | Average 2013-14 |
|---|------------------------------------|-------------------------------------|------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|--|-----------------------------------|
| Diversity – (cultural, socio-economic, religious, marginalized or vulnerable (disability, sexual orientation)) | 8/13 62% | 6/15 40% | 6/13 46% | 7/15 47% | 5/15 33% | 7/14 50% | 39/85 (46%) | 48% |
| First Nations – Inuit, Métis, Aboriginal | 1 | 4 | 2 | 2 | 2 | none | 11 (13%) | 12% |
| Number of people working in health care | None | 1 | 1 | 2 | 3 | none | 7 8% | 10% |
| Youth (under 30) and seniors | 3 youth 4 seniors | 5 seniors | 5 seniors | 1 youth 3 senior | 2 youth 3 seniors | 3 seniors | 23 seniors (27%) 6 youth (7%) | 28% |
| Men/Women | 6 Men (46%) 7 Women (64%) | 5 Men (33%) 10 Women (66%) | 5 Men (38%) 8 Women (72%) | 7 Men (47%) 8 Women (63%) | 3 Men (20%) 12 Women (80%) | 4 Men (29%) 10 Women (71%) | 30 Men (35%) 55 Women (65%) | 32% men 68% women |

Appendix C – Surveys

Local Health Involvement Groups EVALUATION

Support to participate in the meeting:

1. I received information that explained why we are exploring this topic and enough background information to help me prepare to participate in tonight's meeting.

| | | | | |
|------------------|----------------|---------------------------|-------------------|---------------------|
| Completely Agree | Somewhat Agree | Neither Agree or Disagree | Somewhat Disagree | Completely Disagree |
|------------------|----------------|---------------------------|-------------------|---------------------|

2. Any barriers that I could have experienced that would have made it difficult to participate in tonight's meeting were identified and addressed by staff. (for example, transportation, covering the cost of caregiver support, food allergies, etc.)

| | | | | |
|------------------|----------------|---------------------------|-------------------|---------------------|
| Completely Agree | Somewhat Agree | Neither Agree or Disagree | Somewhat Disagree | Completely Disagree |
|------------------|----------------|---------------------------|-------------------|---------------------|

Meeting processes:

3. I understand the importance of this topic to the Board of the WRHA and I am confident that my LHIG's input on this topic will be used by the Winnipeg health region.

| | | | | |
|------------------|----------------|---------------------------|-------------------|---------------------|
| Completely Agree | Somewhat Agree | Neither Agree or Disagree | Somewhat Disagree | Completely Disagree |
|------------------|----------------|---------------------------|-------------------|---------------------|

4. Facilitation of meeting – I had an opportunity to provide input and felt comfortable to share feedback on this topic.

| | | | | |
|------------------|----------------|---------------------------|-------------------|---------------------|
| Completely Agree | Somewhat Agree | Neither Agree or Disagree | Somewhat Disagree | Completely Disagree |
|------------------|----------------|---------------------------|-------------------|---------------------|

5. Overall, how did you find the meeting arrangements? (location, room set-up, facilities, refreshments, parking, etc.).

| | | | | |
|-----------|-----------|------|-------------------|------|
| Excellent | Very Good | Good | Could be Improved | Poor |
|-----------|-----------|------|-------------------|------|

Additional Comments:

LHIG
End of Year Evaluation March 2015

Members of all Local Health Involvement Groups are being asked to complete this evaluation following their last meeting of 2013/2014. (Please circle your responses)

A Meeting Participation and Supports

1. I feel that my Group reflects the diversity of my community.

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

2. I felt that a diversity of perspectives was encouraged in our discussions at Group meetings.

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

3. LHIG members were provided with access to supports to enable participation on the Group. (taxi's, caregiver support, special meals, etc.)

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

B Meeting Processes and Facilitation

1. I understood the objectives of our LHIG meetings – why we were exploring and providing feedback on the topics we were provided with

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

2. Staff explained how input from each topic would be used within the Winnipeg Regional Health Authority.

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

3. I was satisfied with how the meetings were facilitated.

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

4. I felt that I was listened to in a respectful manner.

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

5. The facilitator encouraged all voices to be heard.

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

C Reports and Feedback

1. The meeting notes and reports were reflective of the discussions and input that my LHIG provided on the topics.

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

2. I understood the process of how our reports/suggestions would be used within the WRHA.

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

3. I was informed about how past LHIG reports and suggestions had been used by the WRHA.

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

4. I have a greater understanding of the topics that we explored.

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Don't Know

D Suggestions and Future Participation

1. Do you have any ideas/suggestions to improve the LHIG processes or the experience of group members?

2. Would you be interested in participating in other public/patient engagement initiatives at the WRHA?

Other Comments:

Board Survey

Local Health Involvement Groups June 2015

Members of the Board and Senior Leadership are being asked to complete this evaluation following the end of the LHIG year of 2014/2015. (Please circle your responses)

A. How long have you been on a Board?

- Less than one year
- One to two years
- Two to three years
- More than three years

B. Have you attended a presentation of LHIGs? (Presentation at Board meeting and/or All LHIGs Meeting)?

- Yes
- No

C. Are currently/or have you been a Liaison/Alternate Liaison to a LHIG?

- Yes
- No

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|---|----------------|-------|----------------------------|----------|-------------------|------------|
| ROLE AND MEMBERSHIP OF LHIGs | | | | | | |
| 1. I understand the advisory role of the LHIGs. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I understand the role of Board Liaison to the LHIGs. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I believe the LHIG members reflect the diversity of the community areas. | ○ | ○ | ○ | ○ | ○ | ○ |

Comments:

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|--|----------------|-------|----------------------------|----------|-------------------|------------|
| SUPPORT PROVIDED | | | | | | |
| 4. I believe that the staff support the Board Liaisons on the LHIGs. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I believe that the staff support the LHIGs. | ○ | ○ | ○ | ○ | ○ | ○ |

Comments:

LEAD TO ACTION

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 6. The LHIG reports (for example, public engagement, sustaining the health care system, chronic disease, addressing effective patient flow, learning from patient experiences, compassionate care, immigrant and refugee health, etc.) are valuable in providing the Board and Senior Management with community perspectives about the issues and enhance our understanding of that issue. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. The LHIG reports provide information that assists in decision making related to those health issues explored by the groups. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments:

VALUE ADDED

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 8. The LHIGs are a value-added mechanism to support the WRHA and the strategic directions of the Board. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. The reports and presentations from the LHIGs are of good quality and the formatting of the reports work well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10. Do you have any suggestions for improving the Local Health Involvement Groups?

Thank you for completing the survey. Please return to Colleen Schneider via email cschneider1@wrha.mb.ca or through Lorri's email if you prefer. You can also send by fax to 204-940-8575 to Colleen.

This survey is an important component of the overall evaluation framework of the Local Health Involvement Groups.

Senior Leadership Survey

Local Health Involvement Groups June 2015

Members of the Senior Leadership team and the Board are being asked to complete this evaluation following the end of the LHIG year of 2014/2015. (Please circle your responses)

A. How long have you been a member of the senior leadership team?

- Less than one year
- One to three years
- Three to five years
- More than five years

B. Have you attended a presentation of LHIGs? (Presentation at Board meeting and/or All LHIGs Meeting)?

- Yes
- No

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|---|----------------|-------|----------------------------|----------|-------------------|------------|
| ROLE AND MEMBERSHIP OF LHIGs | | | | | | |
| 1. I understand the advisory role of the LHIGs. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. I understand the role of Board Liaison to the LHIGs. | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. I believe the LHIG members reflect the diversity of the community areas. | ○ | ○ | ○ | ○ | ○ | ○ |

Comments:

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|--|----------------|-------|----------------------------|----------|-------------------|------------|
| SUPPORT PROVIDED | | | | | | |
| 4. I believe that the staff support the Board Liaisons on the LHIGs. | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. I believe that the staff support the LHIGs. | ○ | ○ | ○ | ○ | ○ | ○ |

Comments:

| | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree | Don't Know |
|--|----------------|-------|----------------------------|----------|-------------------|------------|
| LEAD TO ACTION | | | | | | |
| 6. The LHIG reports (for example, public engagement, sustaining the health care system, chronic disease, addressing effective patient flow, learning from patient experiences, compassionate care, immigrant and refugee health, etc.) are valuable in providing the Board and Senior Management with community perspectives about the issues and enhance our understanding of that issue. | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. The LHIG reports provide information that assists in decision making related to those health issues explored by the groups. | ○ | ○ | ○ | ○ | ○ | ○ |

Comments:

VALUE ADDED

8. The LHIGs are a value-added mechanism to support the WRHA and the strategic directions of the Board.

9. The reports and presentations from the LHIGs are of good quality and the formatting of the reports work well.

10. Do you have any suggestions for improving the Local Health Involvement Groups?

Thank you for completing the survey. Please return to Colleen Schneider via email cschneider1@wrha.mb.ca or through Lorri's email if you prefer. You can also send by fax to 204-940-8575 to Colleen.

This survey is an important component of the overall evaluation framework of the Local Health Involvement Groups.

Appendix D --- New Template to track use of LHIG Recommendations

How Public/Patient Engagement Input has been used

1. Background on the engagement activity

Name of Engagement Activity:

Brief Description:

Why did you decide to get input on this issue and how will it be used by program, senior leaders, Board, etc.?

What were the key recommendations/input from the ppe activity:

2. How recommendations were used by the program team, senior leadership, Board, etc.

Consider the recommendations from your activity...

- What recommendations provided new insights into issue/ strategy, etc.
- What recommendations confirmed/re-affirmed issue or idea for addressing and will support moving forward on this
- What recommendations were new ideas that could address the issue or strategy that will be acted on? Identify how this will occur.
- What recommendations cannot be used? Explain why.

3. Plans for communicating back with public/patient engagement participants regarding whether or not their input was used and why.