

Winnipeg Regional Health Authority

Local Health Involvement Groups

Annual Evaluation September 2015 to June 2016

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Background and Context for Evaluation

The Local Health Involvement Groups (LHIGs) have been in place since 2002 in the Winnipeg health region. They were formerly known as Community Health Advisory Councils. They are the WRHA's largest on-going public engagement initiative involving 90 members of the public providing their perspectives on strategic priorities of the region, and health system issues. The LHIGs are advisory to the WRHA Board and their work is shared with programs and sites across the region and also used by organizations external to the region. Engaging the public is a collaborative process that involves intentionally seeking out public perspectives and suggestions, building trust, learning from each other, and using public input for more informed decisions and strategies.

Evaluation of the processes used to facilitate public engagement through the Local Health Involvement Groups (LHIGs) is essential. It is a reflective process that enables staff to make changes and improve processes. The purpose of evaluation is to identify areas where processes reflect best practice in engagement and highlighting areas that we need to focus on to improve.

Processes to Evaluate the LHIGs

An Evaluation Framework was developed as part of the Terms of Reference. This has been foundational in developing evaluation processes and indicators for the LHIGs since their inception.

Also of importance to note are evaluation tools and sets of valid indicators developed in 2013 by a national working group of engagement practitioners and academics, including WRHA staff. This work has been recognized nationally and won a research award in 2014 through the International Association of Public Participation. The questions developed for feedback from participants, staff (engagement and senior leadership), and board members are being used across Canada. These have been incorporated into LHIG surveys as well – namely, meeting evaluations and end of year surveys for LHIG members, engagement/project staff, senior leadership, and board members.

There is also a provincial committee (Manitoba Health and regional health authorities' staff who facilitate Local Health Involvement Groups) overseeing a provincial evaluation of LHIGs. The purpose of this committee is to monitor processes, build on best practice in engagement, and report on how goals of LHIGs are being met provincially. This report will be part of the Provincial Report on LHIGs that will be presented to the Quality and Patient Safety Council (Manitoba Health, Seniors, and Active Living).

It is essential that the perspectives of all stakeholders are heard and utilized in this process -- LHIG members, engagement/project staff, senior leadership, and board members. They have been invited to provide their feedback through surveys and individual feedback throughout the year.

2015-16 Year

Local Health Involvement Groups meet from September to April. Recruitment for members who will begin their 3 year terms in September starts in January of that year. A strategy for recruitment across the region is developed which involves placing advertisements in newspapers, promoting recruitment on our website, distributing information to staff, using community networks to share information (by email and in person), and leveraging LHIG volunteers to share information through their own social and employment networks.

In September 2015, an Orientation for new and returning members was held. The Local Health Involvement Groups explored and provided feedback on the topic of *Aging in Place* at their October to December meetings with help from Madeline Kohut, Community Development and Seniors Specialist and Kathy Henderson, Support Services to Seniors Facilitator. This report was presented to the Board by LHIG Co-chairs in February 2016. From January to March, the LHIGs' topic was the *Ethics of Equity and Sustainability* with help from Regional Director of Ethics, Jennifer Dunsford and Hannah Moffat, Equity Specialist. This report was presented by LHIG co-chairs at the End of Year meeting of the Local Health Involvement Groups in April. It was presented to the Board in May.

Churchill

This past year, no additional engagement or consultations with community members was undertaken with the support of WRHA engagement staff on the topics that the LHIGs in Winnipeg were providing feedback on. Senior leadership at the Churchill Health Centre continued to utilize the feedback from consultations in 2014 on the WRHA's strategic plan to move a number of different initiatives forward. Informal consultations were facilitated by Churchill Health Centre staff.

Evaluating LHIG Processes – Best Practices in Engagement

1. Recruitment and Selection

The goal with recruitment and selection is to fill vacant positions on the health involvement groups with individuals who have a broad interest in health, an attitude of collaboration, and who will help us meet our overall goal of reflecting the diversity of the community areas of the LHIG that they are applying for.

This year 73 people applied for 42 vacant positions. This is twice the number of applications from 2014-15. There continues to be a strong interest from the public in participating on the LHIGs.

“Diversity” reflects the demographics and characteristics of an entire population. Currently, we have considered diversity in terms of members who are from vulnerable populations or who are from cultural, linguistic, and faith communities. We also include those who are from lower socio-economic population, the LGBTT community, or who have physical or mental health challenges to be reflective of diversity.

We ask for feedback from LHIG members, staff, and board members regarding their perspectives of whether or not they feel that the LHIG(s) are reflective of the diversity of their community. It is difficult to know the diversity that LHIG members bring to the table. Staff -- through interviews, conversations, and interactions with LHIG members -- may have a better idea of the backgrounds, etc. of members.

Here is the feedback received regarding “diversity” this past year.

LHIG members:

- 88% either strongly agreed or agreed that their LHIG reflects the diversity of their community
- 91% either strongly agreed or agreed that a diversity of perspectives was encouraged in their discussions.

Board members:

- 57% either strongly agreed or agreed that their LHIG reflects the diversity of their community

Senior Leadership:

- 60% either strongly agreed or agreed that their LHIG reflects the diversity of their community

Membership Characteristics of LHIGs – through self-declaration in application and interview process

- 33% men, 66% women
- 24% seniors, 9% youth

- 51% from diverse/minority/vulnerable populations

Feedback from program and LHIG staff involved in meetings

- 100% agreed that the LHIG processes and meetings had a plan to recruit diverse population

Future work to report on diversity of membership:

We are reworking how we measure the diversity of LHIG membership. We are moving forward on understanding and respectfully tracking “diversity” in engagement activities. This is also happening at the provincial and national levels.

We will be looking at a **diversity spectrum** and we will consider how LHIG members are representative of minority populations on a diversity spectrum (age, gender, culture, ethnicity, language, faith, socio-economic, etc.) The goal of recruitment will be to ensure that membership on a LHIG reflects the diversity spectrum of their community areas. We will be developing a new process to gather this information.

2. Orientation and understanding role of LHIGs, processes

All members of Local Health Involvement Groups participate in an orientation. We also share information with the Board and specifically Board Liaisons about their role on the LHIGs. LHIG members must complete a session on the Personal Health Information Act and sign a confidentiality pledge.

Feedback from LHIG members on the orientation held in September 2015.

- 100% completely agreed or somewhat agreed that they gained an understanding of the WRHA and its role in the in the provision of health care services in Winnipeg.
- 100% completely agreed or somewhat agreed that they gained an understanding of the structure, role, and purpose of the LHIGs.
- 74% completely agreed or somewhat agreed that they gained an understanding of how the Personal Health Information Act relates to their work as LHIG members and signed the PHIA pledge (26% indicated that they had already participated in this session in a previous orientation).

Feedback from Board and Senior Leadership – understanding role, purpose of LHIGs

- 72% of Board members (who responded to the survey) stated that they understood the purpose of the Local Health Involvement Groups and their advisory role to the Board
- 90% of Senior Leadership (who responded to the survey) stated that they understood the purpose of the Local Health Involvement Groups and their advisory role to the Board

3. Planning engagement

A robust process to engage LHIG members and members of the Board and Senior Leadership to explore future topics for the LHIGs has been in place for the last 3 years. This is in part due to a change in the RHA legislation on Local Health Involvement Groups that requires more input from LHIG members on the topics that they explore.

WRHA Staff who support the LHIGs work partner with program staff to develop meeting processes and questions for input related to the topics. This is the first year that we are using a project questionnaire/survey to get feedback from staff involved in LHIG topics and facilitating meetings.

Feedback from program and LHIG staff involved in meetings

- 100% agreed that the LHIG processes and meetings had:
 - Had adequate time to plan and implement meetings
 - That there were clear objectives of the topics/meetings
 - That there was good communication with LHIG members
 - That a summary report was shared with LHIG members

4. Meetings – supports, facilitation, meeting environment

The logistical work to plan and then facilitate meetings of the LHIGs is important to ensure that LHIG members can attend meetings and feel prepared and comfortable to share their perspectives. We evaluate these processes by getting feedback through meeting and end of year evaluations.

Attendance – **the average attendance across the six LHIGs was 72%** which is down from previous years, where the average was approximately 75%. The highest attendance was the River Heights/Fort Garry LHIG with 80%. The lowest was St James-Assiniboia/Assiniboine South LHIG at 64%. Staff use a number of strategies to support good attendance at meetings – including reminder emails, phone-calls to members who have missed a meeting, and scheduling meetings with LHIG members based on their schedules.

Supports

We offer support for members to participate. 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. We also accommodate those with physical challenges (hard of hearing, visually challenged, physical disabilities) by providing a microphone and speaker at meetings, sending out information in formats that are more accessible, and ensuring that the meeting spaces and equipment (like chairs) accommodate the needs of individual LHIG members.

Feedback from LHIG members on providing support to address barriers:

- 95% of LHIG members strongly agreed or agreed that LHIG members were provided with access to supports to enable participation on LHIGs (end of year evaluation)
- 98% of LHIG members indicated that they received appropriate supports to participate in meetings (meeting evaluations)

Feedback from program and LHIG staff involved in meetings

- 100% of program and LHIG staff involved in meetings agreed that the barriers to participation were addressed

Sharing information to prepare LHIG members for meetings

In order to help LHIG members feel prepared to share their perspectives at meetings, we email/mail background information on the topic that they will be exploring, including the questions at least a week before their meeting. A short presentation is also done at the first meeting on a topic to share information – including – why they are exploring this topic and how their feedback will be useful and used.

Feedback from LHIG members on receiving information that prepared them to participate in the meeting:

- 95% indicated that they received information that explained why they were exploring the topics and enough background information to help them prepare to participate in the meetings (meeting evaluations)
- 96% indicated that they understood the importance of the topics and were confident that their input would be used by the Winnipeg health region (meeting evaluations)
- 95% indicated that they understood the objectives of the meetings (end of year evaluation)

Meeting Facilitation

Facilitation of discussions and activities to provide input on topics is also very important. Staff develop and use approaches that create opportunities for all members to contribute in a variety of ways – verbal, written, etc. They need to feel safe to share their perspectives and it is the facilitator's role to create an environment that all members feel safe and supported to participate.

Feedback from LHIG members on facilitation of meetings:

- 98% indicated that they were satisfied with how the meetings were facilitated (end of year evaluation)
- 98% indicated that they felt listened to in a respectful manner (end of year evaluation)
- 98% indicated that the facilitator encouraged all voices to be heard (end of year evaluation)
- 97% indicated that they felt that they had an opportunity to provide input and felt comfortable in sharing their perspectives on the topics (meeting evaluations)

Meeting Arrangements

- 96% of LHIG members indicated that they found the meeting location/food/set up either excellent or very good (meeting evaluations)

5. Report writing, presenting

It is the role of Staff to capture the input from LHIG members at meetings and then synthesize and write reports. All of the meeting notes are shared with individual LHIGs for feedback and revision. Draft reports are also shared and LHIG members have an opportunity to provide feedback. The goal is that the reports and presentations are reflective of the discussions and the input that their LHIGs provided.

Feedback from LHIG members on reports

- 98% strongly agreed or agreed that the meeting notes and reports were reflective of the discussions and input that their LHIG provided on the topics

Feedback from Board and Senior Leadership on LHIG reports and presentations

- 58% of Board members indicated that the reports and presentations from the LHIGs are of good quality and the formatting of the reports works well
- 60% of Senior Leadership indicated that the reports and presentations from the LHIGs are of good quality and the formatting of the reports works well

Recommendations from Board members:

- I would like to see the presentations become more accessible, easier to read.
- I like when the presenters talk to their slides rather than read them.
- I think that staff do an excellent job of gathering and collating the data from the meetings.

6. Using input - processes

The process of developing and supporting meaningful engagement begins with the planning of topics and engaging senior leaders and program staff in the process from the start. Many staff are also present at LHIG meetings, to assist with presentations and/or to listen to discussions first hand. The reports or input from the discussions on topics is the product of engagement. LHIG perspectives and recommendations within the reports then need to be shared with appropriate programs, sites, etc. and used within the decision-making, strategy-building processes related to that topic. Processes to move LHIG reports through Senior Leadership tables, programs, and sites continue to evolve and improve.

Feedback on using input from LHIG reports

- 90% of LHIG members indicated that they understood the process of how their reports/suggestions would be used within the WRHA

Learning through exploring topics

- 99% of LHIG members indicated that they had a greater understanding of the topics that they explored

Feedback from program and LHIG staff involved in meetings

- 33% agreed that the input from the LHIG reports was considered by senior leadership, 33% didn't know, and 33% said that senior leadership did not consider LHIG input
- 66% stated that they did not know if senior leadership utilized LHIG input and 33% stated that senior leadership did not utilize LHIG input
- 100% agreed that the LHIG reports were helpful and enhanced decision-making within their own programs (related to the topics explored this year)

7. Informing how LHIG input has been used

The final process step in engagement is to share how the input from an engagement activity informed a decision, policy, strategy, etc. with those who participated. WRHA staff do this in a couple of ways. We share verbal updates on what's happened with a particular report and recommendation at meetings, orientations, and end of year gatherings. There is also an annual update that LHIG members receive and that is posted on the LHIG webpages – that identifies what has happened with their input on previous reports. This feedback is very important to LHIG members because it illustrates the value of their work, their perspectives, their suggestions.

LHIG member feedback on the use/value of their input

- 91% strongly agreed or agreed that they were informed about how past LHIG reports and suggestions had been used by the WRHA

Feedback from Board and Senior Leadership on value of LHIG input

- 72% of Board members indicated that reports and presentations provide information to the Board that builds understanding and assists in decision-making of the topics explored by the LHIGs
- 72% of Board members indicated that the LHIGs are a value-added mechanism that supports the WRHA and the strategic directions of the Board
- 60% of Senior Leadership indicated that reports and presentations provide information to the Board that builds understanding and assists in decision-making of the topics explored by the LHIGs
- 70% of Senior Leadership indicated that the LHIGs are a value-added mechanism that supports the WRHA and the strategic directions of the Board

Comments from Board and Senior Leadership:

- (There needs to be) increased visibility and information about their presence, role, and work.
- I still think we need to find ways to integrate this information into policy and operations. This is still too informal.

Recommendations

1. Recruitment and tracking characteristics of membership
 - Continue to recruit for broad diverse membership
 - Work to develop new process to capture membership characteristic
2. Report writing and presentations
 - Develop new format for LHIG reports that is much more readable – shorter, using info-graphics, etc.
 - Continue to support LHIG co-chairs in presentation skills and provide notes pages to speak to slides
3. Processes to forward and track LHIG reports and recommendations through the region to influence policy, strategy, and delivery of care.
 - Continue to work with Senior Leadership to develop consistent and enhanced process
4. Orientation on the LHIGs with Board and Senior Leadership
 - Develop short orientations on LHIGs for both the Board and Senior Leadership

Appendix

- Evaluation framework
- Meeting evaluations -- template
- End of year evaluation – summary of responses
- Board and senior leadership surveys – summary of responses
- Project survey - template
- Volunteer Services Exit Questionnaire – summary of responses

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.

Local Health Involvement Groups EVALUATION

Support to participate in the meeting:

1. The information I received prior to tonight's meeting along with the presentation provided me with the information I needed to feel comfortable and able to participate in tonight's discussion.

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 Not Applicable

Meeting processes:

3. I understand the importance of this topic and I understand how my group's input on the continuing care strategy plan 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 in sharing feedback on the action areas of the continuing care strategy.

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:

All LHIGs
End of Year Evaluation Summary March 2016 (60 completed)

Members of all Local Health Involvement Groups are being asked to complete this evaluation following their last meeting of 2015/2016. (Please circle your responses)

A Meeting Participation and Supports

1. I feel that my Group reflects the diversity of my community.
88% strongly agreed or agreed
2. I felt that a diversity of perspectives was encouraged in our discussions at meetings.
91% strongly agreed or agreed
3. Council members were provided with access to supports to enable participation on the LHIG. (taxi's, caregiver support, special meals, etc.)
95 % strongly agreed or agreed

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
95% strongly agreed or agreed
2. Staff explained how input from each topic would be used within the Winnipeg Regional Health Authority.
95% strongly agreed or agreed
3. I was satisfied with how the meetings were facilitated.
98% strongly agreed or agreed
4. I felt that I was listened to in a respectful manner.
98% strongly agreed or agreed
5. The facilitator encouraged all voices to be heard.
98% strongly agreed or agreed

C Reports and Feedback

1. The meeting notes and reports were reflective of the discussions and input that my Group provided on the topics.
98% strongly agreed or agreed

2. I understood the process of how our reports/suggestions would be used within the WRHA.
90% strongly agreed or agreed
3. I was informed about how past LHIG reports and suggestions had been used by the WRHA.
91% strongly agreed or agreed
4. I have a greater understanding of the topics that we explored.
99% strongly agreed or agreed

D Suggestions and Future Participation

1. **Do you have any ideas/suggestions to improve the LHIG processes or the experience of members?**
 - Sometimes the ideas are very abstract – hard to grasp exactly what is expected. Thank you for the opportunity to express my views and concerns.
 - I would have been prepared to do more reading to prepare for meetings. Sometimes I felt we had to address a topic on a system-wide scale without a lot of direct knowledge, and that was occasionally challenging. Staff made it very easy to volunteer – facilitation, food, reminders, etc. Well done.
 - Lots to come.
 - Slightly longer meetings so that there is more time for discussion.
 - If group based work/ have groups decided ahead of time and put timelines for each topic on agenda. May eliminate people going off topic and maybe easier to reign in.
 - I would love to have longer meetings or additional meetings.
 - Facility/room size is important dynamic for effective meetings. Riverview is great.
 - This process is set up very well! More time or longer meetings so it isn't so rushed?
 - Keep to 2 hours if/when possible.
 - Sometimes the ideas are very abstract – hard to grasp exactly what is expected. Thank you for the opportunity to express my views and concerns.

Summary of Responses from Board Survey (Local Health Involvement Groups)

➤ Number of surveys completed -- 7

1. I understand the purpose of the Local Health Involvement Groups and their advisory role to the Board.

72% Agree
14% Neither Agree nor Disagree
14% Disagree

2. Many members of the Board participate as board liaisons or alternates on the Local Health Involvement Groups. I have a good understanding of this role.

57% Agree
43% Neither Agree nor Disagree

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

57% Agree
43% Neither Agree nor Disagree
14% Don't know

4. The LHIGs are a value-added mechanism which supports the WRHA and the strategic directions of the Board.

72% Agree
14% Neither Agree nor Disagree
14% Disagree

5. The LHIG reports and presentations provide information to the Board that builds understanding and assists in decision-making of those topics explored by the groups.

72% Agree
14% Neither Agree nor Disagree
14% Don't know

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

58% Agree
29% Neither Agree nor Disagree
14% Disagree

7. Do you have any suggestions for improving the processes of the Local Health Involvement Groups?
- Would like to see the presentations become more accessible (easier to read). Consider less reading from a long text document to point form where presenters may speak to the important points. This would help the Board realize the importance of each point and/or topic.
 - I like it when presenters talk to their slides rather than read them. It can be especially helpful if they can supplement the information on the slides which can be read. Perhaps this could be planned for those presenters not having the confidence to speak off the cuff.
 - I think that Colleen Schneider does an excellent job of gathering and collating the data from the meetings.
 - More gender diversity would be good, however I understand the difficulty of getting new members.

Summary of Responses from Senior Leadership Survey – Local Health Involvement Groups

➤ Number of surveys completed -- 10

1. I understand the purpose of the Local Health Involvement Groups and their advisory role to the Board.

90% Agree
10% Disagree

2. Many members of the Board participate as board liaisons or alternates on the Local Health Involvement Groups. I have a good understanding of this role.

70% Agree
30% Disagree

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

60% Agree
10% Neither Agree nor Disagree
20% Disagree
10% Don't know

4. The LHIGs are a value-added mechanism which supports the WRHA and the strategic directions of the Board.

70% Agree
20% Neither Agree nor Disagree
10% Disagree

5. The LHIG reports and presentations provide information to the Board that builds understanding and assists in decision-making of those topics explored by the groups.

60% Agree
20% Neither Agree nor Disagree
10% Disagree
10% Don't know

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

60% Agree
20% Neither Agree nor Disagree
10% Disagree
10% Don't know

7. Do you have any suggestions for improving the processes of the Local Health Involvement Groups?
 - Increased visibility and information about their presence, role, and work.
 - I think that we still need to find ways to integrate this information into policy and operations. It is still too informal.

Local Health Involvement Groups – Project Questionnaire

To be completed by staff involved in planning, facilitating, and utilizing input from LHIGs.
Meeting year 2015/16

Preamble for organization personnel administering the questionnaire:

The purpose of this questionnaire is to assess the planning, execution and impact of the engagement activity after it has been completed. An accompanying tool has been developed which assists with the pre-engagement planning process (not included with this document).

A. Integrity of Design and Process

	Strongly agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly disagree
The LHIG plan has a strategy to identify and recruit members.	<input type="checkbox"/>				
There was a clear strategy to involve an appropriate and relevant population that matches the characteristics of the community areas that they represent.	<input type="checkbox"/>				
The plan addresses the financial, logistical, and informational needs/barriers of participants (e.g., travel, dietary, interpretive, childcare, etc.). These needs are accommodated.	<input type="checkbox"/>				
Adequate time was allocated to plan and implement the LHIG meetings.	<input type="checkbox"/>				
The description of the LHIG topic included a clear statement of objectives – why they were providing input on that topic and how their input would be used.	<input type="checkbox"/>				
All communications with LHIG members throughout their meetings were well executed.	<input type="checkbox"/>				
A summary report that summarized feedback from the LHIG meetings was prepared and shared with participants. This report was a good representation of the perspectives and suggestions shared during the LHIG meetings.					

B. Influence and Impact

	Yes	No	Don't know	Comments
Leadership identified in the LHIG topic received a summary report of the LHIG input – reports, presentations, etc. (e.g., program manager, senior management).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Don't know	Comments
The results of the LHIG meetings on that topic were shared with senior leadership/Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership identified in the project plan considered the LHIG input.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership, as identified in the project plan, utilized the LHIG input to impact decisions related to health care improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please describe how the input was used, if you are aware.

D. Summative Questions

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Overall, I was satisfied with my involvement in the LHIG meetings.	<input type="checkbox"/>				
I found the LHIG meetings to be a good use of our program resources.	<input type="checkbox"/>				
The output from the LHIGs on the topic was helpful and enhanced decision making in this area.	<input type="checkbox"/>				
I would like to participate in public engagement training to build my capacity to do more of this work.	<input type="checkbox"/>				
I will be more comfortable leading a public engagement activity in the future.	<input type="checkbox"/>				

Additional comments:

Volunteer Services Exit Questionnaire – completed by members who finished their 3 year terms in May 2016

- 17 completed and returned to Volunteer Services

1. Feedback on overall volunteer experience – did it exceed, meet, or not meet their expectations?

- 7 exceeded, 9 met expectations, 1 did not meet

2. What they enjoyed most about volunteer role:

- Organization was good, meeting facilities were good
- The learning interaction, feeling that my input was appreciated.
- Meeting other people from diverse backgrounds who are also interested in contributing to and in making our health care system the best it can be.
- Sharing ideas in our group.
- Hearing different peoples' opinions on the various issues discussed.
- I got to explore community concerns and be part of brainstorming for solutions.
- Well organized, knew our purpose.
- Feeling that I was making a contribution towards improved health care.
- The diversity of topics discussed.
- Everyone had a chance to contribute and everyone was heard. All suggestions were at least forwarded.
- I liked the conversation, interchange of ideas and ability to have my voice heard about the health care system.
- Interaction with other volunteers.
- Having the opportunity to hear directly from top WRHA officials, improved confidence in system.
- Understanding how my contribution was useful and utilized.
- Feeling well-trained and supported throughout. Contributing to my community.
- I loved meeting people and serving my community with the hopes that I was having a positive impact.
- People are willing to contribute to help. Free food 😊
- I liked the introduction of every meeting and also the fact that people really work together for the discussion.
- The learning, interaction, and feeling that my input was appreciated.
- It was a good experience and opened my eyes to the workings of the medical community and the WRHA.

3. How needed did they feel in their volunteer position – very, somewhat, not at all?

- 8 very needed, 8 somewhat needed, 1 not at all needed

4. Volunteer workload – just right, too much, too little?

- 15 Just right, 1 too much, 1 too little

5. Any aspects that they did not enjoy:

- Meetings were spaced far apart. Would have been useful to have an official recap of past meeting for continuity.
- Sometimes I felt that the meeting time allotted for our feedback was inadequate and therefore felt rushed, even if the option to provide feedback after the meeting by email was offered.
- Some of the members were disrespectful and could be viewed as near racist, discriminating, or bigoted.
- Going out on a cold night in January
- No discussion on any points raised. Simply made lists. Topics were rather mundane.
- At times as with all volunteering experiences, someone may not be “rowing in the same direction”. Facilitators did well in controlling the outliers.
- One staff member seemed to be biased and argumentative instead of being an observer and facilitator.
- Not at all. I did enjoy everything. Well organized.

6. Information about the role that they would have wanted to have known (but didn't):

- No, if I didn't know – I asked.
- Conversion of RHA advisory committee to LHIG.

7. How well staff treated them – very well, well, not well?

- 17 very well
- Colleen was absolutely fantastic! She deserves a lot of credit for all of the work that she does.
- Colleen is phenomenal!
- Colleen is exceptional and great to work with!

8. Why they are leaving:

- I am attending school out of province.
- Term was over.
- Term complete
- Term was complete
- Term complete. I do not believe that the LHIG does contribute or benefits the WRHA directly to patients or services that they provide.
- Out of town work severely impacted my attendance.