

Winnipeg Regional Health Authority



Local Health Involvement Groups

Evaluation Report September 2013 to June 2014

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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. The evaluation of the LHIGs has been completed on an annual basis since the inception of the LHIGs (2002/2003). The following is a summary of 2013/2014 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 decreased significantly this year with 33 applicants compared to last year's 88 applications.
- Because of a decreased budget, this is the first year we did not advertise in the Winnipeg Free Press.
- Staff recruited to fill vacant only 22 positions on the LHIGs.
- 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 plan 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 River Heights/Fort Garry.

Findings and Recommendations

There is continued 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 48% (down from last year's 67%)
- There is a range of "diversity" across the LHIGs with the highest being the Seven Oaks/Inkster LHIG at 71% and the lowest, St Boniface/St Vital at 25%.
- The percentage of Aboriginal/First Nations members self-declared is 12%, down from last year's 18% -- (in 2009 WRHA Community Health Assessment 10% of the City's population was Aboriginal/First Nations)
- We also attempt to reflect the age demographics of Winnipeg. 28% 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, 68% of LHIG members are women, and 32% are men (improved very

slightly from last year). The approximate percentage of overall WRHA volunteers who are men is 25%.

- 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, 10% of LHIG members fell into this category. This is down from last year's 19.5%.
- 84% of LHIG members who felt that their LHIGs were reflective of the diversity of their community areas. This is down from last year's percentage of 95%.
- This year, we asked LHIG members if they felt that a diversity of perspectives was encouraged at LHIG meeting discussions. 94% agreed with this statement and 6% neither agreed nor disagreed.
- In order to engage a diverse population, it is important that supports, like 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. 95% agreed with this statement
- 75% of Board members felt that the LHIGs were reflective of the diversity of their community areas and 25% neither agreed/nor disagreed. This is down from last year.
- 91% of senior leadership felt that LHIGs were reflective of their communities. This is the up from last year (66%).
- The biggest diversity challenges remain to recruit men and youth.

Findings and Recommendations

Staff will continue to track diversity characteristics of members. Recruitment 2015 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 75% (last year 76%). The River East/Transcona LHIG continues to have the lowest attendance at 61%. Staff identifies members with low attendance and address issues and barriers to participation. Seven Oaks and Inkster had the highest attendance at 85%. 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 at this time.
- We are tracking a question added last year, providing LHIG members with an opportunity to reflect on the processes of the meetings – understanding why they were exploring each topic and their level of comfort to participate and provide input.
- 98% (97% last year) of LHIG members agreed that they understand the rationale for exploring each topic and felt comfortable providing input. 2% neither agreed nor disagreed with this statement.
- 92% 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.
- 96% of LHIG members felt that their meeting notes and reports were reflective of the discussions and input that their LHIG provided on the topics.
- 95% 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 support at LHIG meetings and their responses to the annual survey.
- The attendance of Board liaisons at LHIG meetings has increased to 75% from last year's 67%.
- Two new questions were added to the Board survey last year to determine Board members understanding of the advisory role of the LHIGs and the role of the Board liaisons in particular. 92% (77% last year) stated that they understood the role of the LHIGs and 100% (88% last year) stated that they understood the role of the Board liaisons.
- 92% 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 100%.
- 83% 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 on LHIG survey:
 - *"Appreciated LHIG briefing that clearly sets out equity membership and challenges."*
 - *"Staff are excellent support that brings out the best engagement in the LHIGs."*
 - *"Given the nature of the discussion at their meetings, their responses are "real people" looking at the health care system. Shows us a lot about what people know about the system, what they don't, and how their perceptions affect how they feel about health care."*
 - *"Prefer that presenters not read the text on the screen, but realize some may have limited public speaking experience."*

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 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

- 91% 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, 9% disagreed. And, 91% felt that the LHIGs are a value-added mechanism to support the WRHA and the strategic directions of the Board. 9% responded that they didn't know.
- Two new questions were added to the senior leadership survey last year to determine their understanding of the advisory role of the LHIGs and the role of the Board liaisons in particular. 100% (100% last year) stated that they understood the role of the LHIGs and 91% stated that they understood the role of the Board liaisons (80% last year).
- Comments from members of Senior Management:
 - *"LHIG members are very dedicated citizens with a genuine interest in the health and wellness of the community."*
 - *"I think the recommendations in this report have been helpful. I think we still struggle in terms of applying the recommendations. I also worry that not all stakeholders feel an accountability to integrate recommendations in day to day practices."*
 - *"Their work may not always be recognized by the community. Reports are very well done and recommendations are always thoughtful and clear."*
 - *"The need to continue to be supported. High quality input from community and contributes to stronger relationships with WRHA."*

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. A new template has been developed to track the use of LHIG recommendations. This template is for senior leadership and the Board. LHIG staff will work with senior leadership to support their use of this template. We will continue to share more information about how the LHIG's input is utilized within the region with members of senior management. A session on engagement with particular attention to the LHI's for senior leadership is proposed.

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
- Last year a new question was asked in their End of Year evaluation to get a sense of their interest in further engagement opportunities. A strong positive to this question indicates that LHIG members find volunteering with the LHIGs to be meaningful and enjoyable and that they are interested in continuing to provide their expertise and input into other engagement initiatives. 87% (compared to 83% last year) of those who responded to this question reported that they were interested in other engagement volunteer opportunities. Those who answered negatively suggested that they would be interested at a later date.
- Feedback from LHIG members on their experience:

- *“The meetings were informative, sharing of ideas was interesting, facilitation was great – thank you Colleen for your organized, friendly manner. You made the experience very worthwhile!”* Member, Seven Oaks/Inkster LHIG
- *“I love and enjoy being part of this LHIG. I learned things that I never knew”.* Member, Seven Oaks/Inkster LHIG
- *“As stated aloud, I have found my committee experience interesting, challenging, and thought-provoking. Many thanks”.* Member, Seven Oaks/Inkster LHIG
- *“Thank you so much for the opportunity to participate. I have learned so much. Please contact me if you’d like my involvement to continue.”* Member of St James/Assiniboine South LHIG
- *“Thank you for allowing me to be part of a collective community LHIG that has such influence on our healthy living and health care system.”* Member of St James/Assiniboine South LHIG
- *“It was fun and a good experience”.* Member of St Boniface/St Vital LHIG
- Suggestions from LHIG members to improve their experience, processes of LHIGs
 - *“Formalize process for input from members – facilitator to keep members on topic.”* Member, River East/Transcona LHIG
 - *“Some LHIG members talk at length and about things that are not on the agenda. The facilitator needs to better restrict those members in order to keep all of us engaged.”* Member, River East/Transcona LHIG
 - *“Diversify members – try to have some students from university/college.”* Member, St James/Assiniboine South LHIG
 - *“I also recognized that a major challenge for the facilitator is to direct people away from personal experiences and patient anecdotes towards “system-wide thinking” on the more systemic issues. That isn’t a criticism, just recognizing that this is a very difficult dynamic to overcome.”* Member, Downtown/Point Douglas LHIG

Findings and Recommendations

We will 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. More focus will be given to the issue of LHIG members monopolizing discussions sharing personal experiences – during orientation and by LHIG staff during meetings.

WRHA funded health organizations support the LHIGs

- Perceived value of LHIG participation by the represented WRHA funded organizations.
- Currently the LHIG’s have the involvement of board members from 1 of the community hospitals (Seven Oaks General Hospital) and from 2 of the community health centres, Mount Carmel Clinic and Nor’West Coop Health Centre.

Findings and Recommendations

Staff will continue to invite the participation of health organization board member representation on the LHIGs.

All LHIGs Meeting

- This is the tenth 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, Connie Walker, Vice President of the United Way of Winnipeg, gave a presentation on “My Peg”, a , a community indicator system, tracking measures called indicators that reflect and measure our city’s well-being, developed by the United Way of Winnipeg in partnership with other stakeholders
 - “Connie was wonderful and gave us all kinds of information.”
 - “Excellent presentation and incredibly relevant to our discussion.”
- Attendance increased this year, with 68 people in attendance including LHIG members, members of the WRHA Board and Senior Leadership, and other WRHA staff
- This year 87.5% 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 (12.5% neither agreed/nor disagreed)
- 100% felt that the keynote speaker was informative and enjoyable and 97.5% felt that this event provided an opportunity for LHIG members to receive recognition for their contributions.
 - “Pleasantly surprised to be recognized! I feel very appreciated and special! Thanks.”
 - “Perhaps a small token (like WRHA mug) to those completing their 3rd year would be a nice gesture.”

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

- Churchill has joined the Winnipeg region and LHIG staff are working with the COO, Patti McEwan to support engagement and to continue to develop an appropriate engagement strategy for the Churchill community.
- LHIG staff helped plan and facilitate a community consultation in Churchill this past April to get feedback on the Community Health Assessment (topic one for the LHIGs) and to get community input on future engagement.
- Approximately 20 community members attended the day long workshop and consultation.
- Feedback summary:
 - 92% of meeting participants had a good understanding of the purpose and goals of the meeting and learned about the community health assessment and health indicators
 - 100% had a chance to share their thoughts about what they felt impacts the health of their community, shared their ideas about how to tell the story of the health of their community, had a chance to contribute their ideas for the best way to engage

community members about health, and shared their ideas for topics for future engagement about health in Churchill

- *“There were obvious gaps in the population that attended. It was all professional people – that isn’t the majority of Churchillians.”*
- *“More diversity in attendees = greater picture of community concerns.”*
- *“I enjoy hearing what community members think about the health of our community. It’s nice to work with and talk with those that you do not normal interact with.”*

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

- LHIG process worked well. No changes needed.
- Everything has been great
- I think the LHIG is well run and a positive place to express ideas and suggestions
- I don’t feel that various people chairing the meetings is effective. Too much time is spent on introductions – could we just say our names? Stay on topic – too many personal stories.
- No, the sessions went very well.
- Formalize process for input from members – facilitator to keep members on topic.
- Some LHIG members talk at length and about things that are not on the agenda. The facilitator needs to better restrict those members in order to keep all of us engaged.
- I am impressed with the process used now.
- Broaden the age range.
- Would like more background papers before each meeting and an idea of best practices in Canada and elsewhere.
- Diversify members – try to have some students from university/college.
- No
- We should agree on all ideas/suggestions prior to submitting them as this LHIG’s official submission
- Integrate 2-way principles of discussion, per WRHA policies – interactive discussions with WRHA managers on topical issues.
- Members should attend meetings on a regular basis.
- No, the process is very effective.
Start the meeting at 6pm and finish by 8:30pm
Not at this time
- Continue to support the community from all aspects
- No
- I found that the time allowed for discussion was not necessarily long enough for the more complex subjects (like the indicators discussion). The facilitation process itself was logical,

but it was hard to give meaningful feedback because a) not understanding all of the medical back story behind each indicator, and b) the criteria was a little fuzzy – was it more important to flag critical issues for our neighbourhood or to identify those we feel we can make an impact. I am not sure this is a “solve-able” problem, but it might inform how future topics are selected. I also recognized that a major challenge for the facilitator is to direct people away from personal experiences and patient anecdotes towards “system-wide thinking” on the more systemic issues. That isn’t a criticism, just recognizing that this is a very difficult dynamic to overcome.

- Not really. Some of the topics – like accountability/transparency we’re a bit too over my head, not that relevant to me as a community member. I’m more interested in more community-based issues.
- Sometimes the meetings feel a bit long.

Board members

- None. Good structure and processes.
- Support for this program should continue, maybe membership recruitment could be a wider effort.
- Let them choose the topics every second year.
- As we have started to do, ask LHIG members to help identify their topics.
- They should provide more focus on their community needs and what the WRHA can do to improve community health care in their communities.
- Reports can contain some repetition which might be edited.
- Prefer that presenters not read the text on the screen, but realize some may have limited public speaking experience.

Senior Leadership

- Great info! More staff members need to know more about their involvement.
- The need to continue to be supported. High quality input from community and contributes to stronger relationships with WRHA.
- They are but one mechanism for public engagement, however, we need to be able to have more focused discussions in our community areas on broader issues within the health care system.
- Keep doing what you’re doing...excellent job.
- I feel it would be good for managers to attend at times to get a feel for public’s opinions, knowledge level, etc.

Findings and Recommendations

1. 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. Incorporate ideas from senior management and the Board to make improvements
4. Promote the LHIGs work and contributions at WRHA Annual General Meetings, on the WRHA website, and through social media.
5. Support the Board and Senior Leadership in the use of the new template to track LHIG recommendations.
6. Develop mechanisms to communicate with all levels of WRHA leadership regarding the role of LHIGs and their activities, processes, and recommendations.
7. Develop session for senior leadership and the Board about public engagement and the LHIGs, as per suggestion from member of senior leadership.
8. Improve LHIG reports and support LHIG members in developing improved presentation skills.
9. Pay greater attention to facilitation of LHIG meetings, focus on discussions on issues versus personal experience with the health system.
10. Increase LHIG staff time on recruitment efforts.
11. Continue to support public engagement in Churchill community.

I Introduction

This evaluation report 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 ten 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.

This past year has been one of transition for the Local Health Involvement Groups (formerly Community Health Advisory Councils) as a result of the changes to the Regional Health Authorities in Manitoba Act in 2012. Changes to the number of RHA's took place, reducing the number from 11 to 5. This resulted in the merging of the Churchill and Winnipeg Regional Health Authorities. Also, Bill 6, The Regional Health Authorities Amendment Act (Improved Fiscal Responsibility and Community Involvement) mandated the creation of Local Health Involvement Groups (LHIGs) to strengthen local involvement in RHAs:

In accordance with guidelines approved by the minister, a regional health authority shall establish local health involvement groups to explore and provide advice to the board of the authority on issues that impact the delivery of local health services.

This year we officially changed the name of the Community Health Advisory Councils to the Local Health Involvement Groups. LHIG staff continues to participate in a Manitoba Health LHIG Implementation Committee which has a mandate to develop consistent and flexible role, recruitment and selection, meeting processes, and evaluation for use by regional health authorities across Manitoba.

There are a few changes as a result. Churchill has joined the Winnipeg region and LHIG staff continues to work with the COO, Patti McEwan in developing an appropriate engagement strategy for the Churchill community. LHIG staff helped plan and facilitate a community consultation in Churchill this past April to get feedback on the Community Health Assessment (topic one for the LHIGs) and to get community input on future engagement.

One of the changes to LHIG processes as a result of provincial consultations on public engagement in health was to modify the topic selection process and so that LHIG members' input into future topics is included to a greater degree than it had been in the past. This year, LHIG members had an opportunity to share ideas for future topics at the end of every meeting. These suggestions were tracked and grouped into themes.

In the spring, the LHIG Topic Selection Working Group was created and met twice to develop a recommendation for 2014-15 topics. This working group is comprised of one representative from each LHIG (6 LHIG members), representatives from the Board (to determine number, could be Board Liaisons to the LHIGs), LHIG staff (Colleen Schneider), Regional Director of Primary Care (Jeanette Edwards), and two members of senior leadership, Dan Skwarchuk and Kellie O'Rourke. The working group considers -- input on topics from LHIGs, 2011-16 Strategic Plan, and other strategic initiatives that are appropriate for public input – when coming up with a recommended slate of LHIG topics for one or two years.

They also consider key questions for each topic, taking into account, what the Board would be interesting in getting input on, what senior leaders feel would be valuable input that could be potentially used within the system, and what the LHIG members feel would be important contributions from a public perspective.

The LHIGs explored two topics in their meetings this past year. During their first set of meetings in September to November 2013, the LHIGs were asked to provide input on the development of the 2014 Community Health Assessment (CHA). They were asked to determine which optional indicators they felt would be important to include in the report, alongside the 80 core indicators. They were also asked to provide feedback on communication tools which would be used to share the findings of the CHA with the public, community health and social organizations, and government. This report was presented by the LHIG Chairs and Vice-Chairs in January 2014 and presented to the Community Health Assessment Advisory Committee by LHIG staff at their February 2014 meeting.

The LHIGs' second topic was Transparency and Accountability of the Health Care System. The goal of having the LHIGs explore this topic was that their input would help the WRHA better understand public perspectives and expectations about transparency and accountability and provide an opportunity for the WRHA to consider and utilize suggestions for how to be more transparent and accountable to the public. This report was presented to the Board and Senior Management at the All LHIGs Meeting on June 4, 2014.

Recruitment for new members began in January 2014 for 3 year terms beginning in September 2014. Because of a decreased budget, this is the first year we did not advertise in the Winnipeg Free Press. Staff recruited to fill vacant only 22 positions on the LHIGs. Last year there were 46 vacancies. This year 33 applications were received, less than half of the previous year. Even though there were far less applicants, the caliber was exceptional which has resulted (for 2014-15) an increased diversity of the LHIGs. 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.

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

II Spring 2014 Recruitment

The process to recruit new members for Local Health Involvement Groups began in January 2014. Meetings were held with staff from WRHA Communications to develop a marketing strategy. Because of a decreased budget, this is the first year we did not advertise in the Winnipeg Free Press. We did advertise in the Canstar community papers across the city (one advertisement) 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 are 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.

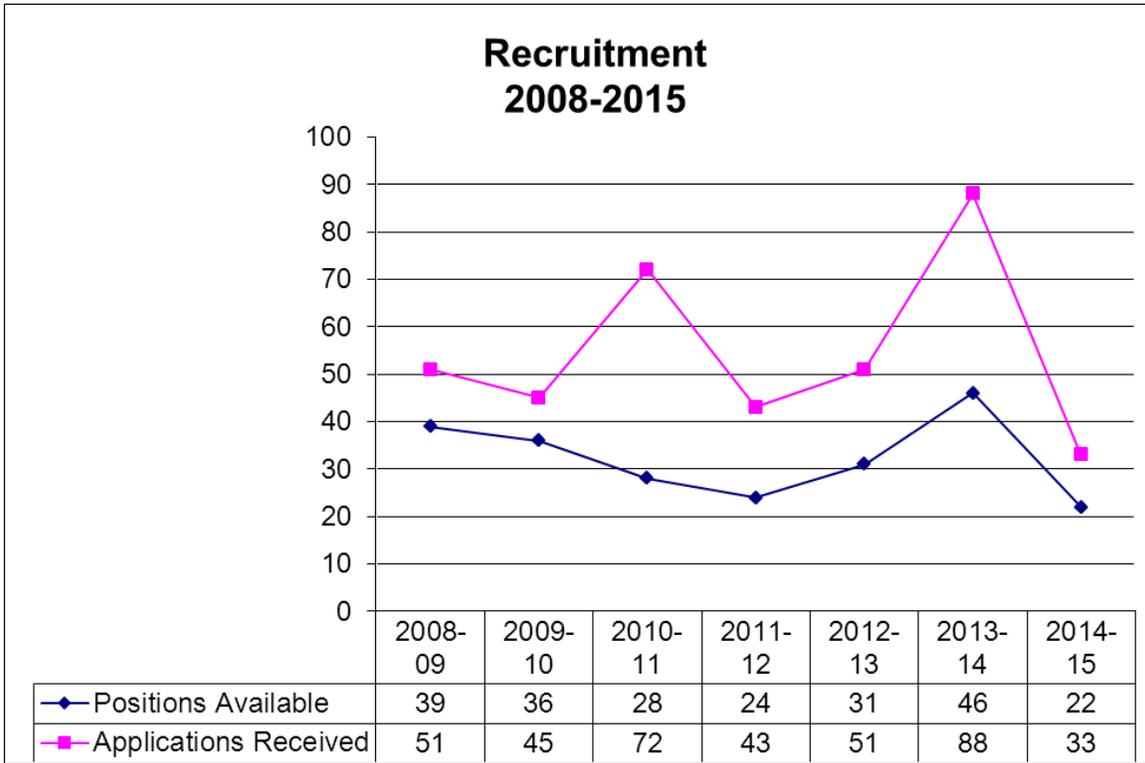
Staff recruited to fill vacant only 22 positions on the LHIGs. Last year there were 46 vacancies. This year 33 applications were received. Last year 88 people applied. Even though the response was reduced by more than half (compared to last year), the caliber of applicants was exceptional, increasing the diversity of the LHIGs. One LHIG remains a challenge to recruit for and efforts continue to find an additional 1-2 members from the Point Douglas community area.

New members were appointed for a three year term that will begin in September 2014.

Recruitment Year	Number of positions available	Number of applicants	Surplus nominations
2008-09	39	51	12
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

* 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 2008-2015



III Meeting Evaluations

A) Attendance

i) LHIG Members

<u>LHIG</u>	<u># Meetings</u>	<u>Overall Attendance 2009-2010</u>	<u>Overall Attendance 2010-2011</u>	<u>Overall Attendance 2011-2012</u>	<u>Overall Attendance 2012-13</u>	<u>Overall Attendance 2013-14</u>
River East and Transcona	4	73%	82%	75%	64%	61%
Seven Oaks and Inkster	4	75%	75%	71%	78%	85%
St Boniface and St Vital	4	77%	73%	78%	85%	80%
St James and Assiniboine South	4	72%	75%	80%	77%	83%
Fort Garry and River Heights	4	64%	64%	79%	75%	66%
Downtown and Point Douglas	4	68%	74%	63%	75%	73%
Average attendance		72%	74%	74%	76%	75%
All LHIGs Meeting		52 people in attendance	60 people in attendance	60 people in attendance	61 people in attendance	68 people in attendance

ii) Board Liaisons:

Year of meetings	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Attendance Rate	75%	75%	92%	75%	67%*	75%

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 2012-13</u>
Agree (Completely)	83%	84%	79%	77%	84%	83%	82%	81%
Agree (somewhat)	13%	12%	18%	18%	14%	13%	14%	15%
Neither Agree or Disagree	4%		3%	5%	2%	2%	3%	3%
Disagree (Somewhat or Completely)		4%				2%	1%	1%

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 2012-13</u>
Agree (Completely)	74.5%	84%	75%	80%	72%	77%	77%	79%
Agree (somewhat)	25.5%	16%	21%	18.5%	21%	21%	21%	18%
Neither Agree or Disagree			2%	1.5%	3	2%	1%	3%
Disagree (Somewhat or Completely)			2%		4		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 2012-13</u>
Excellent	74%	81%	48.5%	84%	47%	56%	65%	73%
Very Good	23%	19%	45.5%	13%	41%	37%	30%	21%
Good	3%		3%	3%	12%	7%	5%	6%
Could be Improved			3%					
Poor								

C) ORIENTATION EVALUATION Summary (53 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.

Check off your answers.

- LHIG members gained an understanding of the Winnipeg Regional Health Authority and its role in the provision of health services in Winnipeg.

- Completely Agree **85%**
- Somewhat Agree **13%**
- Neither Agree or Disagree **2%**
- Somewhat Disagree
- Completely Disagree

- LHIG members gained an understanding of the structure, role, and purpose of the Local Health Involvement Groups.

- Completely Agree **81%**
- Somewhat Agree **19%**
- 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.
- | | | |
|--------------------------|---------------------------|------------|
| <input type="checkbox"/> | Completely Agree | 85% |
| <input type="checkbox"/> | Somewhat Agree | 15% |
| <input type="checkbox"/> | Neither Agree or Disagree | |
| <input type="checkbox"/> | Somewhat Disagree | |
| <input type="checkbox"/> | Completely Disagree | |
4. LHIG members had an opportunity to meet the other members of their LHIG.
- | | | |
|--------------------------|---------------------------|------------|
| <input type="checkbox"/> | Completely Agree | 79% |
| <input type="checkbox"/> | Somewhat Agree | 19% |
| <input type="checkbox"/> | Neither Agree or Disagree | 2% |
| <input type="checkbox"/> | Somewhat Disagree | |
| <input type="checkbox"/> | Completely Disagree | |

B Organization of Orientation:

1. The orientation was well organized and the WRHA staff kept the orientation on track.
- | | | |
|--------------------------|---------------------------|------------|
| <input type="checkbox"/> | Completely Agree | 92% |
| <input type="checkbox"/> | Somewhat Agree | 8% |
| <input type="checkbox"/> | Neither Agree or Disagree | |
| <input type="checkbox"/> | Somewhat Disagree | |
| <input type="checkbox"/> | Completely Disagree | |

Additional Comments on Session:

- Suzie was by far the most dynamic speaker. Great. Her slides met the current standard for interest. Most of the other slides – lots of black text on white, did not. CEO used too many acronyms in her presentation for non-health care professionals. It is important to use common language that we will understand. Rather than referring to LHIGs/LHIGs why not refer to LHIGs or Groups?
- No opportunity to meet all members of our LHIG.
- Need more time to network.
- Thanks a lot. Very good.
- Well done!
- Well planned out, good handouts, informative. Dinner was excellent. Thank you.
- Very professionally organized and run.
- Great work on explaining the transition from LHIG to LHIG.
- Excellent and on track.

Churchill Engagement Session Evaluation Summary (12 surveys completed)
 Feedback on Churchill gathering...Tuesday, April 8, 2014

Did you....???			
Have a good understanding of the purpose and goals of today's meeting?	92%	8%	
Learn about the community health assessment and health indicators?	92%	8%	
Have a chance to share your thoughts about what you feel impacts the health of your community?	100%		
Share your ideas about how to tell the story of the health of your community?	100%		
Have a chance to contribute your ideas for the best way to engage community members about health?	100%		
Share your ideas for topics for future engagement about health in Churchill?	100%		

Comments:

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

- Enjoyed informal atmosphere. Great food and social atmosphere
- Simplicity of sharing information.
- Good facilitation and time management skills.
- Wasn't sure about what to expect. Learning information about health system and community that I did not know about. Variety of discussions amongst the group. Lunch!
- Good format – interesting.
- Lots of conversation and sharing.
- I enjoy hearing what community members think about the health of our community. It's nice to work with and talk with those that you do not normal interact with.
- Location, attendees
- It was beneficial to hear the perspectives of others in the community.
- Lots of attempt to get feedback.
- Broad group of people invited. Liked open discussion.
- Informal session. Focus on stories.

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

- Too warm, but it's always like that in here
- Need more representation of the "customer"
- Environment.
- There were obvious gaps in the population that attended. It was all professional people – that isn't the majority of Churchillians.
- More diversity in attendees = greater picture of community concerns
- Schedule conflict for key people from the beginning
- Long meeting during the day – bias for who could attend
- A little warm.

Did you feel comfortable sharing your thoughts and ideas?

- Yes
- Yes
- Yes.
- Definitely.
- Yes
- Yes.
- Yes
- Yes
- Yes, absolutely.
- Yes.
- Yes.
- Yes

What could we have done differently to make it better?

- Unsure. More chocolate. LOL
- Better notification to community members.
- More invitations.
- Location. Though the sunlight is good at times it was hard to see well with the light from the big windows.
- Invite the "majority"
- Wider range – community elders, youth, etc. – of people
- Scheduling for others to stay through the entire process
- Short meeting in the evening?
- Provide information to read prior to the meeting.

Other comments

- Thanks for the invitation! Look forward to ACTION coming from the meeting. The numbers were confusing in that they may not have been accurate. We had trouble "trusting the numbers"
- Include community members for evaluation.
- I like the pipe cleaners. 😊
- Excellent discussions.
- Looking forward to reviewing the draft. More attendees – Aboriginal decent, seniors.

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 (10 surveys)	70%	20%		*10%		
River East and Transcona (surveys)	17%	66%	17%			
St James and Assiniboine South (11 surveys)	18%	64%	18%			
St Boniface and St Vital (11 surveys)	36%	36%	**9%	18%		
River Heights and Fort Garry (8 surveys)	12.5%	87.5%				
Downtown and Point Douglas (9 surveys)	22%	56%		11%	11%	
Average rate	29%	55%	7%	7%	2%	

*Need younger members and more men on the group

**No immigrants or people of colour

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	60%	40%				
River East and Transcona	33%	50%	17%			

St James and Assiniboine South	36%	54%	9%			
St Boniface and St Vital	45%	45%	9%			
River Heights and Fort Garry	25%	75%				
Downtown and Point Douglas	33%	67%				
Average rate	39%	55%	6%			

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	90%	10%				
River East and Transcona	67%	33%				
St James and Assiniboine South	64%	27%				9%
St Boniface and St Vital	73%	18%	9%			
River Heights and Fort Garry	62.5%	25%				12.5%
Downtown and Point Douglas	56%	44%				
Average rate	69%	26%	1.5%			3.5%

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	60%	40%				
River East and Transcona	33%	67%				
St James and Assiniboine South	36%	64%				
St Boniface and St Vital	55%	45%				
River Heights and Fort Garry	37.5%	62.5%				
Downtown and Point Douglas	33%	56%	11%			
Average rate	42%	56%	2%			

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	50%	50%				
River East and Transcona	33%	67%				
St James and Assiniboine South	36%	64%	9%			
St Boniface and St Vital	73%	18%				
River Heights and Fort Garry	37.5%	*62.5%				

Downtown and Point Douglas	44%	33%	11%	11%		
Average rate	46%	49%	3%	2%		

**Will improve with the report produced in the coming months*

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	70%	*30%				
River East and Transcona	50%	17%	17%			
St James and Assiniboine South	64%	36%				
St Boniface and St Vital	82%	9%	9%			
River Heights and Fort Garry	37.5%	62.5%				
Downtown and Point Douglas	56%	33%	11%			
Average rate	60%	32%	6%	2%		

**It's great that there is a WRHA board liaison present at the meeting, but there are instances to me when it seems that the liaison gets a bit defensive – preventing some people from fully voicing their opinions*

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	80%	20%				
River East and Transcona	33%	67%		17%		
St James and Assiniboine South	64%	36%				

St Boniface and St Vital	91%	9%				
River Heights and Fort Garry	62.5%	37.5%				
Downtown and Point Douglas	67%	33%				
Average rate	72%	28%				

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	80%	20%				
River East and Transcona	67%	33%				
St James and Assiniboine South	82%	18%				
St Boniface and St Vital	82%	18%				
River Heights and Fort Garry	75%	25%				
Downtown and Point Douglas	56%	44%				
Average rate	74%	26%				

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	70%	30%				
River East and Transcona	50%	33%	17%			
St James and Assiniboine South	55%	45%				
St Boniface and St Vital	64%	27%	9%			
River Heights and Fort Garry	62.5%	37.5%				
Downtown and Point Douglas	22%	78%				
Average rate	54%	42%	4%			

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	40%	60%				
River East and Transcona	17%	83%				
St James and Assiniboine South	27%	54%		9%		
St Boniface and St Vital	36%	64%				
River Heights and Fort Garry	50%	*50%				

Downtown and Point Douglas	33%	44%		22%		
Average rate	35%	60%		5%		

*Again, will increase with the report being produced.

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	30%	60%	10%			
River East and Transcona	34%	66%				
St James and Assiniboine South	18%	82%				
St Boniface and St Vital	54%	27%	18%			
River Heights and Fort Garry	37.5%	50%	12.5%			
Downtown and Point Douglas	11%	67%	22%			
Average rate	31%	59%	10%			

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	50%	40%	10%			
River East and Transcona	50%	50%				
St James and Assiniboine South	36%	64%				

St Boniface and St Vital	54%	36%	9%			
River Heights and Fort Garry	62.5%	37.5%				
Downtown and Point Douglas	22%	67%	11%			
Average rate	46%	49%	5%			

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"> ○ LHIG process worked well. No changes needed. ○ Everything has been great ○ I think the LHIG is well run and a positive place to express ideas and suggestions 	Seven Oaks and Inkster
<ul style="list-style-type: none"> ○ I don't feel that various people chairing the meetings is effective. Too much time is spent on introductions – could we just say our names? Stay on topic – too many personal stories. ○ No, the sessions went very well. ○ Formalize process for input from members – facilitator to keep members on topic. ○ Some LHIG members talk at length and about things that are not on the agenda. The facilitator needs to better restrict those members in order to keep all of us engaged. ○ I am impressed with the process used now. 	River East and Transcona
<ul style="list-style-type: none"> ○ Broaden the age range. ○ Would like more background papers before each meeting and an idea of best practices in Canada and elsewhere. ○ Diversify members – try to have some students from university/college. 	St James and Assiniboine South
<ul style="list-style-type: none"> ○ No ○ We should agree on all ideas/suggestions prior to submitting them as this LHIG's official submission ○ Integrate 2-way principles of discussion, per WRHA policies – interactive discussions with WRHA managers on topical issues. ○ Members should attend meetings on a regular basis. ○ No, the process is very effective. ○ Start the meeting at 6pm and finish by 8:30pm 	St Boniface and St Vital
<ul style="list-style-type: none"> ○ Not at this time ○ Continue to support the community from all aspects ○ No 	River Heights and Fort Garry
<ul style="list-style-type: none"> ○ I found that the time allowed for discussion was not necessarily long enough for the more complex subjects (like the indicators discussion). The facilitation process itself was logical, but it was hard to give meaningful feedback because a) not understanding all of the medical back story behind each indicator, and b) the criteria was a little fuzzy – was it more important to flag critical issues for our neighbourhood or to identify those we feel we can make an impact. I am not sure this is a “solve-able” problem, but it might inform how future topics are selected. I also recognized that a major challenge for the facilitator is to direct people away from personal experiences and patient anecdotes towards “system-wide thinking” on the more systemic issues. That isn't a criticism, just a recognition that this is a very difficult dynamic to overcome. ○ Not really. Some of the topics – like accountability/transparency we're a bit too over my head, 	Downtown and Point Douglas

<ul style="list-style-type: none"> not that relevant to me as a community member. I'm more interested in more community-based issues. o Sometimes the meetings feel a bit long. 	
---	--

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

<ul style="list-style-type: none"> o Yes o Yes o Perhaps o Depends! I have one more year here. Thanks for asking. o Sure! 	Seven Oaks and Inkster
<ul style="list-style-type: none"> o Such as? o Yes, not sure in what areas 	River East and Transcona
<ul style="list-style-type: none"> o Sure. 	St James and Assiniboine South
<ul style="list-style-type: none"> o Yes o Will do o Yes 	St Boniface and St Vital
<ul style="list-style-type: none"> o Any time! o Possibly o No 	River Heights and Fort Garry
<ul style="list-style-type: none"> o Depends, situational, case-by-case. o Not really. o Not now but probably in the future. 	Downtown and Point Douglas

Other Comments:

<ul style="list-style-type: none"> o The meetings were informative, sharing of ideas was interesting, facilitation was great – thank you Colleen for your organized, friendly manner. You made the experience very worthwhile! :) o I love and enjoy being part of this LHIG. I learn things that I never knew. o As stated aloud, I have found my committee experience interesting, challenging, and thought-provoking. Many thanks. 	Seven Oaks and Inkster
<ul style="list-style-type: none"> o Food has been great. Colleen does a great job! o Keep up the good work! 	River East and Transcona
<ul style="list-style-type: none"> o Thank you so much for the opportunity to participate. I have learned so much. Please contact me if you'd like my involvement to continue. Schlama! 	St James and Assiniboine South
<ul style="list-style-type: none"> o Excellent facilitation and communication skills, Colleen. You are a leader! o Thank you! Excellent group facilitator! o It was fun and a good experience. 	St Boniface and St Vital
<ul style="list-style-type: none"> o 	River Heights and Fort Garry
<ul style="list-style-type: none"> o I do think staff does a very good job of making the volunteer experience easier and of valuing volunteers. o Looking forward to new topics next year. 	Downtown and Point Douglas

V All LHIGs Meeting Evaluation (40 evaluations completed)

1. I felt that the keynote presentation by Connie Walker on My Peg to be informative and enjoyable.

Completely Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Completely Disagree
93%	7%			

Last year, 100% completely agreed.

Comments:

- Very good presentation. I wasn't aware of The Peg website
- Great work being done by the United Way.
- Very informative.
- The first time I have heard of the community indicator system.
- Excellent and informative information. In now know what "Peg" is! Thanks.
- Connie was wonderful and gave us all kinds of information.
- Presentation was very touching.
- Wasn't happy that Point Douglas/Downtown was highlighted.
- I didn't agree with the YouTube video. She should have put/included a First Nations person in at least one video seeing First Nations represent 90% of homelessness and/or food bank usage. Tell Washington the real story of Winnipeg.
- Kevin Chief or Minister Responsible for early years and Healthy Child Manitoba should be involved.
- Good presentation – very interesting.
- It was good to learn about The Peg initiative, it would be good to get more information about it.
- It was an amazing presentation and encouraging, also really touching. In fact, I was really surprised about the issue of children of 5 years....thanks for the presentation.
- Very informative and good to see Winnipeg at the forefront of such a venture. Will share the site with others.
- Well developed and presented.
- Now I know about The Peg
- Very good! Well presented, very informative!
- Excellent presentation and incredibly relevant to our discussion.
- Excellent information presentation. Well done.
- Would be nice if there was a pamphlet outlining what "The Peg" is. Personally, had never heard about this organization.
- I had received the annual report a number of months ago. But it was nice to have a personal presentation and videos.
- I would have liked to have heard examples of how the data in "The Peg" is being used. Not clear if it is intended to be a policy tool or is just for public information.
- I remain concerned how indicators are chosen and how they might result in a narrowing of focus, but it was really good to hear about Peg.

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
72.5%	25%	2.5%		

Last year, 100% completely agreed.

Comments:

- I think it's nice to be recognized for being volunteers and for being part of a very important LHIG.
- Too generic and general.
- In like the tighter presentation of the LHIG members!
- Pleasantly surprised to be recognized! I feel very appreciated and special! Thanks.
- A little disorganized with handing out certificates and calling names.
- It's nice to be thanked for volunteering.
- Unfortunate that others did not make the time to join us tonight.
- Good way to include everyone involved.
- Nicely done! Recognition is so important! Participation is also very important, including reporting.
- Perhaps a small token (like WRHA mug) to those completing their 3rd year would be a nice gesture.

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
70%	17.5%	12.5%		

Last year, 85% completely agreed, 12% somewhat agreed, and 3% neither agreed nor disagreed.

Additional Comments on All-LHIG Meeting:

- Wasn't really involved in the conversations with other members at the table.
- I like speaking to rather than reading the slides
- Health care providers also need to be better at telling patients and family what their options are. Patients don't always know what to ask, so they may not ask. This could affect accountability as misunderstanding can occur. I can also affect perceived goals.
- Great way to end the year! Looking forward to another. Thanks.
- All of our information was used. Thank you.
- Great work!
- The presentation was good with all of the quotes. It was good to get feedback from Arlene.
- Good to involve the LHIG members.
- Total event was very well organized.
- I would have liked more time for discussion and interaction with members of the Board.
- Very well done!

- If information is outlined in the package, it doesn't have to be completely repeated. Could have had more time for questions and not be cut off.
- It was a bit disappointing, telling that so many members of the Board weren't present.
- Continue to appreciate Colleen's incredible efforts and support. Topics are good. Appreciate involvement of senior leaders in the meetings.
- It was nice this year that senior management and board members attend and speak, but there was limited opportunity to interact.
- Thank you for allowing me to be part of a collective community LHIG that has such influence on our healthy living and health care system. Well done, Colleen.

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 (12 Board members completed the survey)

A. How long have you been on a Board?

Less than one year	17%
One to two years	25%
Two to three years	41%
More than three years	17%

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

Yes	92%
No	8%

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

Yes	67%
No	33%

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
58%	33%	8%			

Last year, 77% agreed and 22% 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
58%	42%				

Last year, 88% agreed and 11% neither agreed nor 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
17%	58%	25%			

Last year, 100% agreed.

Comments:

- Appreciated LHIG briefing that clearly sets out equity membership and challenges.
- Not always clear.
- Comments in the nominations suggest it is lacking in some 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
33%	42%	25%			

Last year, 77% agreed with this statement and 22% 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
50%	42%	8%			

Last year, 100% agreed with this statement.

Comments:

- Staff are excellent support that brings out the best engagement in the LHIGs.
- Colleen is fantastic.

Leads 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.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
42%	50%		8%		

Last year, 89% strongly agreed and 11% agreed.

Comments:

- The revised role should help expand public input.
- Given the nature of the discussion at their meetings, their responses are "real people" looking at the health care system. Shows us a lot about what people know about the system, what they don't, and how their perceptions affect how they feel about health care.
- I understand the LHIGs have a mandate but I think that could be even more valuable flowing information to the Board.

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
25%	58%	8%	8%		

Last year, 78% agreed and 22% neither agreed nor 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
67%	25%	8%			

Last year, 100% agreed with this statement.

Comments:

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
33%	58%	8%			

Last year, 66% agreed and 22% neither agreed nor disagreed, and 11% didn't know.

Comments:

- Reports can contain some repetition which might be edited.
- Prefer that presenters not read the text on the screen, but realize some may have limited public speaking experience.

10. Suggestions for improving LHIGs:

Comments:

- None. Good structure and processes.
- Support for this program should continue, maybe membership recruitment could be a wider effort.
- Let them choose the topics every second year.
- As we have started to do, ask LHIG members to help identify their topics.
- They should provide more focus on their community needs and what the WRHA can do to improve community health care in their communities.

Summary of Senior Leadership Responses

(11 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	9%
Three to five years	18%
More than five years	73%

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

Yes	91%
No	9%

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
64%	36%				

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
73%	11%		9%		

Last year, 80% agreed, 13% responded that they neither agreed nor disagreed, and 7% 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
9%	82%				9%

Last year, 66% agreed and 33% responded that they neither agreed nor disagreed.

Comments:

- Not sure about members on all LHIGs, but diversity is a focus
- LHIG members are very dedicated citizens with a genuine interest in the health and wellness of the community.

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
45%	27%				27%

Last year, 67% agreed, 27% neither agreed nor disagreed, and 6% 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
55%	18%				27%

Last year, 73% agreed, 20% neither agreed nor disagreed, and 6% responded that they didn't know.

Comments:

- Colleen does a great job supporting the volunteers and addressing their needs and concerns.

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
45%	45%		9%		

Last year, 80% agreed and 20% neither agreed nor disagreed.

Comments:

- The reporting is very valuable. Just unsure if we as an organization are always effective at translating advice into action.
- May want to explore whether some of the LHIGs want to explore certain theme areas without it being so prescriptive.
- The reports are always well received by the Board. I'm not sure the reports influence programs.
- I think the recommendations in this report have been helpful. I think we still struggle in terms of applying the recommendations. I also worry that not all stakeholders feel an accountability to integrate recommendations in day to day practices.

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
27%	55%	18%			

Last year, 80% agreed, 13% neither agreed nor disagreed, and 6% responded that they didn't know.

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
55%	36%				9%

Last year, 87% agreed and 13% neither agreed nor disagreed.

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
64%	18%	9%			9%

Last year, 87% agreed and 13% neither agreed nor disagreed.

Comments:

- These are very well done. Colleen S. Does a great job in synthesizing the reports.
- Yes. Their work may not always be recognized by the community. Reports are very well done and recommendations are always thoughtful and clear.

10. Suggestions for improving the Local Health Involvement Groups

- Great info! More staff members need to know more about their involvement.
- The need to continue to be supported. High quality input from community and contributes to stronger relationships with WRHA.
- They are but one mechanism for public engagement, however, we need to be able to have more focused discussions in our community areas on broader issues within the health care system.
- Keep doing what you're doing...excellent job.
- I feel it would be good for managers to attend at times to get a feel for public's opinions, knowledge level, etc.

VIII Use of LHIGs' Input

The WRHA is committed to keeping track of how the ideas and suggestions of the Local Health Involvement Groups are used internally by the WRHA Board and programs and externally by other relevant stakeholders.

- All Reports are made public and posted on the WRHA website www.wrha.mb.ca
- As the Reports are shared with so many key partners, we can only report on what we know

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
- The LHIGs recommendation on further consultation has resulted in a second phase of community consultation in the 12 community areas of the Winnipeg health region which will take place over the next 4 to 6 months
- LHIG recommendations for a template for the community profiles is being used in the creation of draft community profiles for the 12 community areas
- A community consultation on the Community Health Assessment took place in Churchill, Manitoba on April 8, 2014 – the feedback from that meeting will be used to revise the draft community profile for the community of Churchill

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
- Recommendations and thoughts regarding changes to the advance care planning work book are being reviewed and will be used during the revision of this important tool
- As recommended, links to organ and tissue donation organizations are now included on the WRHA website and with the ACP resources
- The Advance Care Planning work books are available online but if anyone requests a hard copy, staff let people know about the ERIK Kit (Emergency Response Information Kit) and copies are sent out with the ACP booklet if requested
- The WRHA has joined a national community of practice that connects us with champions and resources of ACP across Canada and has been a great resource for future education and resource materials
- The report recommended looking at approaches and different messaging to target not just the older population and to keep in mind that this can be a difficult conversation to start with loved ones
- The WRHA is exploring resources throughout Canada and outside of Canada to see what others are doing to help promote the conversation with younger generations, as suggested in the report

- A member of one of the LHIGs is working with staff in advance care planning to hold a workshop on Advance Care Planning with the Muslim community in Winnipeg
- Plans are in progress to promote Advance Care Planning in the WAVE magazine and/or Health Care Connections (e-blast for health care professionals in the region).
- The report suggested that more education and work needs to be done with health care professionals and to strengthen advance care planning processes within the region – this is work that will be done over the next number of months
- New video resources have been added to the website demonstrating techniques used in Advance Care Planning - Goals of Care conversations. This new video articulates a discussion in renal health with the Aboriginal population.

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

- Members of the LHIGs made recommendations on proposed approaches to building a more sustainable health care system: (below each approach is the work occurring in that specific area)
 - Shifting care from hospitals into the community – received unanimous support from the LHIGs
 - Improved access to primary care through Primary Care for All initiative
 - Hospital at home teams to prevent admission or shorten inpatient Length Of Stays
 - Community paramedic EMS program to decrease numbers of patients needed to go to emergency departments
 - Expanded use of Tele-health
 - Expansion of PACT program for community-based mental health patients Utilizing alternate care practitioners to the full scope of their practice – received unanimous support from the LHIGs
 - Continue to expand base of Nurse Practitioners, predominantly in community (this has been recommended by the LHIGs in a number of their reports)
 - Expanding use of Physician Assistants in again with newer focus on community
 - Expanding availability of allied health support (Occupational Therapy/Physiotherapy/Respiratory Technicians/Social Workers) to help enhance patient flow
 - Enhanced international medical graduate access through streamlined credentialing / privileging processes
 - Creation of direct referral mechanisms in cancer patient journey (radiology) to expedite care
 - Development of Centres of Excellence – overall support from LHIGs but concerns re: patients with multiple health problems not being able to receive care at one site

- Continue to pursue Centre of Excellence approach where possible
 - Renal CTU at Seven Oaks General Hospital has been developed in support of dialysis patients at the site
- Address the growing demand of caring for the elderly and the role of family in caring for elderly family members
 - Personal Care Home – expansion of beds
 - The PRIME program has been expanded -- this program aims at keeping seniors healthy and living in their own homes. PRIME provides alternatives to entering a personal care home by offering an all-inclusive health service including medical care, personal care, socialization and exercises, after hours support, rehabilitation, day program, Home Care coordination, access to a team of health care professionals, and more.
 - The Home Care Program is developing a strategy to address the increasing stresses on family caregivers – particular issue was also explored by the Home Care Advisory LHIG (the LHIGs recommended that further engagement on this issue occur with those directly involved)
- Home care program – focus more on medical/clinical care
 - Continue to develop models for hospital at home programming in partnering home care, primary care, and other services based on patient needs
- Paying for some health care services and equipment
 - Discussions ongoing with government in the areas of outpatient rehabilitation services, sleep apnea, ostomy, and home dialysis

Public Engagement in Health: Community Perspectives (January 2012)

Learning from Patient Experiences: Community Perspectives (June 2008)

- Work on developing web based tools and an information hub on public and patient engagement for the public and staff is underway

Compassionate Care: Community Perspectives (May 2007)

- Members recommended that more training in providing compassionate care be provided to health care staff – a video was recently developed and some members of the LHIGs were involved in sharing their personal stories of their experience with the health care system

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

- Primary Care Networks continue to be developed across the Winnipeg health region, utilizing public input and recommendations from this report

- Many resources being provided to assist physicians who take part in Primary Care Networks, mirror the recommendations provided by LHIG members – specifically, chronic disease management, mental health and wellness, nutrition counseling, and enhanced linkage to community supports
- LHIGs recommended that evaluation of the development of the primary care networks occur to ensure goals and efficiencies are met – this is being done
- Quick Care Clinics – are an example of providing primary care after regular business hours to lessen the need to visit emergency departments for minor health issues – which was a key recommendation from the LHIGs
- The LHIGs also recommended the development of primary care clinics adjacent to emergency departments so that those not requiring the services of an ER could redirect themselves to a primary care clinic – a clinic was developed at the Seven Oaks General Hospital adjacent to their ER

Public Expectations of the Health Care System (May 2010)

- LHIGs have recommended approaches to reducing the numbers of people who go to emergency departments unnecessarily – a committee has been created in partnership with the Manitoba Nurses Union and this group will be looking at the use of emergency departments by non-emergency patients and the need for public education regarding alternatives
- My Right Care – a promotional web and media-based campaign to share information about where to go within the health care system based on a health care need, was recommended by the LHIGs in several reports

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
- Staff at Youville Clinic in St Boniface and St Vital regularly share LHIG reports during staff planning exercises

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 – LHIG Diversity Table

	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	Average 2013-14	Average 2012-13	Average 2011-12
Diversity (cultural, socio-economic, religious, marginalized or vulnerable (disability, sexual orientation))	71%	38%	47%	25%	36%	71%	48%	67%	61%
Aboriginal – Inuit, Métis, Aboriginal First Nations	14%	19%	13%	13%	7%	7%	12%	18%	18%
Number of people working in health care	7%	13%	7%	13%	14%	7%	10%	19.5%	21%
Youth (under 30) and seniors	50%	25%	27%	31%	14%	21%	28%	36%	39.5%
Men/ Women	29% men/ 71% women	44% men/ 56% women	33% men/ 66% women	44% men/ 56% women	29% men/ 71% women	14% men/ 86% women	32% men/ 68% women	30.5% men/ 69.5% women	29% men/ 71% 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
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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
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Additional Comments:

LHIG
End of Year Evaluation March 2014

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 2014

Members of the Board and Senior Leadership are being asked to complete this evaluation following the end of the LHIG year of 2013/2014. (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:

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"/> |
| 7. The LHIG reports provide information that assists in decision making related to those health issues explored by the groups. | <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"/> |
| 9. The reports and presentations from the LHIGs are of good quality and the formatting of the reports work well. | <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 2014

Members of the Senior Leadership team and the Board are being asked to complete this evaluation following the end of the LHIG year of 2013/2014. (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:

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.	○	○	○	○	○	○
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 ppe engagement participants regarding whether or not their input was used and why.