



North West Local Health Integration Network Community Engagement Strategy

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1.0 Executive Summary

Background

The mandate of Local Health Integration Networks (LHINs) is to improve access to, and the quality of, health services for residents of Ontario through strengthened integration and coordination of health services. To achieve this mandate LHINs actively engage in open communication and broad, inclusive consultation.

LHINs provide leadership for community engagement in keeping with the government's broader commitment to be responsive to health needs at the local level. LHINs aim to keep all community stakeholder groups informed, engaged, and working together to strengthen local health services. In this way, we build community acceptance and commitment to common goals, respective responsibilities, and mutual accountability.

Community Engagement Strategy

The North West LHIN is committed to ongoing engagement with stakeholders and communities that have an interest in or will be affected by its actions. This includes members of the public, service providers, and others. The objectives of the Community Engagement Strategy (CES) are to provide stakeholders with balanced and objective information; obtain feedback and make recommendations on service gaps and opportunities for coordination and integration; ensure that concerns are consistently understood and considered; and build relationships. To do so, we have developed CES principles upon which we propose to operate and to be accountable. The CES principles are designed to be transparent, timely, inclusive, appropriate, accessible, balanced, and accountable.

North West LHIN Approach to Community Engagement

To carry out the Community Engagement Strategy, the North West LHIN is using the following three geographic planning areas as well as a focus on Aboriginal/First Nations as an approach to planning and community engagement.

North West LHIN Planning Areas

Kenora/Rainy River District

Thunder Bay District (excluding the City of Thunder Bay)

City of Thunder Bay and immediate surrounding areas

Aboriginal/First Nations

In addition to the community engagement activities within the planning areas, the North West LHIN will also engage stakeholders across the planning areas in order to facilitate linkages among the various geographic areas, program and service areas. In order to facilitate the comprehensive and multi-faceted engagement strategy, focus groups/advisory groups from

across the region, or similar groups that are geographically based or that focus on a particular health interest, may be engaged. These groups will help facilitate the engagement process and assist in the design and implementation of effective community consultation processes.

Community Engagement – Evaluation and Input

The North West LHIN will evaluate the success of achieving its objectives throughout the community engagement process. This Community Engagement Strategy is intended to be an inclusive strategy reaching out to as many stakeholder groups as possible. The strategy will involve communities and stakeholders in different ways in advising the North West LHIN. The development of this Community Engagement Strategy is an ongoing process that will continue to evolve, as community stakeholder activities continue and the *Integrated Health Service Plan* (IHSP) is refined and advanced.

2.0 Introduction

The mandate of the Local Health Integration Networks (LHINs) is to improve access to, and the quality of, health services for residents of Ontario through strengthened integration and coordination of health services. To achieve this mandate, the North West LHIN actively engages in open communication and broad, inclusive consultation.

The North West LHIN provides leadership for community engagement locally in keeping with the government's broader commitment to be responsive to health needs at the local and regional level and LHIN wide. The North West LHIN aims to keep all community stakeholder groups informed, engaged, and working together to strengthen local health services. In this way, we will build community stakeholder commitment to common goals, respective responsibilities, and mutual accountability. To carry out this commitment, we are working to develop strategies and foster positive community stakeholder relationships and encourage involvement in our LHIN activities.

As part of their mandate, LHINs are required to produce an *Integrated Health Services Plan* (IHSP) addressing the health needs of the local population by developing and implementing integration and coordination strategies. The Community Engagement Strategy (CES) that follows will be used during the refinement and advancement of the IHSP and has been developed based on the *Local Health System Integration Act* (LHSIA), 2006. This strategy is a living document and will be refined over time.

3.0 Background for Community Engagement for the North West LHIN

The North West LHIN is home to 234,599 people or two percent of the population of Ontario. As well, the North West LHIN covers the largest geographic area of all Ontario LHINs. The North West LHIN is comprised of many small towns and First Nation communities that includes urban, rural, and remote communities and is large and diverse in terms of its geographic, cultural, and socioeconomic characteristics. Our community engagement strategy will reflect and acknowledge the diversity of our population.

From 2001 to 2006, the population of the North West increased by 1.0%. Compared to the provincial population, the North West has a higher proportion aged 65 years and older, the percentage of residents who are Francophone (i.e. who claim French as their mother tongue) is similar to the province (3.5% versus 4.4%) and the percentage of the population of Aboriginal identity is substantially greater in the North West (19.8%) than the province (2.0%). At the same time, the percentage of immigrants and visible minorities is far smaller in the North West as compared to the province (1.9% versus 22.8%).

Close to 52% of the North West is concentrated in the Thunder Bay census subdivision (CSD) (population of approximately 122,900). Kenora (15,223) and Dryden (8,085) are the next most populous areas (6.4% and 3.4% of the population respectively). The remainder of the North West is made up of CSDs ranging in population size from 40 people to approximately 8,080 (Fort Frances).

The population distribution, presents challenges for community engagement as service utilization patterns are multi-dimensional based on population density, service availability and

geographical distances. Referral patterns for service exist among providers in the region as well as to Manitoba, southern Ontario, and the United States.

Experience has shown that it is difficult to plan for a small population in a large geographical area based on aggregated population characteristics and need, because this approach often obscures the disparities in health status, access and the needs of population subgroups. **Therefore, in order to keep stakeholder engagement meaningful and relevant, we are planning to engage stakeholders across the region as well as in different parts of the catchment area.**

In the absence of existing planning data, the North West LHIN will use three geographic planning areas [Kenora/Rainy River District, Thunder Bay District (excluding the City of Thunder Bay) and the City of Thunder Bay and surrounding areas] as an **initial** approach to stakeholder engagement. It is understood that this approach does not assume that the populations in those areas have similar needs or characteristics rather, they are in close proximity to one another.

An *Aboriginal Engagement Strategy* will also be employed. This strategy will span the region ensuring community engagement with Aboriginal (e.g. First Nations urban populations, Métis, Aboriginal organizations and health service providers) as well as engaging representatives from the three major political organizations in Northwestern Ontario: Anishinabek Nation, Nishnawbe-Aski Nation and Grand Council Treaty #3. The North West LHIN will seek advice from Aboriginal leaders in the development of this strategy.

In addition to community stakeholder engagement activities within the three geographic planning areas and with Aboriginal people, the North West LHIN will also engage with stakeholders across the planning areas in order to facilitate linkages across the region.

Stakeholder engagement areas have been identified to provide ease of access to engagement activities. However, it is understood that there will be considerable flexibility in the engagement process and participants will not be excluded from consultation based on their location. In fact, the North West LHIN supports a regional approach to the community engagement strategies, where there is cross-over between and among services and geographical areas that can enhance stakeholder engagement.

4.0 Goals of Community Engagement

One of the fundamental responsibilities for LHINs is the engagement of community stakeholders. Our definition of community stakeholder is broad and includes anyone who will be affected by, or that has an ability to affect, the activities of the LHIN. This includes the general public, patients, clients, residents, consumers, service providers, and others. For the remainder of this document, the term “client” will be used; which is meant to include patients, residents, consumers, and advocacy groups. *(A detailed list of stakeholders is provided later in this document.)*

The goals of the North West LHIN community engagement strategy are to:

- **Focus on the people who use health care:** We will place the client at the centre and engage directly with those who are most knowledgeable about their experience and satisfaction with health care services – the residents themselves.

- **Enhance local accountability:** We will enhance accountability at the local level by providing direct opportunities for input into decision-making.
- **Balance priorities:** Informing and engaging the public is the best approach to address community stakeholder needs and responsibilities. We will create a shared sense of responsibility for achieving balance amongst competing priorities.
- **Develop system capacity and sustainability:** Communities are the best source of knowledge about their own needs and their own solutions. We will draw on this knowledge and capacity, to identify needs and gaps, and help build sustainable, long-term solutions.

5.0 North West LHIN Community Engagement Objectives

Community engagement is the broad array of approaches used to generate two-way interactions between the North West LHIN and communities.

Specific objectives are:

- To provide community stakeholders with balanced and objective information to assist them in understanding the role and mandate of Local Health Integration Networks and the responsibilities and expectations of all stakeholders;
- To obtain feedback and make recommendations on service gaps and opportunities for service coordination and integration in the North West LHIN;
- To work directly with community stakeholders throughout the process to ensure that all stakeholder concerns are consistently understood and considered;
- To partner and build relationships at each level in the LHIN community engagement process including the identification and development of preferred integrated service delivery solutions.

6.0 North West LHIN Principles of Community Engagement

The North West LHIN is committed to ongoing engagement with community stakeholders that have an interest in, or will be affected by, its actions. The following principles will guide our LHIN engagement activities:

6.1 Transparent

We will engage community stakeholders in an open process, with transparent purpose, goals, accountabilities, expectations, and constraints. The North West LHIN will be open about how the community engagement will be used in decision-making.

6.2 Responsive

We will be respectful of, and responsive to, stakeholder input. Wherever appropriate, plans and actions will be modified to reflect stakeholder input.

6.3 Timely

Where feasible, we will engage community stakeholders early and often in the planning process, allowing sufficient time for meaningful dialogue, consultation and plan modifications.

6.4 Inclusive

Where appropriate, we will engage with the full diversity of consumers, providers, and communities who have a stake in, or will be affected by our actions/plans. We will consider supports to engage with 'hard to reach' and marginalized populations. Where feasible and appropriate strategies will be put into place to reduce barriers to access caused by factors such as language, culture, and physical limitations.

6.5 Appropriate

We will endeavour to use levels and methods of engagement with stakeholders that are appropriate to the purpose of the engagement, i.e. that suit both the group being consulted and the goals of the engagement.

6.6 Accessible

We will provide clear, accessible and comprehensive information to community stakeholders in order to facilitate their involvement with planning and priority setting.

6.7 Balanced

We will balance the participation and influence of community stakeholder groups and be mindful of engagement approaches that overcome power imbalances to give equal voice to participants.

6.8 Accountable

We will monitor the effectiveness of our community engagement strategies.

7.0 North West LHIN Community Engagement Planning Assumptions

In framing this strategy, we have assumed that:

1. The North West LHIN Community Engagement Strategy is a living document and changes to it will be ongoing, in response to input from stakeholders.
2. Planning will occur at micro (community), meso (local LHIN) and macro levels (with other LHINs and province-wide). It would also include those who provide services to people who live in the LHIN region.
3. Different levels and approaches to engagement are appropriate for different stakeholder groups. As a result:
 - a. Where issues are closest to clients and communities, engagement activities will involve a higher degree of participation in service planning, implementation, and evaluation.
 - b. Stakeholders that are not directly affected by LHIN decisions will have a lesser degree of involvement than those directly affected.
4. Input from stakeholders will be critical to the North West LHIN who will have ultimate responsibility for determining how best to incorporate this input into the decision making process.
5. We do not, at this time, have access to all planning data and tools. Therefore, we will be working with the information that is currently available and will continue to use the most current information in the planning process as it becomes available.
6. Stakeholders will be committed to the engagement process, and they will participate actively in community engagement activities.
7. The Community Engagement Strategy will reflect the cultural and linguistic diversity of the community.

8.0 North West LHIN Community Stakeholders

The North West LHIN is committed to an inclusive Community Engagement Strategy, and to achieve this objective, the following questions will guide our process:

- Who should be consulted?
- Who is likely to be affected?
- Who is likely to be interested?

All individuals, groups of individuals, or organizations who will either be affected by the North West LHIN activities or have the ability to affect LHIN activities will be considered to be community stakeholders. It is understood that not all stakeholders will necessarily be located within the North West LHIN geography. Existing networks and local partnerships will continue and these will be included in the engagement process. The following Table provides a general overview of community stakeholder groups to be considered within the North West LHIN.

Community Stakeholder Group	Description(*)
Residents/Public	Individuals who reside within the LHIN boundaries. The general public is the largest community stakeholder group and must be involved in the Community Engagement Strategy. Members of the public have a strong desire to become involved in the health system and take responsibility for their own health and health decisions.
Clients/Patients/Consumers/ Advocacy Groups	Individuals who receive programs or services from health service providers have a vested interest in changes to the health care system. This should also take into consideration the cultural make up of the LHIN
Health Service Providers (agencies that are funded directly by the LHIN)	<ul style="list-style-type: none"> ▪ Community Supports ▪ Mental Health and Addictions Services ▪ Hospitals ▪ Long-term Care Homes ▪ Community Care Access Centres ▪ Community Health Centres
Other Service Providers	<ul style="list-style-type: none"> ▪ Family Health Teams ▪ Physicians (Family Physicians and Specialists) ▪ Nurses/Nurse Practitioners ▪ Allied Health Professionals¹ ▪ Health Care Workers ▪ Human Service Providers (e.g. education, police)

Community Stakeholder Group	Description(*)
	<ul style="list-style-type: none"> ▪ Public Health (Thunder Bay District Health Unit, Northwestern Health Unit) ▪ Human Service Providers (e.g. education, police) ▪ First Nations Health Directors ▪ Aboriginal Community Counseling Services ▪ Aboriginal Health Access Centres ▪ Aboriginal Health Planning Authorities ▪ Community Band Crises Teams ▪ Aboriginal Advisory Services ▪ Aboriginal Child and Family Services ▪ Other (e.g. private retirement homes)
Local Networks	<ul style="list-style-type: none"> ▪ North West LHIN Advisory Teams, Working Groups, and Communities of Interest ▪ Mental Health and Addiction Networks ▪ Social Planning Councils ▪ Northwestern Ontario End-of-Life Care Network ▪ North West Infection Control Network ▪ Alliance of Community Support Services ▪ Dementia Networks ▪ Northwest Health Network ▪ District Social Services Administration Board ▪ Ontario Telemedicine Network ▪ Northwestern Ontario Regional Stroke Program ▪ Northern Diabetes Health Network ▪ Ontario Native Women’s Association ▪ Ontario Federation of Friendship Centres
Provincial Networks	<ul style="list-style-type: none"> ▪ Cardiac Care Network ▪ Cancer Care Ontario ▪ Stroke Strategy ▪ Other (e.g. Pandemic Planning)
Cross LHIN Initiatives	<ul style="list-style-type: none"> ▪ Aboriginal Health Strategy ▪ Other

Community Stakeholder Group	Description(*)
Stakeholders Outside the LHIN Geographic Boundary	<ul style="list-style-type: none"> ▪ Academic Health Science Centres ▪ Mental Health/Psychiatric Programs surrounding LHINs ▪ Universities and Community Colleges ▪ Manitoba Health ▪ Winnipeg Regional Health Authority ▪ Other LHINs
Ministry of Health and Long-Term Care	<ul style="list-style-type: none"> ▪ LHIN Liaison Branch ▪ Health System Accountability and Performance Division ▪ Health Reform Implementation Team ▪ Financial Management Branch ▪ Corporate and Direct Services Division ▪ Health System Information Management & Investment Division ▪ Health Human Resources Strategy Division ▪ Provincial Programs Branch ▪ Health System Strategy Division
Other Government	<ul style="list-style-type: none"> ▪ Ministry of Children and Youth Services ▪ Ministry of Community and Social Services ▪ Ministry of Health Promotion ▪ Ministry of Northern Development and Mines ▪ Aboriginal Health Services ▪ Municipalities and Mayors ▪ MPPs ▪ Health Canada ▪ MPs ▪ Municipal Councils ▪ First Nations ▪ Provincial Territory Organizations ▪ Tribal Councils ▪ Independent First Nations ▪ Métis Nation of Ontario

Other

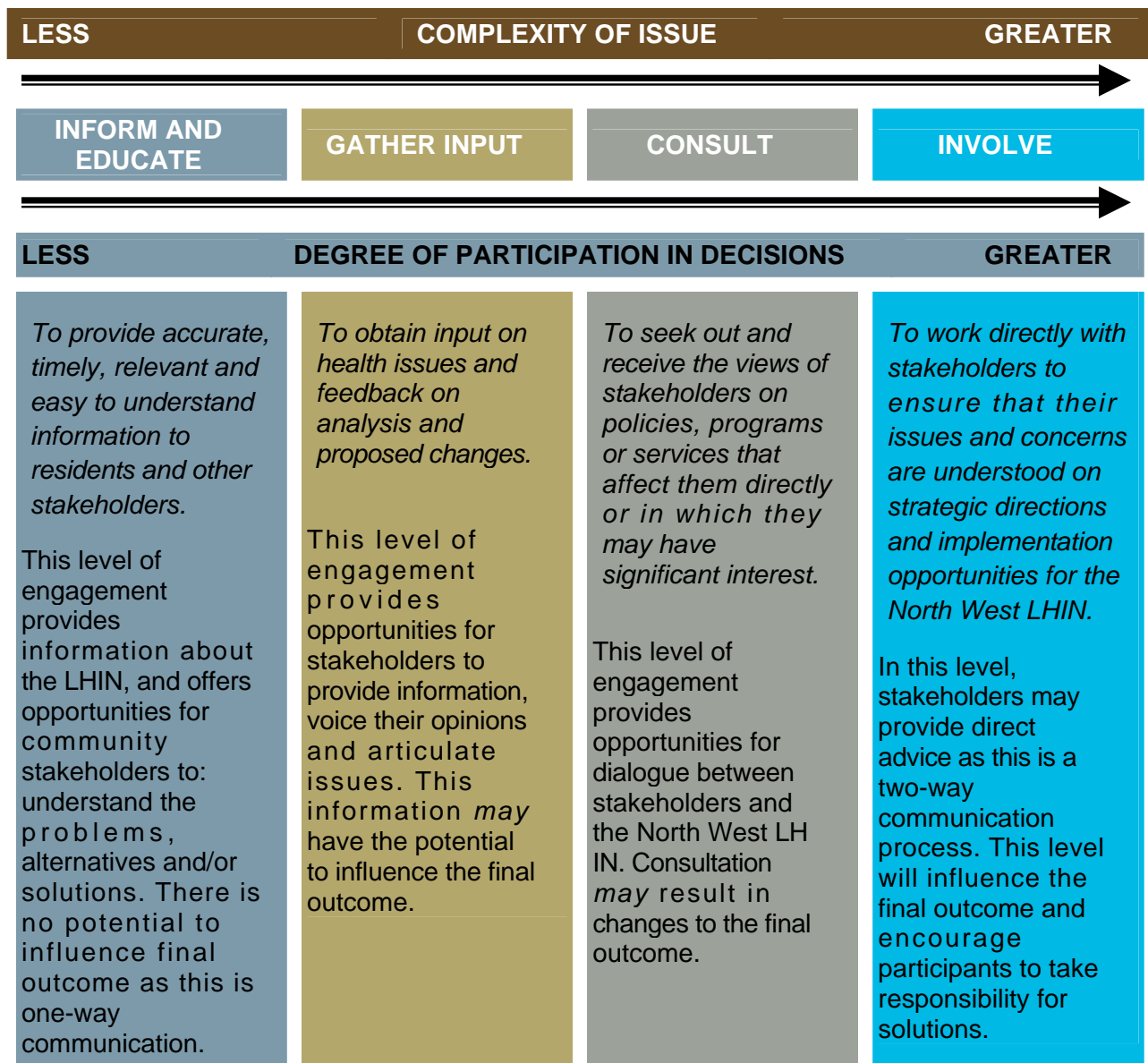
- Funders
- Associations
- Provincial Associations
 - Professional Associations
 - Regulatory Colleges
 - Health Care Industry Associations
- Universities and Community Colleges
 - Lakehead University
 - Northern Ontario School of Medicine
 - Confederation College
- Northern Ontario Municipal Association
- Unions
- Business Community
 - Chamber of Commerce
- Service groups

****Note: The description list is not exhaustive and will be updated or revised on a regular basis.***

9.0 Levels of Community Engagement for the North West LHIN

The North West LHIN recognizes that different approaches may be appropriate for achieving different engagement outcomes. We will need to engage different stakeholder groups for different purposes.

The North West LHIN envisions a continuum of community engagement activities, detailed in the following diagram. As depicted below, in the continuum, the more complex an issue and the greater the need for community stakeholder input in decision making, the more multi-faceted the engagement activities become. A description of the different levels of engagement is provided in the following diagram:



10.0 Approaches to Community Engagement

Community engagement involves a wide range of techniques. Experience has shown that no method is absolutely right to meet the variety of situations that may occur. Choosing the most appropriate method depends on the context of the situation. In some instances, more than one method may be needed to accommodate the range of interests in a community and to enhance stakeholder expression. The following chart illustrates some potential methods for engaging the community.

Engagement Level	Stakeholder Groups	Engagement Approaches
Inform and Educate	<ul style="list-style-type: none"> All Stakeholders 	<ul style="list-style-type: none"> Fact/Information Sheets Newsletters/Bochures Open Houses Websites Open Forums or Town Hall meetings Public Service Announcements Paid advertising Media Publicity
Gather Input	<ul style="list-style-type: none"> Residents/Public Clients/Patients/Consumers/Advocacy Groups Providers Other selected stakeholders as required 	<ul style="list-style-type: none"> Surveys or questionnaires (print, phone or web-based) Focus groups Written submissions Community or stakeholder research
Consult	<ul style="list-style-type: none"> Clients/Patients/Consumers/Advocacy Groups Providers Other selected stakeholders as required 	<ul style="list-style-type: none"> Small group workshops Focus groups Online consultations Public meetings Stakeholder/public roundtables
Involve	<ul style="list-style-type: none"> Clients/Patients/Consumers/Advocacy Groups Providers Other selected stakeholders as required 	<ul style="list-style-type: none"> Action planning event Negotiation tables Collaborations Panels Community engagement groups/other similar structures

Note: Where appropriate telecommunications will be used to enhance engagement (e.g. videoconferencing, Internet, e-mail, etc.)

10.1 Community Engagement Groups

To facilitate the comprehensive and multi-faceted engagement strategy that is outlined here, the North West LHIN proposes to establish a variety of approaches that will facilitate the engagement process. These approaches will assist in the design and implementation of effective community consultation processes. Initially, several community engagement groups may be considered, (see the attached list); this list is not exhaustive.

Health Interest Groups: The North West LHIN recognizes there are currently many groups that have particular health interest or focus, both formally and informally, and still others that may evolve over time. It is our intent to leverage these groups and ensure they have ample opportunity to be actively engaged, as appropriate in the IHSP process and for other North West LHIN initiatives.

Stakeholder Focus Groups: It is anticipated that on-going conversations with our stakeholders throughout the development of the IHSP process will occur. The development of focused stakeholder groups, maintaining similar interests (such as providers, consumers and family members, volunteers and the general public), will facilitate input and feedback on a short term basis. These focused groups may also guide other activities of the North West LHIN.

Targeted Sample Group: Groups of individuals across sectors and/or geographic areas may be selected to provide advice and suggest ideas throughout the planning process. A targeted group of individuals may be invited to the table to help plan who should be involved in a particular engagement strategy.

Advisory Groups or Networks: The North West LHIN may develop advisory groups or networks that are representative of all stakeholder groups and communities within the LHIN. These could provide direct advice and innovation in formulating solutions and recommendations into the decision-making process.

Aboriginal Groups: The North West LHIN recognizes that there are a number of Aboriginal groups in the region². We will work with these groups and others that may emerge over time, as appropriate, in LHIN initiatives. Input from Aboriginal people is necessary for regional and joint planning activities. An Aboriginal Community Engagement Strategy will be developed.

Adopted individually, each approach is not without its limitations, but used collectively as a comprehensive strategy to engage our community stakeholders, there is a much greater opportunity for ownership and commitment and ultimate success.

Public service announcements, media releases in local newspapers, flyers, and newsletters will be distributed throughout the Northwest to solicit input and feedback on LHIN activities. All information will be available on the North West LHIN website www.northwestlhin.on.ca, providing an opportunity for online submission.

Input from stakeholders will continue to be critical to LHINs who will have the ultimate responsibility for determining how to incorporate this input into the decision making process.

² The descendents of the original inhabitants of North America. The Canadian constitution recognizes three groups of Aboriginal people – Indians, Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs (INAC, July 2009)

11.0 North West LHIN Community Engagement Strategy Evaluation Plan

A Community Engagement Strategy is only useful if it achieves its objectives. We will evaluate the success of its community stakeholder engagement efforts throughout the engagement process by conducting an evaluation of its effectiveness and asking the following questions:

1. Did we meet our objectives?
2. What worked well with the process?
3. How could it have been done better?
4. What might be done next time to improve the outcomes?

11.1 Evaluation Measures of Success

In evaluating the effectiveness of our Community Engagement Strategy, we will consider a variety of metrics, for example:

- Degree of accessibility of engagement activity
- Proportion of attendees to invitees to the engagement activity
- Degree of engagement of attendees
- Degree to which engagement activity was responsive to the needs of the population being served
- Degree to which participants developed a better understanding of the issue(s) being discussed at the engagement activity
- Interest in future participation in the LHIN consultations or planning activities

11.2 Evaluation Process

The North West LHIN will plan each community stakeholder engagement activity with a view to achieving the overall goals of community engagement. As well, in evaluating its Community Engagement Strategy, the North West LHIN will:

- Set objectives for each engagement activity
- Include participant evaluation components in each activity
- Design evaluation techniques that are appropriate to each activity

Hold post-evaluation debriefing sessions after each stakeholder engagement activity

- Discuss evaluation data collected from participant evaluations
- Identify strengths and weaknesses of activity
- Evaluate if activity met set objectives
- Use results to improve the design of future community engagement activities

12.0 Next Steps

The North West LHIN Community Engagement Strategy is intended to be an inclusive strategy reaching out to as many stakeholder groups and individuals as possible within relevant timeframes and geographic realities. This strategy will involve stakeholders in different ways advising the North West LHIN and in facilitating commitment to decisions of the North West LHIN. It is recognized that the development of this Community Engagement Strategy is an ongoing process that will continue to be modified as the LHIN evolves and gains more knowledge and expertise.

For more information about the North West LHIN and a snapshot of current community engagement activities, visit www.northwestlhin.on.ca.