



NORTHUMBERLAND HILLS HOSPITAL



Community Engagement Framework

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I. Introduction

The purpose of this Framework is to facilitate a common understanding of current community engagement practices at Northumberland Hills Hospital (NHH) and the vision for the future. First developed in 2011 and updated in 2015, this Framework is an overview of NHH's understanding of how sincere and timely engagement will assist in meeting patient care expectations within the community served and our accountabilities within the broader system in which we operate.

A living document, we will review this Framework on a regular basis to ensure it is kept current with the latest best practices and our own community's expectations. To date NHH's Community Engagement Framework has been informed by multiple influences, including:

- input from the west Northumberland community through NHH's 2009-2010 Citizens' Advisory Panel process;
- the *LHIN Community Engagement Guidelines and Toolkit*, approved by the Ministry of Health and Long-Term Care in February 2011 for Ontario's 14 Local Health Integration Networks;
- the experiences and approaches of other health service providers, accessible in part via the Ontario Hospital Association's on-line resource EPIC (Engaging People Improving Care)¹; and
- by the best practices for public participation recommended by the International Association of Public Participation (IAP2).

The most recent influence on this Framework and day-to-day community engagement practices at NHH is the hospital's involvement in Northumberland PATH (Partners Advancing Transitions in Healthcare).² A first-ever collaboration with local patients, caregivers and health providers, this project—funded by The Change Foundation³—PATH is directly demonstrating the innovation that can result when involving the experiences of patients and their caregivers in hospital and health system improvements.

As summarized in the NHH Board's Community Engagement Policy⁴, approved June 2014, NHH has learned first-hand that diverse voices lead to better decisions. Ontario's public hospitals have an obligation to meet a broad range of accountabilities from many stakeholders, both within the community served and with the government bodies that administer funding. By documenting this Framework, sharing it, following it and improving it as we move forward together, solid, sustainable relationships will continue to grow between NHH, our partners and the many stakeholders we serve.

II. Definition

Many terms are used to describe intentional, planned dialogue around an issue. Examples include: public participation, community development and citizen engagement. In the health-care sector, patient and family engagement is becoming increasingly common.

For the purpose of this Framework, “community engagement” is synonymous with all of the above. As defined by the Ontario Ministry of Health and Long-Term Care in the *LHIN Community Engagement Guidelines and Toolkit*,

“Community engagement refers to the methods by which LHINs and Health Service Providers (HSPs) interact, share and gather information from and with their stakeholders. The purpose of community engagement is to inform, educate, consult, involve and empower stakeholders in both health care or health service planning and decision-making processes to improve the health care system. Community engagement activities can be ongoing or project specific, outbound or inbound.”⁵

At NHH, community engagement is presently defined as:

the process of collectively connecting with the many stakeholders we serve or partner with through intentional methods for the purpose of sharing information and exchanging ideas to develop and/or improve policies, programs and practices and to meet our accountabilities.

III. The Case for Community Engagement

A rich foundation in Northumberland

NHH and its predecessor organizations share a long history of engaging the communities served. Patient care is a form of engagement in and of itself, and there is no question that the independent physicians, donors, auxiliaries and other care providers who joined forces to build the first local health institutions that met our community’s needs were enthusiastically, and successfully, “engaged”.

The community’s strong sense of connection with NHH continues today, as illustrated by support from community physicians in the form of hospital work, exceptional donor generosity—facilitated by the NHH Foundation—and, in the case of the NHH Auxiliary, the delivery of more than 45,000 hours of volunteer service per annum. It was this strong culture of involvement that the volunteer members of NHH’s Board of Directors sought to protect when they initiated the *Shared Challenge, Shared Solution* collaborative budget strategy in 2009-10. This strategy culminated in NHH’s first Citizens’ Advisory Panel, which concluded

its mandate in January 2010 with a report to the Board from 25 citizen representatives on service prioritization recommendations.⁶

In recent years the concept of community engagement within hospitals has taken on new meaning, as health providers embrace a model of care that is less provider-driven and more patient-centred.

NHH shares the philosophy that the patient should be at the centre of care decisions, and—as explored in the context of the **Vision** below—has ingrained Patients First as the first of the five Strategic Directions driving the organization's current Strategic Plan.

Benefits

One UK authority in the area of community engagement research, Dr. Angela Coulter, has identified at least four roles, or benefits, to community engagement in today's complex health care setting:

- To determine local needs and aspirations
- To promote health and reduce health inequalities
- To improve service design and the quality of care
- To strengthen local accountability.⁷

Vancouver Coastal Health (VCH), an early Canadian leader in building community engagement into health system planning, has identified the benefits of community engagement as follows:

- Bringing diverse voices into the planning process and allowing for consideration of perspectives that would not otherwise be understood
- Providing the health system with detailed information concerning community members' priorities and an opportunity to evaluate the responsiveness and accessibility of programs
- Enabling greater accountability
- Stimulating innovation as the system responds to emerging needs
- Increasing health literacy and health system literacy on the part of the public
- Developing bridges between the health system, non-profit organizations working in areas of health and social services and other relevant partners
- Empowering and activating individuals, families and local communities to take increased responsibility for self-care and self-management
- Helping inform on priority areas where it can fulfill an advocacy and health promotion function.⁸

In Ontario, where responsibility for hospital's capital equipment purchases rests primarily with the communities served, an additional benefit must be

acknowledged:

- To aid necessary donor support.

To that end, separate and specific fund-raising programs are managed by the NHH Foundation and the NHH Auxiliary.

All of these benefits—strategic and operational—apply to hospitals in general and, more specifically, to NHH. This Framework identifies the channels through which NHH expects these benefits to be achieved in the coming years.

Provincial expectations

Beyond the benefits we know to be found in effective community engagement, hospitals are also mandated in Ontario to involve the public served and to engage other Health Service Providers (HSPs) in their planning and policy process.

The Local Health System Integration Act, 2006 states that: “Each health service provider shall engage the community of diverse persons and entities in the area where it provides health services when developing plans and setting priorities for the delivery of health services,”⁹ a sentiment echoed in the province’s Excellent Care for All Act in 2010.

As well, there is an expectation that hospitals and health service providers (HSPs) will identify opportunities to integrate services within the broader health system to better coordinate effective and efficient services. Recent examples involving NHH include the Northumberland Health System Transformation Council (2014) and, as referenced above, Northumberland PATH.

Finally, the Ontario Hospital Association is a vocal proponent of community engagement by hospitals and, in fact, across the sector. In 2009, the OHA, together with the Local Health Integration Network Collaborative, introduced *Engaging People Improving Care*, or EPIC (www.epicontario.ca), an online resource dedicated to sharing tools to support community engagement in health care. Designed for health professionals, health planners, governments and health-related groups and organizations interested in incorporating community engagement into their work, EPIC’s resources cover the gamut of issues associated with engagement, including how to plan for it, how to do it and how to evaluate success.¹⁰

Accreditation requirement

Accreditation Canada, the administrators of a voluntary quality review process used by Canadian hospitals and other national and international health and social service organizations to evaluate the quality of their services against

national standards of delivery, views community engagement and a “population focus” as a quality criterion of a proactive and supportive organization. Many of the standards evaluated during Accreditation Canada reviews ask specifically if the organization’s leaders have gathered input from community partners and stakeholders.

IV. Vision

The impetus behind NHH’s current and future community engagement activities is articulated in the hospital’s Shared Vision, Values and Strategic Directions.¹¹

Leaders and partners creating health care excellence, as the Vision is described, implies an understanding that NHH is not an island unto itself but, rather, part of a broader team which will create “health care excellence.” Included in this team are Health Service Providers (HSPs), such as Community Care Northumberland and the Central East Community Care Access Centre, the broader social services network, as well as members of the public not yet reliant on the hospital’s services, but counting on their availability when the time comes to access them in the future.

The Core Values that support NHH’s Shared Vision are as follows:

- Integrity
- Quality
- Respect
- Collaboration
- Compassion

Again, the values underpinning NHH convey the characteristics of a compassionate and respectful partner dedicated to collaboration.

In addition to NHH’s Core Values are Service Values, developed through the intensive process of stakeholder consultation conducted in 2009-2010. These Service Values, listed below, serve as further lenses or filters for the evaluation of services moving forward. NHH’s Service Values are:

- Accessibility
- Collaboration
- Community Needs and Responsiveness
- Effectiveness, Safety and High Standards
- Relationships and Public Trust
- Sustainability

Particularly relevant to this Framework is the fact that “Collaboration” has been highlighted by NHH as both a Core Value and a Service Value.

Finally, NHH's commitment to collaboration is referenced again in the current Strategic Directions, where, under the heading Collaborative Networks, it is promised that:

“Through our work to create a seamless health care system for our community, we will: engage our community and partners for their valued input; anticipate and respond to the population’s changing health care needs; build networks and relationships with other providers; and, enhance patient care through interprofessional practice, collaboration and care.”¹²

So, community engagement is, for NHH, an important enabler of our corporate goals. It serves our Shared Vision, supports our current Strategic Priorities and is closely aligned with the Values that shape our organizational culture.

V. Core Values for Community Engagement at NHH

A values-based frame of reference underpins all NHH community engagement activities.

The International Association of Public Participation (IAP2) identifies seven core values (or guiding principles) for the practice of public participation. Some of these values--namely the commitment to be **proactive, transparent** and **inclusive**--successfully guided NHH's first Citizens' Advisory Panel process in 2009-2010. All seven values guide NHH's engagement activities going forward. These are summarized below, together with sample questions useful in testing the alignment between a prospective engagement opportunity, and the overall vision for community engagement at NHH.

- 1. Public participation is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process.**
 - Who is “the public”, and how could they be affected by the decision? (those most affected will likely have the greatest level of interest)
 - What is the decision to be made?
 - How will the decision be made and who will make it?

- 2. Public participation includes the promise that the public's contribution will influence the decision.**
 - Given the decision-making process, how can the public affect the decision?
 - What commitment is the decision maker willing to make regarding how the public can affect the decision?
 - To what degree will the public's defined role in the decision-making process meet their expectations?

- How could the public's role be made more meaningful and their participation encouraged?
 - What do we hope to achieve by involving the public in the decision-making process?
- 3. Public participation promotes sustainable decisions by recognizing and communicating the needs and interests of all participants, including decision makers.**
- What values/agendas (political, technical) could the participants bring to the process that could impact the outcomes?
 - What level of interest is expected, and if it is not, what are our strategies to inspire it?
 - Have we balanced participants' needs (time, location of meetings, etc.) with our own as organizers?
 - Do we have the necessary resources to engage effectively?
 - Do we have enough time?
- 4. Public participation seeks out and facilitates the involvement of those potentially affected by or interested in a decision.**
- Have we considered the time commitment of participants, and worked to minimize it as much as possible?
 - Can we adjust our process and/or techniques to address time issues and therefore assist the community in participating more fully?
 - Have we provided opportunities to involve all segments of the community, including those who have not historically been engaged (but will be affected by the decisions)?
 - Can we offer simple supports to encourage participation (child care, transportation, etc.)
- 5. Public participation seeks input from participants in designing how they participate.**
- Have we invited input from the public on the engagement techniques that are most meaningful/accessible to them?
 - Have we invited collaboration on the design of the engagement process?
 - Have we offered a range of options for engagement?
 - Are we open to additional creative suggestions?
- 6. Public participation provides participants with the information they need to participate in a meaningful way.**
- Have we considered the information requirements throughout the process?
 - Have we given a full picture?
 - Does the public have the same information as the decision maker?

- Have we accurately defined our expectations of the public in the project (the terms of reference)?

7. Public participation communicates to participants how their input affected the decision.

- What measures will be put in place to ensure we're on track?
- Have we built in opportunities for mid-course adjustments?
- How will we report back to the group/s that have been engaged?
- What, if any, ongoing involvement will the engaged group/s have with the hospital? ¹³

VI. Common Characteristics of Successful Community Engagement Exercises

In addition to the values-based framework for community engagement, it is also useful to understand the concrete practices that separate the good from the bad.

In that regard, Dr. Coulter's UK research has led her to a summary of the characteristics of "good" community engagement projects. Her research for the Health Foundation, for the purpose of strengthening community engagement in the health sector, found that good projects share the following:

- Clarity of purpose
- A clearly defined community profile
- Identified leadership
- Specified goals
- A plan for engagement
- Learning from previous experience
- A thought-through recruitment strategy
- Carefully selected methods for encouraging participation
- Attention to issues of payment
- A realistic timetable
- Attention to capacity and resources
- Training for community members and professional staff
- Cultural awareness
- Focus on consensus building
- A communications strategy
- A plan for monitoring process and outcomes
- Independent evaluation and
- Dissemination of the results. ¹⁴

While a balance must always be struck between the benefits of community engagement, our internal capacity and the appetite for engagement within our community, our intentional community engagement activities will, as appropriate, include these characteristics, and we will build them into our planning and

measurement tools. In all instances, careful consideration will be given to the IAP2's Five Steps for Public Participation Planning (see **Appendix B**), which guides identification of the outcome desired, evaluation of where on the spectrum of involvement any community engagement activity might fall (see **Spectrum of Participation**, below), capacity and, based on all the above, the tools (existing or new) that might be used.

VII. Audiences

NHH will engage its stakeholders through a range of techniques. Some of the specific audiences we expect to engage are:

- NHH patients (past, present and prospective) and their families
- Volunteers (Board Directors and community committee representatives, Auxiliary, Foundation)
- Donors
- Local health care partners/community service agencies
- Municipal leaders
- New immigrants to the region
- People with disabilities
- Community service organizations
- Aboriginal communities (including First Nation, Metis and urban-based Aboriginal peoples residing in the catchment area)
- Peers at Central East LHIN hospitals
- Central East LHIN senior staff and Board
- Ministry of Health and Long-Term Care
- General public
- Members of the media (a channel to all audiences, internal as well as external)

In the specific area of patient/caregiver engagement there is an unprecedented culture shift now underway. This shift is not unique to NHH, but—through participation in the Northumberland PATH project, a partnership of patients, caregivers and health care providers—NHH has been privileged to be at the forefront.

With the NHH Board's direction, our hospital is challenging staff and physicians to think differently about the way we offer care, shifting from a mindset that was very system-focused to one that is, increasingly, person- or patient-centred.

Resources were dedicated at NHH to apply for and, with the Northumberland Community Partnership, win The Change Foundation's financial support to seek out and pilot solutions to the real needs of seniors with chronic conditions in our community, and their caregivers, as they move in, out of and across our local healthcare system.

Awarded to NHH and the Northumberland community in June 2012 over 27 other communities, the project is using experience based co-design, a quality improvement methodology and a true “first” for Ontario patients.¹⁵

The Change Foundation’s funding for Northumberland PATH will conclude in the spring of 2015, but it is our hope that advances gained will be carried forward through the Northumberland Community Partnership, the Northumberland County Health Link¹⁶ now developing and, beyond Northumberland, through the support of both the Central East LHIN and the Ministry of Health and Long-Term Care.

Involvement in PATH has, in turn, inspired numerous other patient engagement activities at NHH in the past two years. Patient advisors are now being integrated into Quality and Practice committees at NHH, participating in Person-Centred Care Planning Days and supporting program design and improvement.

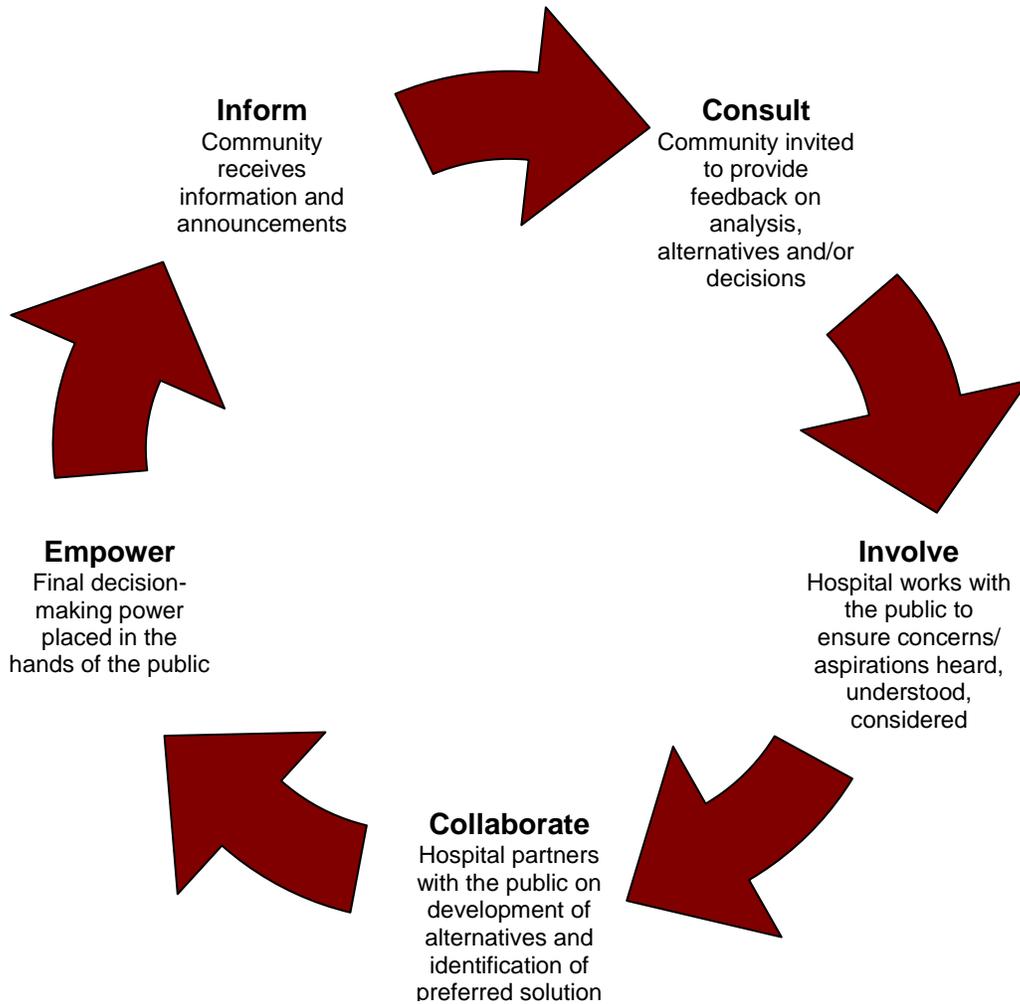
Moving forward, NHH will continue to learn from PATH and other patient/caregiver engagement experiences to formalize channels for patient engagement within the broader Community Engagement Framework at NHH.

We have much work to do. One challenge is attracting interest from a truly representative range of participants. Proximity to the decision tends to translate into a greater appetite for participation therefore those who tend to be most engaged in a conversation or decision-making discussion are those most likely to be directly affected. As appropriate and where possible, NHH’s engagement exercises will aim to include techniques and opportunities to bring in perspectives from a range of voices.

VIII. Spectrum of Participation

NHH recognizes that the opportunity for meaningful public participation varies from issue to issue. By extension, the engagement tools applied must therefore be varied as well.

Using a model developed by the IAP2¹⁷ and mirrored in the “Engagement Strategies and Best Practices” recommended in the *LHIN Community Engagement Guidelines and Toolkit*,¹⁸ NHH is engaging its community along a spectrum of participation ranging from “inform” to “empower”. The spectrum acknowledges various degrees of engagement, ranging from communicating to listening and to consulting and partnering. The greatest level of public impact falls on the “empower” or decision-making end of the spectrum which, in the present context of Ontario hospitals, rests with the volunteer Board of Directors in collaboration with the Local Health Integration Network and the Ministry of Health and Long-Term Care.



Details on how engagement activities along the various points in this spectrum might be applied are set out in Appendix A, together with the “promise” NHH will make to stakeholders in each.

NHH also acknowledges that engagement around hospital-related issues may not always be hospital-led. In some instances, community representatives may choose to initiate action, proposing suggestions and sharing information or perspectives with the hospital and/or related health service providers. In these instances, NHH will strive to incorporate the community’s engagement into the appropriate point along the spectrum of participation above.

IX. Operationalizing Community Engagement at NHH

As noted in the **Case for Community Engagement** above, future community engagement activities at NHH will build on past/current strengths. They will be corporate-wide, where circumstances warrant, and department or program/service specific. They will also reflect multiple tactics, to capture the diversity of the communities we serve and the unique preferences for participation of each.

The table provided on the following page presents some of NHH's engagement activities against the general benefits expected, including the hospital website, a proactive media and social media relations program, distribution of regular community newsletters and coordinated communication with our volunteer partners in the NHH Foundation and NHH Auxiliary.

Benefit	Engagement activity	Status
Quality and sustainability (corporate)	Board of Directors (voluntary and independent, skills-based, composed of community representatives, the “members” of the corporation)	Ongoing
	Community Committee Volunteers - voluntary and independent, skills-based community representatives, with delegated duties on specific Board committees, namely: <ul style="list-style-type: none"> • Governance • Quality and Safety • Finance and Audit • Facilities and Campus Development 	Ongoing
	Northumberland PATH	June 2012 – June 2015
	Northumberland Transformation Council	Ongoing, via Northumberland County HealthLink
	Feedback boxes, “contact us” email service on nhh.ca (info@nhh.ca) for queries/complaints, patient complaints process	Ongoing
	Medical Advisory Committee	Ongoing
	Community Partners Open House	Ongoing
	Volunteer spiritual care provider network	Ongoing
	Citizens’ Advisory Panel	Issue-specific, with defined terms of reference - CAP concluded its work in January 2010
Quality and sustainability (program-specific)	Patient surveys	Program-specific, in collaboration with National Research Corporation Canada (formerly NRC Picker) or direct real time (department specific, eg. ED, dialysis)
	Patient Advisors on Quality and Practice Committees	Department/program-specific activities and ongoing
	Ad hoc patient engagement in various program/service improvements	Ongoing – recent examples include patient involvement in: Restorative Care Program design, re-design of Inpatient Rehab Program, engagement with ICU staff in unit’s environmental enhancements, ED wait experience
	Patient bedside white-boards	Ongoing, to enhance patient/caregiver engagement
Health/hospital literacy	nhh.ca	Ongoing
	<i>In Touch</i> community newsletter - print and direct email editions to subscribers	Ongoing
	Proactive media relations program (news	Ongoing

	releases to local media, media advisories on events of interest, press conferences)	
	Public education events offering local/provincial/national industry thought leaders on topics relevant to local health care	Ongoing
	Presentations to community organizations (CEO, Board Chair, program leaders etc.)	Ongoing
	Social media outreach - NHH Twitter feed, @NorHillsHosp	Ongoing
	Annual Board meeting, open	Ongoing (June, 3 rd week)
	Hospital-wide and program-specific print materials including the <i>NHH Patient Services Directory</i> and a range of brochures detailing services and information unique to various programs	Ongoing

X. Evaluation

With the goal of continuous improvement, NHH will evaluate, as appropriate, its engagement activities across the spectrum and against the core values established for community engagement at NHH. Where input is sought on specific decision points—as was the case with NHH’s telephone survey completed in April 2009 and the Citizens’ Advisory Panel—input will be gathered regarding process and outcome and a public report shared.

XI. Contact us

Community engagement is a dynamic process that, with input and dialogue, will continue to grow and improve over time. NHH welcomes feedback from all stakeholders so we can further strengthen our community engagement practices.

For more information, or to talk with us about ideas for strengthening NHH’s community connections, please contact Jennifer Gillard, Director of Communications and Community Engagement, at 905-377-7757 or email us at info@nhh.ca.

XII. References

¹ www.epicontario.ca

² <http://www.changefoundation.ca/projects/path/>

³ <http://www.changefoundation.ca/>

⁴ See NHH Board Policies/Terms of Reference, <http://www.nhh.ca/AboutNHH/BoardPolicies.aspx>

⁵ See *LHIN Community Engagement Guidelines and Toolkit*, February 2011, p. 5
<http://www.centraleastlhin.on.ca/communityengagement/foundationalresources.aspx>

⁶ The Citizens' Advisory Panel Report and other details of NHH's *Shared Challenge, Shared Solution* collaborative budget strategy have been archived for reference in the Document Archive section of the hospital's website,
<http://www.nhh.ca/SharedChallengeSharedSolution.aspx>

⁷ Angela Coulter, *Engaging communities for health improvement - A scoping study for the Health Foundation*, 2009, p. 5
<http://www.health.org.uk/public/cms/75/76/313/597/Engaging%20communities%20for%20health%20improvement.pdf?realName=788I5U.pdf>

⁸ Vancouver Coastal Health Community Engagement Framework, 2009. p. 4 - reprinted courtesy of Vancouver Coastal Health Community Engagement,
https://www.vch.ca/get_involved/community-engagement/

⁹ Local Health System Integration Act, 2006, c. 4, S16(6).

¹⁰ www.epicontario.ca

¹¹ See *NHH Strategic Plan*,
<http://www.nhh.ca/MediaCentre/DocumentArchive/StrategicPlan20102014.aspx>

¹² See *NHH Strategic Plan*, p. 15,
<http://www.nhh.ca/MediaCentre/DocumentArchive/StrategicPlan20102014.aspx>

¹³ See Core Values for the Practice of Public Participation, (c) International Association for Public Participation (IAP2), www.iap2.org.

¹⁴ A. Coulter, *Engaging communities for health improvement - A scoping study for the Health Foundation*, 2009, p. 5,
<http://www.health.org.uk/public/cms/75/76/313/597/Engaging%20communities%20for%20health%20improvement.pdf?realName=788I5U.pdf>

¹⁵ Experience-based co-design is a service improvement methodology pioneered by the National Health Service in England at the Institute for Innovation and Improvement (<http://www.institute.nhs.uk/>). Grounded in four key principles, EBCD seeks to capture the experience, understand the experience, improve the experience and measure the improvement.

¹⁶ For details on Health Links in the Central East LHIN, see
<http://www.centraleastlhin.on.ca/en/healthlinks.aspx>

¹⁷ Spectrum of Public Participation, (c) International Association for Public Participation (IAP2), www.iap2.org.

¹⁸ LHIN Community Engagement Guidelines and Toolkit - February 2011, <http://www.centraleasthin.on.ca/Page.aspx?id=130>

¹⁹ Spectrum of Public Participation, (c) International Association for Public Participation (IAP2), www.iap2.org.

²⁰ Five Steps for Public Participation Planning, (c) International Association for Public Participation (IAP2), www.iap2.org

Appendix A - NHH's Public Participation Spectrum

Increasing Level of Public Impact →

	Inform	Consult	Involve	Collaborate	Empower
Goal (per IAP2 model)	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions	To work directly with the public throughout the process to ensure that public concerns and aspirations are understood and considered	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution	To place final decision-making in the hands of the public
Promise to the public	We will keep you informed	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decision to the maximum extent possible.	We will implement what this body will decide
NHH tools and practices (examples, not inclusive)	<ul style="list-style-type: none"> - News releases - Social media feed (Twitter) - Fact sheets, progress reports, newsletters, email updates - Web site - Central information contact - Briefings - Public presentations (CEO/Senior Team) - Group tours 	<ul style="list-style-type: none"> - Invitation for public comment (issue-specific) - Contact Us service - Feedback boxes - Focus groups - Surveys - Public meetings - Social media 	<ul style="list-style-type: none"> - Community/patient/caregiver representatives on Board/program committees 	<ul style="list-style-type: none"> -Physician representatives on Quality Practice Councils, Joint Conference Committee - Community/patient/caregiver representatives on Board/program committees -Citizen Advisory Committees 	<ul style="list-style-type: none"> - NHH volunteer Board of Directors (subject to Central East LHIN/Ministry of Health and Long-Term Care approval, where required)

¹⁹ As prescribed in the Spectrum of Public Participation, (c) International Association for Public Participation (IAP2), www.iap2.org. Note: "tools and practices" unique to NHH.

Appendix B - IAP2's Five Steps for Public Participation Planning

Step	Action	Tasks
1.	Gain Internal Commitment	Activity 1: Identify the decision maker(s)
		Activity 2: Profile sponsoring organization's approach to P2
		Activity 3: Clarify the scope of the decision
		Activity 4: Identify preliminary stakeholders and issues
		Activity 5: Assess sponsor's view of the IAP2 Spectrum level
2.	Learn from the Public	Activity 1: Understand how people perceive the decision
		Activity 2: Develop a comprehensive list of stakeholders
		Activity 3: Correlate stakeholders and issues
		Activity 4: Review/refine the scope of the decision
3.	Select the Level of Participation	Activity 1: Assess internal and external expectations
		Activity 2: Select level on the IAP2 Spectrum
		Activity 3: Assess "readiness" of sponsoring organization
4.	Define the Decision Process and Participation Objectives	Activity 1: Understand the existing decision process
		Activity 2: Set P2 objectives for each step in the process
		Activity 3: Compare decision process with P2 objectives
		Activity 4: Check to confirm objectives meet needs
5.	Design the Public Participation Plan	Activity 1: Determine the plan format
		Activity 2: Integrate baseline data into plan format
		Activity 3: Identify the public participation techniques
		Activity 4: Identify support elements for implementation
		Activity 5: Plan for evaluation

²⁰ (c) International Association for Public Participation (IAP2), www.iap2.org.