

# Community Engagement For PCNs

A guidebook with tools for developing a community engagement plan.

December 2014

# Goal

By April 1, 2015 PCN Boards will have a plan in place for community engagement that will be implemented over the next fiscal year.



For more information or support, please contact us by email at [pcnevolution@albertadoctors.org](mailto:pcnevolution@albertadoctors.org) or by phone at 1.866.714.5724

For technical assistance with PCN branding, job postings and application forms, please contact [info@pcnpmo.ca](mailto:info@pcnpmo.ca)

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# 1.0 Purpose of Guidebook and Definitions

## 1.1 Introduction

This guidebook provides information to PCNs on the importance and value of community engagement, and provides a progression of steps a PCN can undertake to enhance their level of community engagement along a continuum with the creation of a Community Advisory Council (CAC) being the ultimate final step for those PCNs ready and prepared for such an investment. This guidebook will provide a step-by-step process to undertake community engagement and how to avoid some potential risks to your PCN. The purpose of this guidebook is to be a tool available to all PCNs to provide guidance and direction and not necessarily be prescriptive for PCNs.

## 1.2 Definitions

The table below refers to abbreviations used throughout this Guidebook.

the “CAC”	PCN Community Advisory Council
the “NPC” “NPC Board”	<b>“Not-for-Profit Corporation”</b> (NPC) means the physicians’ not-for-profit corporation. The NPC is a legal entity formed by interested physicians joining together for the purposes of working together to improve primary care. Projects providing better service programs, primary care research or teaching and partnership with any stakeholder are possible to accomplish those goals. AHS is a major partner and stakeholder and with the NPC, form the local PCN. The NPC Board represents the elected officials that represent the greater body of physician members within the NCP.
Joint Venture	<b>“Joint Venture”</b> refers to the Agreement formed between Alberta Health Services and the Physician NPC to jointly strategize and plan for the PCN. The Joint Venture Agreement outlines the respective roles of both AHS and the Physician NPC and where joint accountability and responsibility is shared.
Governance Committee	<b>“Governance Committee”</b> refers to the body formed from the Joint Venture and includes equal representation from the Physician NPC and Alberta Health Services. The main function of the Governance Committee is to plan and strategize services for the defined population served by the PCN.  The NPC-AHS Joint Board (Model 2 PCNs)
the “NPC Articles”	Not-for-Profit Corporation Articles of Association
the “PMP and PCN PMO”	The AMA’s Practice Management Program and the Primary Care Networks Program Management Office
“Joint Board”	Refers to the Board formed in Model 2 PCNs where representatives of physician NPC and AHS form a second Board to govern the affairs of a PCN.
AHS	Alberta Health Services



## 2.0 Background

### 2.1 Introduction

In December 2013, the Primary Care Network Evolution (PCNe) Committee released its Vision and Framework Document in a Report to the Minister of Health. Within this report, it was recommended that the PCNe governance structure include public engagement and representation at the PCN board to enhance the level of transparency and improve its understanding of community needs and how best to deliver services to meet them.

#### Key elements of PCN Governance:

- 1 Strong vision and leadership.
- 2 Innovation and delivery at the local levels regarding the cooperative efforts and sharing of resources between Authorities.
- 3 Collective responsibility and planning to meet the primary care needs of patients at all levels.
- 4 A multi-tiered structure with accountabilities and responsibilities defined for each level, including local, zonal and provincial.
- 5 Clear expectations and targets for PCN program objectives from Alberta Health (AH) (OAG Report 2012).
- 6 Goals and service delivery expectations are defined and have defined performance measures and targets (OAG Report 2012).
- 7 Systems are established to evaluate and report on the performance of the PCN program (OAG Report 2012).
- 8 Meaningful public input and community participation in primary care delivery decision making.
- 9 Active, engaged and responsible decision makers at all levels within the governance structure.

Therefore, the PCNe governance structure will include public engagement and representation at the PCN board to enhance the level of transparency and improve its understanding of community needs and how best to deliver services to meet them.

### 2.2 What is Community Public Engagement?

Community engagement is defined by the World Health Organization as “a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to active change.”

There are many definitions of community and communities. It is important to recognize that people define for themselves which communities they feel part of... “the sense of community implies interaction, identity, mutuality and shared values. Most individuals also belong to more than one community”, (Bezzina 1998). There are two broad categories of community: internal and external. The Internal communities consist of staff, physicians, volunteers and contracted and shared service providers. Generally external communities are thought of in several categories. These are:

- geographic communities such as municipalities or defined neighborhoods within a PCN;
- non-geographic communities based on age, gender, ethnicity, disability such as older adults, aboriginal people, new immigrants;
- users of services which are patients or clients with similar needs such as mental health consumers, patients with chronic disease, etc.;
- the general public (organizations or individuals).

## Community Engagement within PCNs

Community engagement encompasses a wide variety of activities from information sharing to true community empowerment. A “community engagement strategy” for a PCN could relate to all activities undertaken by the PCN with the exception of those where statutory or legislative requirements take precedence.

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Community engagement for a PCN could include:

- a dialogue focused on a particular topic that lays the groundwork for a shared sense of direction, resources and responsibilities;
- a long term effort to surface the communities’ insights, questions and concerns about issues;
- a means of helping citizens understand the issues affecting their community and possible solutions as they relate to the mandate of a PCN.

Community engagement should not be treated as a singular strategy for swaying public opinion on a predetermined outcome under the pretense of community dialogue.

## Why Engage a Community? What Value does this have for a PCN?

Community engagement delivers a direct benefit to a PCN in its policy and planning activities, enabling the PCN to design programs more closely tailored to the needs of both individuals and its special populations. Specifically, community engagement can:

- improve the quality of information sharing and input from key stakeholders to develop evidence-based services;
- support a movement towards a more client-centered care approach;
- help build capacity in communities and within the organization;
- positively contribute towards better health outcomes through empowering individuals, families and local communities to take increased responsibility for self-care and management;
- assisting providers with tools to align information, technology and services towards building an integrated health system that involves and integrates the PCN.

While PCNs are encouraged to undertake a broad array of community engagement activities, one step where consistency of approach would benefit all PCNs is the development of a Community Advisory Council (CAC). This would ensure each PCN, has, at a minimum, one “voice” within their community that could impact PCN policy, planning and future direction.

## The Value of Community Advisory Councils (CACs) within a PCN:

### Support Progressive Partnerships by:

- bringing a diverse range of partnerships and networks together into the PCN planning process to allow for consideration of perspectives that might not otherwise be understood;
- developing a bridge between the PCN and the broader health system, non-profit organizations working in health and social services;
- partnering with local (municipal) governments in a collaborative partnerships to foster development of healthy communities by identifying needed services and linkages;
- developing internal partnerships to align and improve health services across a large continuum.

**Strengthen PCN Accountability by:**

- building trust and credibility with the communities a PCN serves, that input is honored and acted upon;
- providing the health system with detailed information concerning community members' priorities and an opportunity to evaluate the responsiveness and accessibility of programs and services to meet those needs;
- stimulating innovation as the system responds to emerging needs;
- establishing transparent communication to instill confidence and trust in PCNs and their actions.

**Support PCN Sustainability by:**

- recognizing that sustainability includes economic, social and political dimensions and these are all reflected within the broader "community";
- recognizing the connection among PCN outcomes and its subsequent responses on improving health (public recognition for the value for dollars spent);
- including the value of public interaction into health planning and policy development of PCNs;
- increasing the public's understanding of PCNs, what they do, their value and positive contribution to a community's health and well-being.

**The Risks of Community Engagement?****What harm can come to a PCN if not done well?**

Every activity a PCN undertakes carries risks and working with the public is by its very nature unpredictable. Community engagement, if not done thoughtfully, can expose a PCN to risk. This is partly why participation or engagement is being done – to reach something new, something not already known and herein lies the risk.

Good risk management requires that the potential risks are considered from the start. The main risks in participation are to:

- **Reputation:** PCNs undertaking community engagement are risking their reputation, whether in the design and delivery of the participatory exercise, the willingness to participate at all, and the willingness to abide by the results from the engagement.
- **Resources:** Engagement costs money and utilizes skilled resources that could be applied to other activities. If the results of the engagement are not successful, a PCN has lost an opportunity to use their resources on other value-added activities.
- **Failure to deliver on promised outcomes:** Even where the desired outcomes seem clearly defined from the start, decision-makers may refuse to accept the outcomes from an "engagement". If not managed well, there can be unrealistic expectations and trust lost.
- **Political hijacking:** Is the stakeholder engagement process being used to front personal or political agendas? If so, this can be very risky and result in unintended outcomes.
- **Relationships:** A poorly run process can damage relationships between all those involved. Although participation can increase social capital and build capacity if designed to do so, bad participation can damage relationships and undermine confidence.

**Guiding Principles and Values of Engagement**

PCNs were founded on a number of fundamental principles incorporating the values of those physicians that created them. The values or principles of openness, transparency, local solutions for local issues and accountability remain fundamental to the success of all PCNs. The engagement work undertaken by any PCN should also be guided by those same principles and values which include:

**Transparency**

- Being open, honest and having timely communication;
- Disclosing information to help learn from mistakes and avoid conflicts of interest;
- Providing accessible, understandable information;
- Providing clearly defined expectations;
- Being clear about what and how decisions are made.

### **Stakeholder involvement**

- The views of patients, PCN staff, physicians, the public and other stakeholders are sought to contribute to the planning and delivery of health care.

### **Participatory decision-making (where appropriate)**

- Patients, staff, physicians, the public and other stakeholders are provided opportunities to participate in decisions that affect their health, PCN health care services (as appropriate);
- The outcomes of engagement activities will be used in decision-making;
- The rationale for decisions will be shared openly.

### **Clarity of purpose and intent**

- The goals of engagement will be clearly established at the outset of each engagement initiative.

### **Capacity building**

- Evaluation and learning must be the main objectives of engagement activities;
- Adequate time will be allocated to engagement activities to ensure risks are mitigated or minimized.

### **Commitment and accountability**

- Participation in PCN decision-making sets the expectation of action and outcome;
- PCN patients, staff, and physicians share responsibility for achieving the best state of health possible for individuals and the community;
- The PCN is a responsible steward of public funds and is accountable for wisely choosing the means and extent of engagement.

### **Equity and inclusion**

- Geographic, technological, social, financial, ethnical, cultural and linguistic factors will be considered in the design of the participatory/engagement process;
- Ensuring equity means open and transparent exchanges and sharing of information and opinion;
- Equity and inclusion requires sufficient resources be allocated to enable broad participation.

### **Incorporating best practice**

- PCNs will adopt and adapt recognized engagement and public participation best practices in its engagement activities.

## **Spectrum of Engagement: What is Right for Your PCN?**

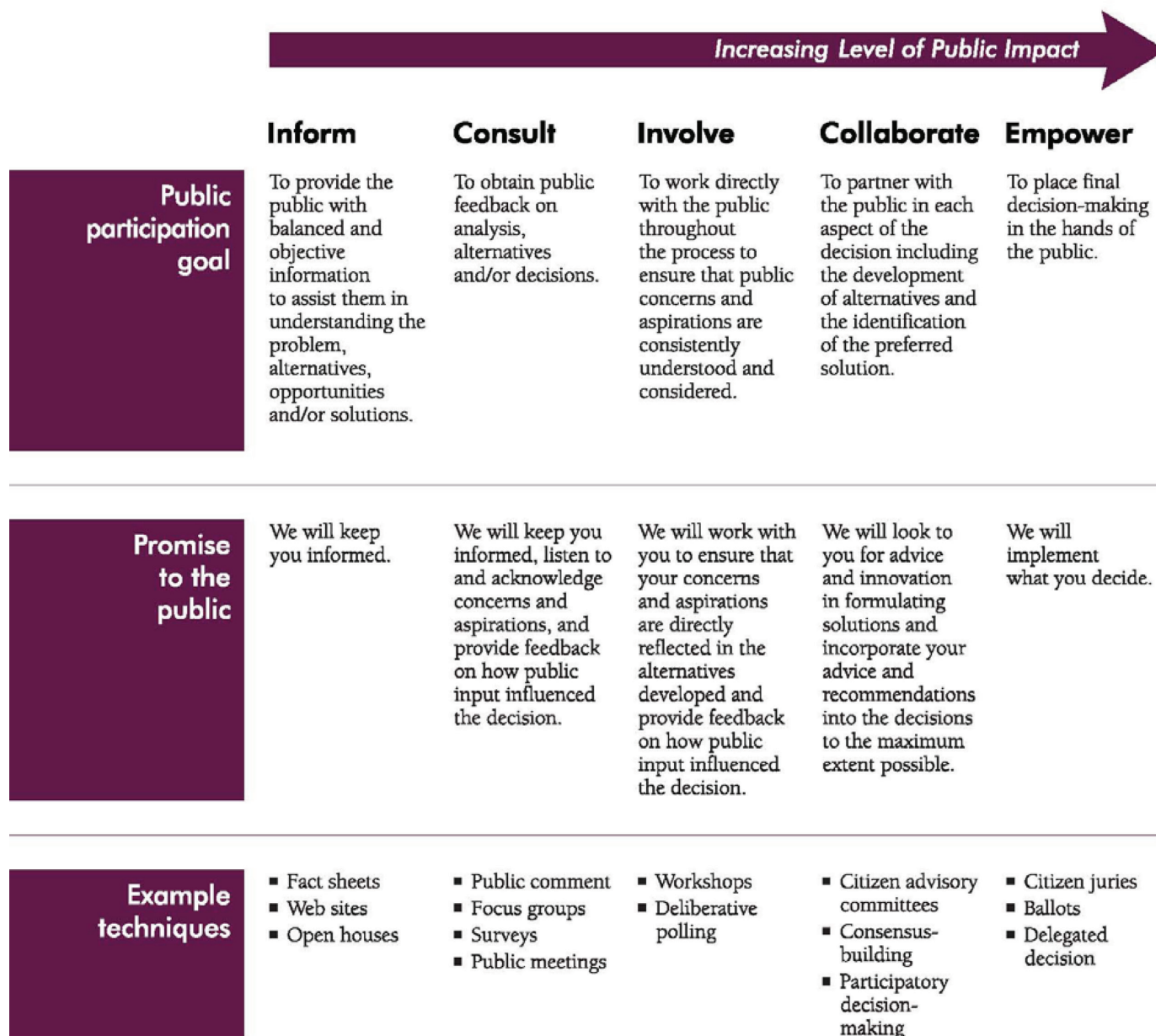
Recognizing that PCNs are not all the same and that there is a wide variation in the level of PCN maturity and capabilities, the extent to which each PCN chooses to engage its community will need to vary depending on the individual circumstances and capability of the PCN. Consequently, prescribing a set of activities along with a common time continuum may not be in the best interests of a PCN and the community it serves. While some PCNs are mature and sophisticated enough to move towards a full CAC, others may not yet be there and can better be served by other forms of community engagement. The goal for all PCNs should be to move toward enhancing their level of community engagement and continue on an upward path of engagement.

When choosing the level of engagement, it is important that a PCN understands the goal of any given engagement because it defines both the “promise to the public” and the “technique” to be used. The “promise to the public” is the commitment that the PCN has to report back on the impact and/or results of the community input. “Techniques” are the different approaches or methods that councils can use to engage their community in ways that create positive relationships between the PCN and their communities.

The International Association for Public Participation (IAPP) has developed a widely accepted spectrum of public participation. The spectrum outlines how an organization can increase the magnitude of public participation from first informing to consulting, involving, collaborating and ultimately empowering. Within each stage are associated activities such as surveys, public meetings, or focus groups (see diagram on next page).



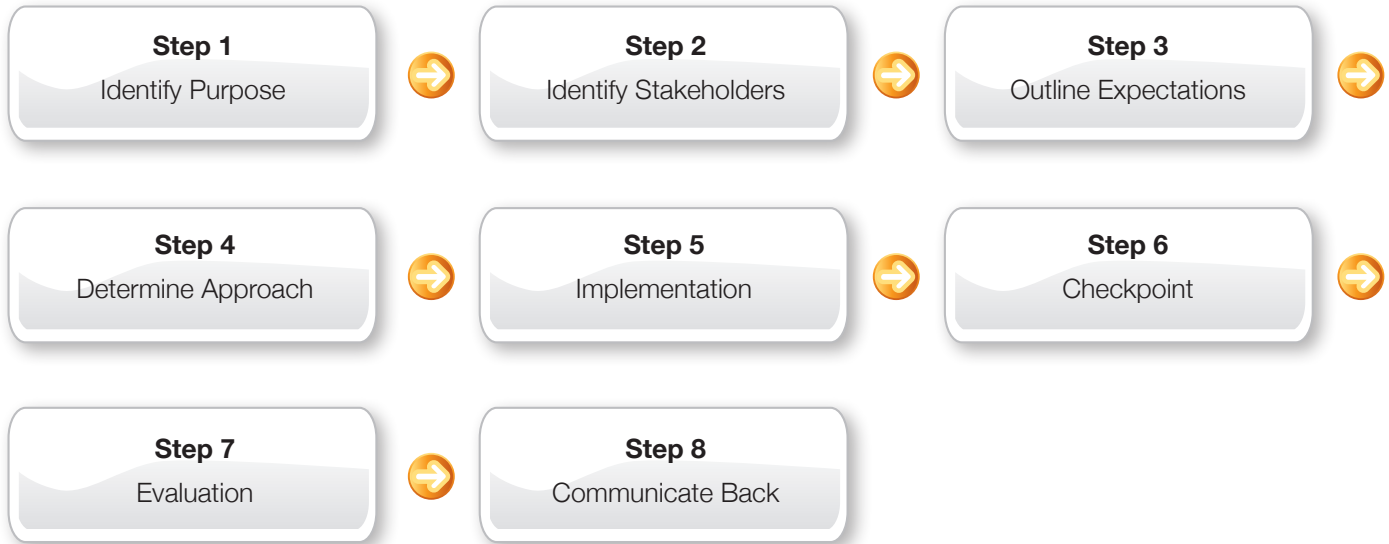
# IAP2 Spectrum of Public Participation



The above diagram developed by the International Association of Public Participation outlines the spectrum of activities within community “engagement”. While many PCNs have made significant progress towards true public engagement and empowerment, much activity has been focused more on open houses, surveys and occasional public meetings. The concept of the Community Advisory Council is an attempt to move public engagement further down the spectrum towards a more two-way communication in forming solutions and helping make decisions that impact a community. Whether a PCN moves to develop a full Community Advisory Council depends on its capabilities, needs and preferred approach.

## Steps on the Community Engagement Process

This guidebook outlines an eight step process (building blocks) to successful engagement of the community. Using these steps to guide the process will support a PCN in achieving the public participation goal they committed to achieve, whether it be to improve their level of consultation with the public (public meetings, workshops or focus groups) or move towards full collaboration (public/community advisory council).



Each of these steps is more specifically outlined in the next section of this resource giving the step by step guide to engagement planning for Community Advisory Councils.

Once you are finished your engagement, don't forget to reflect on the accomplishments of this and celebrate. It is critical to honour the results that were achieved and the new relationships that have been built. A lot of work goes into engagement and there is no better way to continue success than to celebrate it!

## A Step by Step Guide to Engagement Planning for Community Advisory Councils

Within each of these steps there are a few key questions that will help guide a PCN to organize meaningful and focused engagements with their communities. The tasks will differ slightly depending upon the goal of the engagement. The following advice and questions are meant to guide these efforts to plan and organize PCN engagement activities.

## STEP 1: IDENTIFY PURPOSE & SCOPE

### Purpose:

Defining a clear purpose is not as easy as it sounds. For an organization to reach a shared understanding requires time, which is almost always in short supply, especially at the start of a process. External circumstances can also affect the purpose and this possibility should be anticipated. For example, the results of forthcoming research or a decision taken by others can influence both the context and the purpose of a participation process. This is a particular risk if the process is not recognised or valued by people more senior than those involved in the detailed design and delivery.

**Identifying** the purpose will involve liaising:

- **Internally** to clarify what can be changed as a result of the process and what outcomes and outputs are sought;
- **Externally** with those affected by the project and to identify people's interests and concerns.

It is important in defining the purpose, as opposed to the desired outcomes.

### Defining the Scope:

In defining the scope of the engagement exercise, the following questions should be asked:

- **How much can really change?** Establishing what can actually change as a result of participation is critical. Defining this will require liaison with the decision maker(s), and should result in a clear statement from them as to what the engagement exercise can change. The International Association of Public Participation calls this the "Promise to the Public".
- **Is participation appropriate at all?** There is no point in going any further with participation if for example:
  - Nothing can change, no matter what the results of the participation are;
  - There is no demand or interest from potential participants in getting involved;
  - There are insufficient resources to make the process work properly.
- **What level is being sought?** It is important to be clear as to the level of participation that is being sought through stakeholder engagement. Having this identified will assist in selecting appropriate methods of engagement.

### Questions to Consider

- Is there a question that needs to be answered? If so what is it and what is the goal of bringing together members of the public?  
If not, what is the purpose of the engagement?
- Is there a need to understand how the community feels on the selected issue?
- Is there information that your PCN wants collected? If so, what is it?
- What is the PCN service or health issue that will be promoted?

## STEP 2: STAKEHOLDER IDENTIFICATION

Identifying **who should be involved/consulted in the engagement process** is perhaps one of the most difficult parts to doing stakeholder/community engagement. Finding the right mix of participants, and ensuring that no group is inadvertently (or perhaps, intentionally) excluded, is essential to providing legitimacy and credibility to the engagement process.

## Identifying who should be involved:

While no engagement process is the same (being determined by the individual context and scope of the project or issue), there are some general principles for identifying appropriate participants. Below are some specific questions which can help to ensure that no important sectors within a PCN are forgotten:

- Who is directly responsible for the decisions on the issues?
- Who is influential in the area, community and/or organization?
- Who will be affected by any decisions on the issue (individuals and organizations)?
- Who runs organizations with relevant interests?
- Who can obstruct a decision if not involved?
- Who has been involved in this issue in the past?
- Who has not been involved, but should have been?

It is also useful to consider categories of participants, which would include:

- A sample representative from the wider public (whether or not they are directly affected by the issue);
- Those particular sections of the public directly affected by the issue;
- Relevant community organizations;
- Special interest groups, trade associations, and union representatives (if appropriate);
- Individuals with particular expertise (technical or personal).

**Hard to Reach Groups.** It is important to try to include all relevant stakeholders, and those who often get omitted are the hard to reach groups. Extra effort and innovation will be needed to contact and engage with these groups or individuals, who do not generally come forward by their own volition. Including these minority or “hard to reach” groups is important to obtaining a more balanced picture from the engagement process.

**Everyone does not have to be involved in everything.** With good planning, and the agreement of participants, different people can be involved only in those parts of the process which are most relevant to them.

**What’s In It for Them (WIIFT)?** It is important to consider and discuss with participants what they want to get out of the process and what could prevent them from participating. If everyone’s motivations can be clarified at the start, there will be less confusion and everyone is more likely to be satisfied with the outcomes.

## STEP 3: OUTLINE EXPECTATIONS & IDENTIFY CONTEXT

A good participatory process must be well embedded within its context. By ‘context’ we are referring to the background of the issue being addressed by the engagement process. Relevant issues pertaining to context could include discussions or outcomes from a previous PCN engagement on the issue, as well as the historical, political, physical and cultural context of the issue. Understanding the wider context in which the stakeholder engagement process will take place is critical to ensuring:

- Links with other relevant organizations and related activities are recognised;
- That the engagement process is responsive to participant;
- The engagement process is built upon previous experience and lessons learned rather than duplicating previous efforts;
- That the process will contribute to relevant and measurable progress.

## Determining the context:

The context of any stakeholder engagement is determined by a broad spectrum of factors. Some of the most likely to affect the success of an engagement process, and/or the choice of methods adopted, include:

1. **Decision-making environment:** Before embarking upon any stakeholder engagement process you will want to know about:
  - The interest, commitment and/or involvement of key decision-makers in the process;
  - Legal and policy parameters;
  - How this current participatory process fits into the relevant decision-making systems (e.g. timing, required documents, etc.).
2. **History:** You will need to find out about:
  - Past participatory exercises on the same project/program, including how they went (e.g. conflict, agreement), and what were the final outcome;
  - Other relevant past activities which may affect planned discussions.
3. **Other relevant activities:** You will want to know which other activities, past or present, are ongoing, so that information can be shared, duplication or oversight reduced, and potential outputs dovetailed (if that is appropriate). This could include other activities that are:
  - Covering the same subject area (e.g. the same program or issue);
  - Covering the same geographical area;
  - Involving the same participants.
4. **Characteristics and capabilities of participants:** Just as a process' purpose is defined by its scope and context, so is the identification of stakeholders determined by the background (i.e. context) of the communities/stakeholder groups at which the engagement process is targeted. Before any engagement process is begun, it is wise to do background research on the following:
  - Identify which sectors of society are unlikely to participate (e.g. from disadvantaged neighbourhoods) but would add value to the process if they did participate, and how best to reach and support their involvement;
  - Assess existing relationships between key participants (e.g. antagonism or political alliances) including the groups' relationship with the consulting authority and/or relevant decision-makers.
5. **Consider the diversity of participation** experience amongst the identified stakeholder groups. Those with more experience may have skills and confidence to dominate proceedings. The process may need to be designed to deal with these differences if they are significant (e.g. different sessions for different interests, with all brought together at the end). Alternatively, the process could be designed to suit the most or least experienced.
6. **Consider the cultural diversity of participants** which may affect, for example, people's willingness to meet all together (e.g. men and women together), and/or affect the way different participants are used to debating in public with others (e.g. those with formal council experience may expect a chair and formal debating procedures).
7. **Language:** Do you need to provide interpreters to ensure you get the people you need there, and whether it needs to be made clear on any promotional literature that a translator will be used.

**Communicate your understanding of “the context” early on:** Although your PCN may think you have a good understanding of the “context” in which the stakeholder engagement process is operating, **it is important to recognize that most participants will have their own interpretation of the context in which they see the stakeholder engagement process operating, as well as their respective roles in it.** It is important to communicate your understanding of “the context” in the early phases of the engagement and to provide the identified stakeholder groups with a platform to provide comment and input that would help to develop **a shared understanding** of the context for this specific participatory process. Sufficient time should be set aside to do this, and as early as possible in the engagement process.



## What Are You Hoping To Achieve – Questions to Consider

- Are we clear as to what kind of involvement we are seeking from the participants?
- What are the results you are hoping for?
- Have the key messages of the engagement been determined? If so, what are they?
- What should happen as a result of the engagement?
- How will success be evaluated?

## What Are The Risks- Questions to Consider

- Is there any community history that needs to be considered? If so, how will this be considered in the engagement activity?
- What could go wrong (risks) with this activity and how can it be prevented?
- Do the expectations of the engagement plan match those of the community?
- How will risks and concerns be addressed?

## STEP 4: DETERMINE APPROACH (DEVELOPING AN ENGAGEMENT PLAN)

After the scoping phase has been undertaken and there is NPC Board or PCN Governance support and/or buy-in to the Stakeholder Engagement Process, a detailed engagement plan needs to be written to provide the planning framework for the participatory process. It is at this stage that the decisions about timing, numbers, costs, techniques, use of results etc. will be made.

## Commissioning an Engagement Plan:

Perhaps the biggest barrier to carrying out effective stakeholder engagement is the time needed to effectively design and deliver the process. Too often, unrealistic timescales are set given people's enthusiasm and lack of experience.

In commissioning the engagement plan, here are some key steps to consider:

- The Engagement Plan (EP) should only take place after the Scoping Process is complete, as the results of this first phase should feed directly into or serve to inform the Engagement Plan;
- PCN Governance support (or buy-in) should have been sought before (or at least during) the commencement of the Engagement Plan. Governance support may, or may not be, a prerequisite to proceeding with stakeholder engagement. Either way, it is often the single most important determinant to the potential success of any project;
- Appoint dedicated staff to writing the Engagement Plan.

**The following are critical elements of any engagement plan:** Time schedule, resource allocation, desired outcomes, communication strategy (including follow-up), delivery logistics and selection of methods/techniques to be used in the engagement. Whilst there are many interrelated issues, not included in this list, no effective Engagement Plan (EP) would overlook any of the above components.

**Commissioning an Engagement Team:** Even the simplest engagement process will benefit from a **formal** engagement team to ensure that the process planning is taken seriously and programmed into the PCN staff's work schedules. The team can also be used to get early buy-in from those who need to take account of the results of the process. The engagement planning team can be the same people as those responsible for delivering the process, or a separate delivery team may be established, in which case very close working relationships need to be established. Both planning and delivery teams may involve external contractors as well as internal colleagues. If the skills do not exist within your PCN to plan for or deliver the engagement process, then professionals such as facilitators can provide valuable contribution (e.g., resources like AMA's PMP Program), especially if the issue is likely to be controversial or when the independence of the facilitation could be an issue. Whoever is selected to deliver the process should be involved as early as possible. Finding the right facilitator however, can be the most difficult part. A common misconception is that facilitators are "just the people hired to run meetings". Involving facilitators in the planning process (i.e. the engagement plan) can help to better plan processes, and provide realistic guidance about what can be achieved and how to do it. In fact, many professional facilitators will not "run meetings" unless they have been involved in the planning process.

### Content of an Engagement Plan:

#### A good engagement plan should include or consider the following issues:

- **Budget.** An adequate budget is essential, including setting aside time for staff who need to be involved;
- **Timeline.** Be realistic about how long things take and always allow more rather than less time for planning and for people to get involved. Remember that time is needed between events for work to be completed and to be taken to the next stage;
- **Key dates and actions** including when final decisions need to be made, and by whom, are all part of the planning process and should be part of the engagement plan;
- **Methods.** There are many different participatory/engagement techniques which can be adopted, and a range of methods are useful at different stages of the consultation process;
- **Organizational Logistics.** Participatory processes require a lot of practical arrangements, especially in terms of user-friendly briefing materials and suitable venues. In addition to logistical practicalities, consideration should be given to the choice of venue with respect to the positive and negative potential effects that this may have on the process and its consequent outcomes;
- **Communication Strategy.** Communication is important.

**Communication Strategy.** Communication is important throughout the engagement process. It is needed at the outset to get people interested, during the process so they are kept abreast of what is happening, at the end and by way of follow-up, to ensure that people are aware of what difference the process has made.

### Action the Plan – Questions to Consider

- Which technique has been selected to gather the information and report back to the community?
- Has an action plan been developed that identifies all aspects of the engagement plan, for example timeline, logistics, support and resources needed?

## STEP 5: IMPLEMENTATION OF ENGAGEMENT

It can be some time before your PCN actually starts the engagement process, i.e. where the actions outlined by the engagement plan are actually put into practice. The outputs produced during this time are the most obvious “measurables” for how the process is proceeding. However, some “outputs” have an intrinsic value regardless of whether they contribute to the overall outcomes. Exchanging information, for example, can help to build trust among participants even if the information itself is of no particular value. Similarly, simply having a meeting can sometimes be more important than what the meeting achieves because of the opportunity it provides to build or strengthen relationships. Good process design (specifically applied to the engagement plan) would include planning for intangible as well as tangible gains. Establishing if the desired outcomes (i.e. the reasons for doing stakeholder engagement in the first place) are being achieved, either in part or in full, can only be known through a process of ongoing review. These reviews need to include the perspective of all those involved in the process including whoever is leading the process, decision-makers and participants.

**Consider...** An iterative approach enables a process to adapt to new and unforeseen circumstances. No matter how much planning is put in, when working with participatory processes the unpredictable is inevitable, be it new political agendas or participant responses. The trick is to have an iterative and flexible approach to managing the process that would help you respond to the unpredictable.

### How Will You Communicate With Stakeholders – Questions to Consider

- How will the stakeholders be invited to the engagement event?
- Do they need to be provided with background information prior to event?

### Roles and Responsibilities – Questions to Consider

- What are the roles and responsibilities of PCN staff leading up to the engagement (i.e., who needs to do what and when)?

### How is the Information Collected – Questions to Consider

- How will information / inputs be captured for future analysis and how will it be reported?

### What Resources Are Needed – Questions to Consider?

- What resources will be needed to engage these stakeholders (materials, transportation, day care, contracted services such as room rental or catering)?
- Is there sufficient commitment from your PCN Physician NPC and Governance Committee to participate in this engagement activity?
- Have all of the event logistics been considered?

## STEP 6: CHECKPOINT

### Questions to Consider?

- Has anything changed since we started planning with the stakeholders or the issue that may affect the engagement?
- Do we need to make any last minutes changes to the plan?

## STEP 7: EVALUATION

The main purpose of a review is to provide those involved in the engagement process (and others) with the information to judge whether or not the process is likely to be, or has been, a success. A review is usually understood to be an evaluation of something that has taken place. It should also be used, however, as an essential element of the engagement process both to evaluate the quality of an engagement plan prior to any engagement taking place and at appropriate times throughout the process.

A robust review process can also be an effective form of risk management. This is because it helps to map out the different views held by different stakeholders at the start of a process, and provides recognition and awareness of the potential challenges that the engagement process may face.

### **A final evaluation will need to assess the following key criterion:**

- Whether the engagement process met its own aims (i.e. desired outcomes) and originally agreed purpose;
- Whether the process met the explicit and implicit demands of the participants;
- Whether the process met the standards of “good practice” in engagement.

### **The final evaluation may also aim to evaluate whether:**

- the level of participation (e.g. consultation or partnership) was appropriate to the context and type of participants;
- the methods and techniques were appropriate and worked as expected;
- the level and range of responses from participants legitimised the exercise;
- the costs were reasonable and within budget;
- what was produced and organized (i.e. outputs) helped towards achieving the desired outcomes.

## Questions to Consider How Did We Do?

- To what extent did you follow the plan?
- Was there adequate input to make a decision?
- What worked well?
- What could be improved for next time?
- Was the community satisfied with the engagement process?
- Were you able to get a response from your “hard to reach” groups?
- How will the community input be communicated to the PCN NPC Board and Governance Committee?

## STEP 8: COMMUNICATE BACK TO STAKEHOLDERS

- How will the results be communicated back to participants?
- How will the public be informed as to how their input was used to influence the decision?
- Can an increased awareness or change in behaviour be estimated?

## Engagement Techniques and Tools for PCNs

The following table provides a listing of some common engagement techniques that a PCN could consider. The techniques have been aligned to the engagement levels of inform, consult and involve. This list is not an exhaustive listing on all the techniques available for engagement, but is meant to serve as a guide for PCNs to help choose what might work best for their circumstance and maturity level.

This Table has been adopted from *Alberta Health Services who has used it successfully with Health Advisory Councils.*

INFORM Share information			
Technique	Always Think It Through	What Can Go Right	What Can Go Wrong
<b>Printed Materials</b>			
Fact Sheets Newsletters Media advertising Brochures Issue papers Presentations	<ul style="list-style-type: none"> <li>• Keep it short and simple</li> <li>• Make it visually interesting and engaging but not too busy or slick</li> <li>• Proofread all documents</li> <li>• Use language that is inclusive and jargon free</li> <li>• Include opportunities for comment and include reply paid cards or envelopes to encourage two-way communication</li> <li>• Explain public role and how comments will or have affected project decisions</li> <li>• Offer in other languages if appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Can reach a large target audience</li> <li>• Public look for information in regular format e.g., newsletter, media column</li> <li>• Written comments provide insights to stakeholder opinions / concerns</li> <li>• Documentation of public involvement facilitated</li> <li>• Mailing list created for future opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Materials do not reach the mark</li> <li>• Materials were not read</li> <li>• Complicated concepts are difficult to communicate</li> <li>• Information may be misinterpreted</li> <li>• Literacy level not targeted to audience</li> <li>• Distribution may be difficult or costly</li> </ul>
<b>Displays</b>			
PCN meetings Libraries Community centres Shopping centres Schools	<ul style="list-style-type: none"> <li>• Establish regular sites if possible to build on community culture</li> <li>• Develop a distribution list</li> <li>• Make sure personnel at locations know about the display, are? and informed about content and follow-up contacts</li> <li>• Consider electronic displays, e.g., touch screens, TV video loop, presentations</li> <li>• Make sure materials are removed when past their use-by date</li> <li>• Place displays in high traffic areas where the target audience is known to frequent</li> </ul>	<ul style="list-style-type: none"> <li>• Information is accessible to the public at relatively little cost</li> <li>• Public use the distribution locations to look for materials</li> <li>• Public may learn more about topic</li> <li>• Public may ask for further information</li> </ul>	<ul style="list-style-type: none"> <li>• Distribution sites are overcrowded with information and the materials get lost among the collection of materials</li> <li>• There is no active promotion of the materials</li> <li>• Upkeep of information at sites is not well managed</li> <li>• Ensure a contact number is available for those who wish more information</li> </ul>



Website			
Information directly into the household.	<ul style="list-style-type: none"> <li>Needs to be visible and easy to navigate</li> <li>Keep information updated</li> </ul>	<ul style="list-style-type: none"> <li>Can reach a large audience at low cost</li> <li>Popular information resource</li> </ul>	<ul style="list-style-type: none"> <li>People without access are disadvantaged</li> <li>Technical difficulties</li> <li>Hard to navigate</li> <li>Can be labour intensive to maintain</li> </ul>
<b>CONSULT</b> <b>Bring people together</b> <b>Compile and provide feedback</b>			
Technique	Always Think It Through	What Can Go Right	What Can Go Wrong
Appreciative Inquiry			
A systematic process that uses the art and practice of asking positively-focused questions and building upon narrative communications to surface imagination, innovation and commitment to action.	<ul style="list-style-type: none"> <li>Requires representation from all of those who may be affected</li> <li>Process requires an especially high level of engagement by core team members</li> </ul>	<ul style="list-style-type: none"> <li>Creates high level of engagement and commitment to change as an ongoing process – not a one-time event.</li> <li>Fosters positive, grassroots, level action</li> <li>Connects the community by celebrating stories that reflect the best of what is and has been</li> </ul>	<ul style="list-style-type: none"> <li>Participants need to own and co-create the process</li> <li>Core team members may burn out</li> <li>Given the high level of engagement, people expect to see changes as a result of the process</li> <li>The sponsor of the process needs to be truly committed to the outcomes</li> </ul>
Open House			
An arrangement of visual information with hosts to answer questions. Communities engage at their own pace in a comfortable environment. Drop in individually to view plans, ask questions, give opinions, have an informal chat, etc.	<ul style="list-style-type: none"> <li>Be there when you say you are going to be</li> <li>Consider the demographics of the area and time sessions accordingly</li> <li>Greet people at the door and explain the format, provide comments sheet</li> <li>Give people a task e.g. “good/ bad” dots to place on the displays to record their preference</li> </ul>		

**CONSULT****Bring people together****Compile and provide feedback**

Technique	Always Think It Through	What Can Go Right	What Can Go Wrong
<b>Interviews</b>			
One-on-one meetings with stakeholders to gain information for developing and refining public involvement and consensus building programs, face-to-face or telephone.	<ul style="list-style-type: none"> <li>Where feasible, interviews should be conducted in person.</li> <li>Always develop a recording template, including a preamble</li> <li>Note if interview is confidential</li> </ul>	<ul style="list-style-type: none"> <li>Provides opportunity for in-depth information exchange in a non-threatening forum</li> <li>Provides opportunity to obtain feedback from all stakeholders</li> <li>Can help build relationships</li> </ul>	<p>Can be time consuming</p> <ul style="list-style-type: none"> <li>Need to focus test the questions to ensure they will help you find the correct answer</li> <li>Labour intensive</li> </ul>
<b>Fairs and Events</b>			
Set up a booth at a local fair or organize an event to provide project information and raise awareness.	<ul style="list-style-type: none"> <li>All issues - large and small - must be considered</li> <li>Make sure adequate resources are available</li> <li>Consider presenting the topic to create interest in the audience</li> </ul>	<ul style="list-style-type: none"> <li>Can focus public attention on one element</li> <li>Conducive to media coverage</li> <li>Allows for different levels of information sharing</li> <li>Can reach a large audience</li> </ul>	<ul style="list-style-type: none"> <li>Public must be motivated to attend</li> <li>May be a cost to attend which can limit your audience</li> <li>Can damage image if not done well</li> <li>Can be expensive to do</li> <li>May be limited in what you can present by the rules of the event</li> </ul>
<b>Focused Conversation</b>			
<p>A structured approach to exploring a challenging situation or difficult issue by using a series of questions arranged in four stages:</p> <p><b>Objective</b> – review facts</p> <p><b>Reflective</b> – review emotional response</p> <p><b>Interpretive</b> – review meaning</p> <p><b>Decisional</b> – consider future action.</p>	<ul style="list-style-type: none"> <li>Consider how the questioning structure relates to the topic ahead of time. Don't skip a step</li> <li>May be used in many different settings, from debriefing a process to exploring the level of agreement on a given topic</li> <li>Be clear on the intent of a conversation</li> <li>Helps to explore a topic at a deeper level</li> </ul>	<ul style="list-style-type: none"> <li>People understand how to activate new information or experiences</li> <li>People learn new information and gain insights about other peoples' perspective on complex issues</li> <li>People learn to respect and understand other views</li> <li>The decisional steps lead to individual or collective action</li> </ul>	<ul style="list-style-type: none"> <li>Participants may feel restricted by the approach</li> <li>May be perceived as exclusive</li> <li>Requires skilled facilitators</li> <li>May not work for some cultural groups</li> </ul>

<b>CONSULT</b> <b>Bring people together</b> <b>Compile and provide feedback</b>			
Technique	Always Think It Through	What Can Go Right	What Can Go Wrong
<b>Focus Groups</b>			
Investigation of an issue or message testing forum with randomly selected members of target audience. Can also be used to obtain input on scenarios.	<ul style="list-style-type: none"> <li>• Conduct at least two sessions for a given target</li> <li>• Use a skilled focus group facilitator to conduct the session</li> </ul>	<ul style="list-style-type: none"> <li>• Provides a sample of the reaction to a suggested approach or details on issues</li> <li>• Provides opportunity to test key messages prior to implementing program</li> <li>• Works best for select target audience</li> </ul>	<ul style="list-style-type: none"> <li>• Participants may feel restricted by the approach</li> <li>• May be perceived as exclusive</li> <li>• Requires skilled facilitators</li> <li>• May not work for some cultural groups</li> </ul>
<b>Public Meetings</b>			
A meeting that is open to the public. Usually used to make a presentation and provide attendees with an opportunity to ask questions and give comments.	<ul style="list-style-type: none"> <li>• Set up the meeting to be as welcoming and receptive as possible to ideas and opinions</li> <li>• Can be organized in small group or plenary discussions</li> <li>• Review all materials and presentations ahead of time</li> <li>• May need to consider a time keeper for presentations or questions</li> </ul>	<ul style="list-style-type: none"> <li>• Participants hear relevant information and have an open opportunity to ask questions and comment</li> <li>• People learn from each other</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings can escalate out of control because emotions are high</li> <li>• Facilitators are not able to establish an open and neutral environment for all views to be shared</li> <li>• Individuals can control the conversation</li> </ul>
<b>Symposia</b>			
A meeting or conference to discuss a particular topic involving multiple speakers.	<ul style="list-style-type: none"> <li>• Provides an opportunity for presentations by experts with different views on a topic</li> <li>• Requires upfront planning to identify appropriate speakers</li> <li>• Needs strong or targeted publicity</li> </ul>	<ul style="list-style-type: none"> <li>• People learn new information on different sides of an issue and have the opportunity to ask questions</li> <li>• Provides a foundation for informed involvement by the public</li> <li>• Great networking opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Experts don't represent different perspectives on an issue</li> <li>• Controversial presenters may draw protests</li> </ul>

<b>CONSULT</b> <b>Bring people together</b> <b>Compile and provide feedback</b>			
Technique	Always Think It Through	What Can Go Right	What Can Go Wrong
<b>World Café</b>			
<p>A meeting process featuring a series of simultaneous conversations in response to predetermined questions. Participants change tables during the process to discuss different questions in different small groups in response to each question.</p>	<ul style="list-style-type: none"> <li>Room setup is important. The room should feel conducive to a conversation and not as institutional as the standard meeting format</li> <li>Allows for people to work in small groups with or without staff facilitators</li> <li>Think through how to bring closure to the series of conversations</li> </ul>	<ul style="list-style-type: none"> <li>Participants feel a stronger connection to the whole group as they have talked to people at different tables</li> <li>Good questions help people move from raising concerns to learning new views and co-creating solutions</li> </ul>	<ul style="list-style-type: none"> <li>Participants resist moving from table to table</li> <li>Reporting results at the end becomes awkward or tedious for a large group</li> <li>The questions evoke the same responses</li> </ul>

*Adapted from the IAP2 Toolbox, 2006*

## Moving Towards a Community Advisory Council (CAC)

The next section of this guidebook outlines the process whereby a PCN can develop a CAC. While many PCNs will choose to engage their community through the methods previously outlined, a few PCNs may choose to move towards formalizing their community engagement via a CAC. The remainder of this Guidebook outlines that process

## 3.0 Role, Functions and Membership of Community Advisory Councils

### 3.1 The Role of a PCN Community Advisory Council (CAC)

It is recommended that CACs be advisory to PCNs and chiefly serve to provide feedback from the public to support the strategic direction of a PCN.

The primary functions of a PCN's CAC is to advise and support a PCN by:

- gathering information including public input respecting health, health needs and health services for the residents of the community within the services and mandate of a PCN;
- providing advice to PCNs about health issues, health needs and priorities, access to PCN services, the promotion of health and any other matters requested by the PCN;
- promoting and participating in activities that enhance the health of the residents of the communities served by the PCN;
- providing advice on how PCNs can improve its transparency, connection within a community and overall perceived value.

#### **CAC Accountability:**

Councils are accountable and responsible to the Not-for-Profit Physician Board of a PCN (Model 1) or the Joint NPC-AHS Board (Model 2). A CAC may wish to forward specific information, opinions or recommendations about community concerns or issues to the NPC or Joint Board. CACs are asked to do this by submitting reports that provide background information which identifies the issue and suggestions for addressing the concern. PCN staff designated to support a CAC will be made available to support councils in developing any submissions to a PCN NPC or Joint Board. An in-person report by the Chair of a CAC to the NPC Board or Joint Board should also be considered to encourage and ensure a two-way dialogue and promote a better understanding of the CAC's role in impacting PCN services.

### 3.2 Chief Roles/Activities of a CAC:

- 1 Assist the PCN and its senior leadership in understanding the communities that the PCN serves and their specific needs for service.
- 2 Raise community awareness /education of the general public within their community on the services provided by a PCN.
- 3 To provide feedback on, and ideas for, initiatives and programs that enhance, ensure and embrace the model of patient-centered care and the health home.
- 4 To provide advice to the PCN on areas that can improve the delivery, accountability and transparency of a PCN and its programs and/or services.
- 5 Determine strategies and approaches for the PCN on the best way to connect with the greater community and provide information and opinion to the PCN for consideration.
- 6 Serve as a valuable link between PCN leadership and the communities a PCN serves.
- 7 To advance patient engagement and patient-centered care principles and practices within the PCN.
- 8 To be proactive and forward thinking in identifying trends and opportunities that may inform decision-making of a PCN.
- 9 Support community engagement of a PCN by answering questions from neighbors, families or others in the communities represented or by assisting them to contact a PCN to have questions and concerns addressed.
- 10 Advise the PCN on how to best engage other groups in the community who are not represented within the CAC or PCN Board.



## 3.3 Composition of a CAC

Council members should be chosen in part based on their connections to their communities and the diversity they represent. Members are encouraged to gather ideas on gaps and opportunities or share success stories and bring them forward to the CAC.

### Membership of Community Advisory Councils

#### 3.3.1 Appointment of Members

Council members are appointed by the PCN Board (NPC Board in Model 1 and Joint Board in Model 2) following a recruitment and selection process that is both open and transparent (see appendix for Guidelines). Councils may have 10 to 15 public members varying on the PCN and its size, the geographic area it serves, and any other pertinent considerations.

#### 3.3.2 Council Member Qualifications/Eligibility Criteria

- I. Have a strong interest in primary health care and a willingness to learn about how it impacts a community;
- II. Have a sound knowledge of the community in which he or she resides;
- III. Be at least eighteen (18) years of age;
- IV. Be a resident within the geographic area of the PCN, for at least the previous three (3) months preceding the application for membership;
- V. Be able to attend at least two-thirds of the meetings over the 2-year term;
- VI. Not be, nor have been in the past year, an employee of the NPC or Joint corporation, a physician member of the NPC, AHS employee (exceptions may be made only in cases or areas of the province where membership would be difficult to otherwise be obtained);
- VII. Not hold elected office in any city, town, municipality or county council or other local government wholly or partly within the area served by the PCN.

#### 3.3.3 Term of Appointment

The term for general members is two years, renewable for a maximum of 3 terms (6 years). Initial membership cycles and succession planning will be determined by the CAC such that rotations out and recruitment in will be balanced, representing no more than approximately one-third of the CAC in any given year.

A member may be asked to lead or participate in sub-committees for the CAC or may be called upon from time to time to participate on CAC-related projects.

#### 3.3.4 Selection of Council Chair and Vice Chair

A CAC chair and vice-chair shall be nominated from the membership of the PCN CAC. Individuals who are interested in serving as chair or vice-chair shall declare their interest and advise the PCN executive director. CAC members will vote for the nominees of their choice; the names of the successful nominees shall be submitted to the PCN executive director. The term of appointment as chair and vice-chair shall be one year, with the opportunity for re-election annually. A CAC member may serve a maximum of 6 years as chair.

#### 3.3.5 Attendance

It is expected that CAC members will attend all meetings, preferably in person or by teleconference/Telehealth. If CAC members are unable to attend a meeting they are asked to notify the chair or PCN executive director at least one week prior to the meeting, when possible. Unexplained absence at 3 or more consecutive meetings may be cause for termination.

#### 3.3.6 Vacancies

CAC vacancies shall be filled by the official PCN administrator in keeping with the process identified by any bylaw/board policy governing the organization and functioning of their CAC. Vacancies may not necessarily result in a recruitment drive unless agreed to by the NPC/Joint Board.

### 3.3.7 Termination and Resignation

A member of the CAC may resign, by written notice at any time during their term. Such resignation shall be effective upon receipt of notification by the PCN executive director.

### 3.3.8 Meetings of the CAC

The chair or vice-chair of the board shall call a meeting of the CAC for the purposes of obtaining the advice of the membership. At least two (2) meetings of the CAC shall be held each fiscal year with a preference for up to 6 meetings. Members of the CAC shall be provided at least 2 weeks notification of meetings.

### 3.3.9 Nominating Committee:

The PCN shall create a nominating committee comprised of 3-4 representatives of the NPC/Joint Board. The nominating committee shall:

- I. initiate a public, open and transparent process to identify the public within their PCN of the opportunity to serve on the PCN's CAC.
- II. receive the list of potential candidates for the members of the CAC and assess each of the candidates through the selection/interview process.
- III. forward their recommendations for CAC members to the NPC/Joint Board for final approval and appointment.

CAC members should be chosen in part based on their connections to their communities and the diversity they represent. Members are encouraged to gather ideas on gaps and opportunities or share success stories and bring them forward to the CAC. In addition, the CAC may choose to accept requests for formal presentations from communities or community groups on health related topics. Based on this information, the CACs may consider the request/issue and communicate it further to the official administrator.

## 3.4 Available Support to PCNs and Community Advisory Councils

The AMA's Primary Care Networks Program Management Office (PCN PMO), together with the Practice Management Program (PMP), are available to provide guidance to any PCN as they pursue the creation of a CAC. This support will include guidance through all stages from the recruitment process to the orientation of CAC members.

The AMA and AHS are committed to support CAC meetings and values the role that CACs will contribute to shaping primary care health services in Alberta. The following chart summarizes the role of the Official PCN Administrator (board appointed representative or executive director), AMA/AHS staff, and the CACs.

ROLE	SUPPORT TO COMMUNITY ADVISORY COUNCILS
<p>Official PCN Administrator</p> <p>NPC Board/Joint Board</p>	<ul style="list-style-type: none"> <li>• Post opportunity in a public and transparent manner to interested public members within a PCN</li> <li>• Recruit, interview and select successful candidates</li> <li>• Appoint CAC members</li> <li>• Pass resolution to amend PCN bylaws/board policy where applicable</li> <li>• Develop policy and guidelines for the CAC and review and amend when required (suggest yearly review)</li> <li>• Review minutes of CAC meetings and information provided to by the CAC to the NPC/Joint Board</li> <li>• Meet with CAC members as required</li> </ul>
<p>Primary Care Consultation Committee</p> <p>Minister of Health</p>	<ul style="list-style-type: none"> <li>• Make recommendations on all issues related to the compensation for CAC members</li> <li>• Minister has final approval for rates and policy on payment for CAC members (per diem, compensation for out-of-pocket expenses, travel expenses, mileage, etc.)</li> </ul>
<p>Alberta Health Services PCN Zonal Representatives</p> <p>AMA Program Supports (PCN PMO, PMP)</p>	<ul style="list-style-type: none"> <li>• Assist PCNs with the development of PCN bylaws/board policy to support creation/development of a CAC</li> <li>• Assist PCNs with the recruitment, selection and orientation of CAC members</li> <li>• Provide information as required to support CACs in successfully meeting their mandates</li> </ul>
<p>PCN Executive Director or Board designate</p>	<ul style="list-style-type: none"> <li>• Attend all public CAC meetings</li> <li>• Ensure that all CAC activities are resourced, attended, that secretariat support is appropriate and annual work plans are managed</li> <li>• Work collaboratively with CACmembers and senior staff in each area to support community engagement activities</li> <li>• Support strategies to enhance community involvement</li> <li>• Provide liaison or advice on responding to, or dealing with, community issues</li> <li>• Create awareness of CACs with internal and external audiences</li> </ul>

## 4.0 Governance & Accountability of PCN CACs

### 4.1 Code of Conduct

The PCN code of conduct (if applicable) applies to everyone who provides care or services or who acts on behalf of a PCN. It outlines the values, principles and standards of conduct that guide actions and interactions.

As volunteers for a PCN, CAC members are subject to the PCN's code of conduct.

### 4.2 Confidentiality

The PCN shall encourage CAC members to communicate openly about CAC business and activities, including sharing information provided by PCN staff. However, on rare occasions, information identified as confidential needs to be treated as such and may not be discussed outside of the CAC.

CAC members are required to sign a confidentiality agreement upon joining a CAC. (*see Appendix*).

### 4.3 Criminal Record Check

CAC members may be required to consent to a voluntary section criminal record check. Authorization from a CAC member for the criminal record check should be received within eight weeks from the date of appointment to a CAC (*see Appendix*). The PCN will pay any fees incurred for the report.

## 5.0 Communications

### 5.1 Personal Information of CAC Members

PCNs will need to collect limited personal information such as name and contact details of CAC members. The collection, use and disclosure of such personal information will be limited to that which is necessary to carry out the duties of the CAC. Personal information will not be disclosed to the public but may be used by the PCN to create a contact list for the CAC or for other administrative activities related to the CAC (i.e. for the exchange of agendas, minutes and other supporting documentation).

Emergency contact information for each CAC member is also requested in the event of an emergency, illness or accident. This information is held securely by the PCN executive director and the chair of the CAC.

CAC members are asked to consent to the use and disclosure of limited personal information (name, CAC area, etc.) and their images for purposes related to the CAC's public duties (e.g. for the creation of reports to the public, media releases, etc.). Authorization for such disclosure will be obtained from CAC members using the Consent to Use of Personal Information Form (5A).

CAC members who do not wish their personal information, images or contact information to be used for the above purpose, are asked to advise the PCN executive director.

### 5.2 Contact with CAC Members

The CAC chair should be the first point of contact for each CAC. The chair will then coordinate and/or forward correspondence or messages of any kind to relevant members of each CAC.

### 5.3 Communication with the PCN

CACs are asked to clearly document any issues or concerns they want brought forward to the PCN and its NPC/Joint Board. The CAC chair and PCN Chair (Lead) shall be jointly accountable for ensuring responses are provided in a timely manner for issues brought forward.

### 5.4 Communication with Community

CACs are encouraged to discuss issues and to disseminate information about the PCN services delivered within the communities they represent. CAC members are encouraged to talk about CAC activities and business with others. The chair is the spokesperson for the CAC. However, the CAC may appoint this role to be carried out by another member of the CAC on the chair's behalf. It is important that when speaking or raising issues on behalf of the the CAC, the chair expresses the CAC's opinion rather than his/her own individual opinion. Other CAC members may speak on their own behalf with community members.

If the chair is making a public comment representing the CAC, it is important to:

- ensure appropriate guidelines have been considered as outlined in the table below;
- accurately represent factual information concerning the PCN and the CAC;
- respect confidential information that has not been released by the PCN;
- not release personal information or information which may identify any individual unless approved by that person;
- not comment or provide information which may be the subject of an investigation or criminal or civil litigation.

## 5.5 Communication with Media

The media can provide a valuable opportunity to support dissemination of information throughout the community. The CAC may choose to provide informed and reasoned information to the media. Each PCN will want to decide how to work with the media.

PCNs may wish to share the dissemination of information responsibility with the CAC (as outlined below) or keep the function as a PCN Board responsibility. The decision should be documented to ensure clarity for both the PCN Board and the CAC.

The chair of the CAC could be identified as the official spokesperson for the CAC in discussions with the media. The chair of the CAC may choose to assign this role to another person. Members of the CAC are free to speak to the media as individuals (i.e., representing themselves) and should ensure that they do not speak on behalf of the CAC. In the event that the PCN communications staff/executive director receive media requests to speak with a member of the CAC, these requests could be brought to the attention of the CAC chair, or a specific member of the CAC if the request identifies an individual.

When the media approaches a CAC chair directly, or any member, the chair or member should be free to accept or decline any contact. The PCN executive director or PCN Board designate should be informed where a discussion has occurred with the media to allow for tracking of the opportunity and to log the event for the CAC. PCN staff shall be made available to support any media contact.

The following table provides general guidelines when dealing with the media.

CIRCUMSTANCES	STATEMENTS TO MEDIA
Individual Council members (as citizens)	<ul style="list-style-type: none"> <li>May make comments as a citizen and communicate to media or in public forums</li> <li>Must identify that the views expressed are personal and on behalf of themselves and not on behalf of the CAC</li> </ul>
Individual CAC members (as CAC members)	<ul style="list-style-type: none"> <li>Defer to the chair for comment</li> </ul>
Chair (or designate)	<ul style="list-style-type: none"> <li>May speak publicly on behalf of the CAC</li> </ul>
Vice Chair	<ul style="list-style-type: none"> <li>May speak publicly on behalf of the CAC in the chair's absence.</li> </ul>

## 5.6 Resolution of Issues

When issues requiring consultation or guidance arise during the course of CAC duties, the chair should contact the PCN executive director or PCN Board designate as the first point of contact. Following this, if there are still outstanding issues requiring further clarification or resolution, the matter will be brought forward to the attention of the PCN Lead (Model 1) or Board Chair (Model 2).



## 6.0 CAC Operations

The following table provides further information for carrying out the functions of the roles of:

ACTIVITIES OF COUNCILS, CHAIRS, AND AHS/AMA SUPPORTS	
Community Advisory Councils	<ul style="list-style-type: none"> <li>• Meet two to six times per year</li> <li>• Develop an annual work plan for activities throughout the year which may include proposals for formal consultations with communities to support submissions</li> <li>• Submit an annual report of activities to the PCN/Joint Board</li> <li>• Provide information and recommendations to the PCN executive director/Board designate on local and regional issues as needed</li> <li>• Provide minutes of meetings</li> </ul>
Community Advisory Council Chair	<ul style="list-style-type: none"> <li>• Call and preside over meetings</li> <li>• Provide overall direction to CAC activities</li> <li>• Prepare work plans and annual reports to the PCN/Joint Board</li> <li>• Keep members informed of pertinent information affecting the CAC</li> <li>• Act as the official spokesperson for the CAC unless otherwise nominated</li> <li>• Develop meeting agendas in collaboration with the PCN designated support</li> <li>• Work collaboratively with the PCN executive director, PCN Lead and other designated staff</li> </ul>
Community Advisory Council Vice-Chair	<ul style="list-style-type: none"> <li>• Will, in the absence of the CAC chair, assume all duties and responsibilities</li> <li>• Will, if the chair does not attend within fifteen minutes after the time appointed for a meeting and a quorum is present, call the meeting to order and preside during the meeting or until the arrival of the chair</li> <li>• Assist the chair in ensuring that the CAC operates in accordance with its own terms of reference and in providing leadership and guidance to the CAC</li> <li>• May be assigned other duties and responsibilities held by the chair</li> </ul>
PCN Executive Director PCN Board Designate	<ul style="list-style-type: none"> <li>• Provides support to CACs including:               <ul style="list-style-type: none"> <li>◦ administrative resources</li> <li>◦ providing reports for consideration</li> <li>◦ providing information on significant issues or developments relevant to the CAC and its operations</li> <li>◦ promoting community participation and education on matters impacting PCN service delivery</li> <li>◦ ensuring appropriate processes are in place to allow CACs to meet their objectives</li> <li>◦ ensuring the CAC activities are linked with the PCN Business Plan / Strategic Plan</li> <li>◦ Facilitates and coordinates CAC meetings including agenda development in conjunction with the chair.</li> <li>◦ Supports the CAC in work plan development and annual reporting.</li> <li>◦ Manages media requests for the CAC to the appropriate spokesperson.</li> <li>◦ Supports the chair to address or resolve issues as required</li> </ul> </li> </ul>

Alberta Health Services Zonal Support  AMA Program Supports (PCN PMO, PMP)	<ul style="list-style-type: none"><li>• Assist PCNs with the development of PCN bylaw/board policy to support creation/development a CAC</li><li>• Assist PCNs with the recruitment, selection and orientation of CAC members</li><li>• Provide information as required to support CACs in successfully meeting their mandates.</li><li>• Provide the CACs with relevant provincial information and reports as appropriate.</li></ul>
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## 7.0 CAC Meeting Procedures

### 7.1 General

The CAC shall meet a minimum of two and up to six times per year or at the call of the chair or PCN. The proceedings of the meetings shall be in accordance with Roberts' Rules of Order, unless otherwise provided for in the CAC terms of reference.

### 7.2 Quorum

A quorum shall consist of 50 per cent plus one of the members. A resolution may be passed, or action taken on any matter, only where a duly constituted meeting has been called and a quorum is present at the time the resolution is put forward. In the event that a quorum is not present, the meeting may proceed; however, any actions or resolutions shall be deferred to the next meeting where a quorum is present. The number required for a majority vote is 50 per cent plus one.

### 7.3 Meeting Agenda

The PCN shall appoint a designate to support the chair and ensure that:

- Three weeks prior to a CAC meeting, a call for agenda items will be distributed to CAC members;
- Two weeks prior to a CAC meeting the agenda, as established by the chair in collaboration with the PCN, will be finalized;
- One week prior to a CAC meeting, the agenda and supporting documents will be forwarded to CAC members and any other attending members;
- No item of business shall be dealt with at the meeting unless the item is included on the agenda or by approval of a majority of the CAC members present;
- Agenda items will be assigned a time allotment.

### 7.4 Meeting Minutes

- Meeting minutes will be recorded;
- Minutes will record issues raised and actions to be undertaken by when and by whom;
- Draft minutes will be distributed to CACs within 14 working days post meeting;
- Minutes should not be considered a verbatim record of the meeting discussions but be reflective of decision points.

### 7.5 Meeting Guidelines

In the interest of all CAC members' time and the expected volume of content to be shared, the following meeting guidelines are recommended:

#### **Chair as the Timekeeper:**

Timing of the meeting shall be monitored by the chair to ensure that:

- All agenda items are addressed;
- Start/stop time of meetings are adhered to.

Action items from previous meeting:

- Action items will be noted and followed up at each subsequent meeting.

#### **Speaking Rights:**

- All members have an equitable opportunity to express their view on a particular issue;
- Members have open and frank discussion.

#### **Tabling of agenda items:**

- Each item has a time allocation on the agenda but can be tabled should time not allow;
- If proper documentation to support an agenda item is not available, the item can be tabled.

## 7.6 Public and Closed Meetings

To successfully fulfill their mandate to advise AHS as representatives of local and regional communities, CACs will consider how they plan to communicate with the public. Each CAC will need to develop a communication strategy to support engaging communities to ensure the effective, two-way exchange of information and opinion. To promote effective and transparent representation, CAC meetings will normally be open meetings. However, a CAC may decide that a meeting, or portion of a meeting, shall be in private/in-camera. CACs have discretion to decide how to manage the business of meetings which are open to the public. Members of the public or groups may ask to make presentations to CACs and each CAC will determine how to manage these requests. If observers wish to participate during a meeting, they must be invited by the chair and time would need to be allotted on the agenda.

CACs will publish information about meeting schedules and locations on the PCN website.

## 7.7 Requests for Presentations

Requests to be added to the agenda from the public and CAC members are to be made to the chair. PCN staff will contact their executive director with similar requests. To allow for appropriate consideration of requests, CACs will ask that they submit such requests in writing. As the meeting agenda is to be finalized and distributed one week prior to the meeting, requests for items or presentations, including all supporting materials, must be received prior to the agenda deadline. The chair will bring forth the requests to the CAC for consideration and if agreed upon, a presentation would be scheduled for a future CAC meeting.

## 7.8 Virtual Meetings

Whenever possible, face to face meetings for the CACs are preferred and recommended. However, in recognition that distances and inclement weather can impact in-person attendance at meetings, options will be available to allow CAC members to participate in meetings via teleconference (phone-in) and, if possible, by videoconference (Telehealth). The teleconferencing information will be provided by the PCN when and where required.

## 7.9 Cancellation Guidelines

Inclement weather or emergency situation protocol:

- In case of inclement weather or an emergency situation, a determination regarding the status of the meeting will be made a minimum of five hours prior to the commencement of the meeting. This decision will be made by the chair in consultation with the PCN executive director or PCN Board designate.
- The official PCN administrator will attempt to make contact with each member of the CAC by:
  - telephone number(s) as provided by the member with a message being left if no personal contact is made and follow up email or text message if no voice contact is made.
- Members are encouraged to contact the office PCN administrator to determine if a meeting is cancelled in the event of inclement weather or emergency situation.
- The meeting will be rescheduled by the chair in consultation with the PCN.

## 7.10 Meeting Evaluations

At the end of all CAC meetings, members will be asked by the chair on the process of the meeting. This feedback will be used to monitor the effectiveness of CAC meetings and member satisfaction.

## 8.0 CAC Administrative Matters

### 8.1 Orientation and Training for CAC Members

All CAC members will receive an orientation. In support of PCNs, both AHS and the AMA are committed to providing ongoing development opportunities for CACs. New CAC members will receive a guidebook and existing members will receive timely updates to their guidebooks to support them to successfully carry out their roles.

### 8.2 Remuneration of CAC Members

Members of CACs are volunteers and as such are not entitled to remuneration for acting as members. Reimbursement will occur for pre-approved, appropriate and reasonable expenses incurred by members of the CACs in the course of acting as a member.

CAC members will be reimbursed for travel to meetings using the most direct route from their residence or nearest point of departure and return. In exceptional circumstances (e.g. personal circumstances, severe weather conditions that make it unsafe to travel), overnight hotel accommodation may be reimbursed, with pre-approval from the PCN executive director or PCN Board designate.

### 8.3 Method of Payment

Expense claims may be submitted to the official PCN administrator at the closure of each meeting or at the CAC member's earliest convenience. Expense claims will be processed according to PCN's accounts payable scheduling.

## 9.0 Community Advisory Council Reporting

### 9.1 Reports and Plans to be Completed by Councils

#### **9.1.1 Advisory Reports**

In accordance with the PCNs board policies, the CAC will advise and make recommendations to the PCN about any of the functions within the role of the CAC.

#### **9.1.2 Annual Reports**

The CAC shall provide to the PCN executive director or Board designate an annual report of its activities for the previous fiscal year (April 1 – March 31). The annual report will be submitted by the chair to the PCN no later than 90 days from the end of the fiscal year that is being reported on (i.e. by June 30).

Annual reports of the CAC will be available to the public when requested.

#### **9.1.3 Annual Work Plans**

Each CAC will develop an annual work plan to be submitted to the PCN at the beginning of the fiscal year. These work plans shall include the goals and objectives determined by the CAC and include proposals for formal consultations and engagement activities with communities.

Work plans will be developed in consultation with PCN executive director or Board designate to ensure alignment with the PCN business plan and to allow for appropriate support to be available to the CAC.



# Section 10

## Appendices

# Appendix I

## Generic Online Advertisement (EXAMPLE)

Insert PNC logo here

### Community Advisory Council Member

### Expression of Interest YEAR

# Your voice counts

Help your PCN better serve our community!

Primary Care Networks (PCNs) are not-for-profit organizations supported by an agreement between the Alberta Medical Association (AMA), Alberta Health (AH) and Alberta Health Services (AHS). PCNs are collaborations between local physician groups and AHS Zones to enhance comprehensive primary care services in a geographic area.

The *(insert name of PCN)* recently implemented the concept of a Community Advisory Council and is looking for interested people who would like to volunteer their time to make our PCN more responsive and accountable to the communities we serve. This exciting opportunity will allow the public a means to impact what we do and how we can better serve our community.

*(Insert name of PCN)* is recruiting Albertans to become members of our Community Advisory Council. We are seeking members to represent our diverse communities and speak to the varied needs of those within our community that access primary care services.

CAC members will serve terms of 2 years, to a maximum of 6 years. To ensure local representation on CACs, members will be required to reside within the geographic area of our PCN and be at least eighteen (18) years of age. (NOTE: Additional eligibility criteria are included at the bottom of this notice.)

Interested applicants should complete the following Expression of Interest form. The NPC Board (Joint Board in Model 2) will appoint CAC members, following a short interview process.

Please complete the following form and submit by mail or fax to: *(insert PCN specific information here.)*

If you require assistance in completing this form or have any questions regarding the Expression of Interest process, please contact the PCN at: *(insert PCN specific information here.)*

For further information on the PCN Community Advisory Council and additional eligibility requirements, please visit our website at: *(insert pcn specific information.)*

All applications must be received by month, date, year.

Please submit your letter expressing interest and resume electronically to the PCN President Dr. PQR at *(insert a non personal email address)*

Insert PNC logo here

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## Community Advisory Council Member Expression of Interest YEAR

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# Application of interest.

Please complete the following form and submit by mail or fax to: *(insert PCN specific information below.)*

Fax: xxx-xxx-xxxx

Mailing Address:

Name  
Street address  
City, Province, Postal Code

Full Name: (First)	(Last)	
Street Address		
City	Province	Postal Code
Email:		
Home Phone:	Work Phone:	
Cell Phone:		

**Please answer the following questions:**

1. What interests you most about being a member of the PCN Community Advisory Council?
2. What insights, experience, and perspectives do you feel you would bring to the PCN Community Advisory Council?
3. Community Advisory Council members work in an advisory role communicating community health concerns and priorities to our PCN. Members represent large areas with diverse demographics. Please comment on how you might be able to represent the perspectives of the public across the PCN geographic area?
4. Please outline any experience you may have which would enable you to work successfully with other Community Advisory Council members in a group setting?

- CAC Member Qualifications/Eligibility Criteria:**

- I. have a strong interest in primary health care and a willingness to learn about how it impacts a community;
- II. have a sound knowledge of the community in which he or she resides;
- III. be at least eighteen (18) years of age;
- IV. be, for at least the previous three (3) months preceding the application for membership, a resident of the area served by the PCN;
- V. be able to attend at least two-thirds of the meetings over the 2-year term;
- VI. not be, nor have been in the past year, an employee of the NPC or Joint corporation, a physician member of the NPC, AHS employee (exceptions may be made only in cases or areas of the province where membership would be difficult to otherwise be obtained); and
- VII. not hold elected office in any city, town, municipality or county council or other local government wholly or partly within the area served by the PCN.

# Appendix II

## Engagement Planning for PCN Community Advisory Councils

Within each of these steps there are a few key questions that will help guide the council to organize meaningful and focused engagements within various communities that comprise a PCN. The tasks will differ slightly depending upon the goal of the engagement. The following questions are meant to guide these efforts to plan and organize council engagement activities. Use the column on the left as a tool to mark which questions have been considered.

STEP 1: IDENTIFY PURPOSE	
Questions to Consider	
<ul style="list-style-type: none"> <li>Is there a question that needs to be answered? If so what is it and what is the goal of bringing together members of the public? If not, what is the purpose of the engagement?</li> <li>Is there a need to understand how the community feels on this issue?</li> <li>Is there information that the PCN wants collected on their behalf? If so, what is it?</li> <li>What is the health service or primary health care issue that will be promoted?</li> </ul>	
STEP 2: IDENTIFY STAKEHOLDERS	
Who Should Be Involved – Questions to Consider	
<ul style="list-style-type: none"> <li>Who is most affected / interested / involved?</li> <li>Who will this initiative affect?</li> <li>Who needs to get this information?</li> <li>Is there a role for community partners in this initiative? If so, what will it be?</li> </ul>	
How Can We Connect With Them – Questions to Consider	
<ul style="list-style-type: none"> <li>How will difficult to reach groups due to cultural, geographic, socio-economic or language barriers be included? Do you have previous experience with this group?</li> <li>How will the information be obtained from the stakeholders? What is the best way to do this: create an event, participate in an existing event or use an established resource?</li> </ul>	
STEP 3: OUTLINE EXPECTATIONS	
What Are You Hoping To Achieve – Questions to Consider	
<ul style="list-style-type: none"> <li>Are we clear as to what kind of involvement we are seeking from the participants?</li> <li>What are the results you are hoping for?</li> <li>Have the key messages of the engagement been determined? If so, what are they?</li> <li>What should happen as a result of the engagement?</li> <li>How will success be evaluated?</li> </ul>	



## What Are The Risks – Questions to Consider

- Is there any community history that needs to be considered? If so, how will this be considered in the engagement activity?
- What could go wrong with this activity and how can it be prevented?
- Do the expectations of the engagement plan match those of the community?
- Are there any risks to the CAC members, stakeholders or the PCN in carrying out this engagement?
- How will risks and concerns be addressed?

## STEP 4: DETERMINE APPROACH AND CREATE AN ACTION PLAN

### Action the Plan – Questions to Consider

- Which technique has been selected to gather the information and report back to the community?
- Has an action plan been developed that identifies all aspect of the engagement plan for example timeline, logistics, support and resources needed?

## STEP 5: IMPLEMENTATION

### How Will You Communicate With Stakeholders – Questions to Consider

- How will the stakeholders be invited to the engagement event?
- Do they need to be provided with background information prior to event?

### Roles and Responsibilities – Questions to Consider

- What are the roles and responsibilities of each CAC member leading up to the engagement (i.e., who needs to do what and when)?

### How is the Information Collected – Questions to Consider

- How will information / inputs be captured for future analysis and how will it be reported?

### What Resources Are Needed – Questions to Consider

- What resources will be needed to engage these stakeholders (materials, transportation, day care, contracted services such as room rental or catering)?
- Is there sufficient commitment from CAC members to participate in this engagement activity?
- Have all of the event logistics been considered?

## STEP 6: CHECKPOINT

### Questions to Consider

- Has anything changed since we started planning with the stakeholders or the issue that may affect the engagement?
- Do we need to make any last minutes changes to the plan?

# Appendix III

## PCN Community Advisory Council – Interview Template

Candidate:

Interviewer(s):

Date:

Venue:

### Question 1

Please tell us what has inspired you to apply to join the PCN's Community Advisory Council?

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### Question 2

Please describe your understanding of PCNs and the role they play within primary health care?

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**Question 3**

Please describe any relevant experience on a board or community group? What would be your biggest strength or asset to our CAC?

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**Question 4**

What do you understand the role of the Community Advisory Council to be?

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**Question 5**

What do you think are the important health issues and challenges in this area?

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**Question 6**

How do you form opinions about things you have little or no knowledge of?

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**Question 7**

How would you represent the diversity of people that this PCN serves?

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**Question 8**

In serving as a Community Advisory Council member, what would you feel are the biggest things you would need to learn? What would be your biggest worries or concerns?

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What questions, if any do you have of us?

[illegible]

**Panelists, please consider all the available information, then rate the applicant 0–10 (with 10 being the highest) on each of the characteristics:**

- |              |                                   |            |
|--------------|-----------------------------------|------------|
| 1            | Connectedness                     | ( )        |
| 2            | Perspective                       | ( )        |
| 3            | Understands the role              | ( )        |
| 4            | Knowledge of health               | ( )        |
| 5            | Represents the community at large | ( )        |
| 6            | Communication skills/team player  | ( )        |
| 7            | Overall fit for the PCN           | ( )        |
| <b>TOTAL</b> |                                   | <b>( )</b> |

**Please note any comments which may help in the decision making process:**

[illegible]

# Appendix IV

## Outline of Suggested Orientation for CAC Members

### Introduction

- Welcome (PCN Lead, AHS, AMA)
- Brief overview of responsibility re oversight of the operations of the PCN
- PCN's mission & vision
- Purpose of the manual
- Support
  - From PCN Board members
  - Legal counsel (if ever appropriate)
  - PCN Executive Director
  - Other (AMA, AHS)

### History and Mission

- Mission Statement
- History of the PCN
  - Incorporation and go live dates
  - Programs and Services
  - Most recent annual report or summary of program accomplishments

### Responsibilities/Role of a Community Advisory Committee Member

- Description of the CAC Terms of Reference and role of Council Members, CAC Chair etc.
- Purpose and Value of a CAC
- Opportunities for CAC
- Importance of Key “governance principles” as they apply to a CAC
  - Conflict of Interest
  - Confidentiality
  - Attendance
  - CAC Solidarity
  - CAC Communication
    - > Official spokesperson
    - > Requests for interviews

### Strategic Planning

- CAC role and opportunity for impacting PCN strategic planning
- Consideration as to effectiveness of existing programs and services and evaluate existing resources to support the strategic plan
- Documentation of decision making process

### CAC Evaluation Process

- Periodic evaluation of the Council's own performance
- Annual review of past performance
- Individual performance and engagement

### Conclusion

- Summary and thanks
- Recognition that the information may at first be overwhelming
- Offer of support from existing members and external resources

# Appendix V

PCN Community Advisory Council

DAY, MONTH, YEAR

HOUR:MINUTES pm to HOUR:MINUTES pm

ROOM, VENUE

TOWN, AB

## Agenda

		Minutes
1	Approval of Agenda	Minutes
2	Approval of Minutes – DAY, MONTH, YEAR	Minutes
3	Presentations	
3.1	“TITLE of Presentation” NAME of Presenter, TITLE of Presenter	
4	OLD Business	
4.1		Minutes
4.1.1		
4.2		Minutes
4.2.1		
5	NEW Business	
5.1		Minutes
5.1.1		
5.2		Minutes
5.2.1		
6	<b>Next Meeting</b> Date: DAY, MONTH, YEAR Time: HOUR:MINUTES pm to HOUR:MINUTES pm Location: ROOM, VENUE, TOWN, AB	Minutes
7	Meeting Evaluation and Adjournment	Minutes





# Implementing a PCN Community Advisory Council

A workbook with tools for recruitment, selection and orientation

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