

Literature Review for Central Newfoundland Community Engagement Framework

Prepared for:

**The Central Regional Health Authority
The Nova Central School District
The College of the North Atlantic
The Rural Secretariat**

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Executive Summary

Policy and decision makers world-wide share the understanding that active engagement of communities and citizens in policy-making process is key to effective policy making (United Nations, 2007). There is growing documentation in Canada that citizens desire greater input in the public policies that affect their lives (NBHC, 2010). However, there is a need for clarity around effective community engagement and general evaluative criteria. Practical tools, methods and techniques for effective engagement are still emerging (Abelson, Montesanti, Li, Gauvin, and Martin, 2010).

This literature review: (1) outlines contrasting definitions of community engagement, (2) addresses research related to engaging rural communities, (3) discusses empirical and non-empirical research on community engagement frameworks, strategies, and processes from across social sectors and identifies their strengths and limitations, and (4) develops a list of recommendations for the Rural Secretariat, the Central Regional Health Authority, the Nova Central School District, and the College of the North Atlantic in Central Newfoundland for the development of a consistent community engagement framework that enhances the overall social capital and sustainability of Central Newfoundland.

There are an exhaustive number of community engagement frameworks in the world. Although they come from different sectors, the health sector has made the most considerable and significant advances concerning community engagement in Canada over the last decade. Therefore, the literature is saturated with health care community engagement frameworks. However, because health is determined by the interplay of physical, social and economic factors, known as the social determinants of health, these frameworks stand to be highly useful and applicable to community engagement in the Central Newfoundland region.

The overall recommendations are: (1) develop specific and clear definitions of community engagement and use terms consistently, so as to enhance the sharing of best practices, sustainability of the model over time, and develop an effective and consistent evaluation tool; (2) choose a participation continuum that fits the context of decisions that are to be made in Central Newfoundland based on what has been proven effective in other areas of Canada; (3) use a community engagement framework that has been supported and carried out successfully in another comparable region of Canada and ensure it fits into the ongoing community engagement strategies in Central Newfoundland; (4) implement the New Brunswick Health Council framework as it is timely and applicable to Central Newfoundland in terms of scope and process. It is recommended that this framework be enhanced through the addition of a social networking component; (5) adopt evaluation criteria. The major limitation on community engagement frameworks is the lack of clarity around terms and lack of an effective and proven evaluation framework. The Rowe and Frewer (2005) criteria can be adopted as a base for evaluation of the community engagement framework. In addition, the varying contextual variables surrounding the engagement process can influence the effectiveness of the exercise and the impact of the decision (Abelson, Forest, Eyles, Casebeer, Martin and Mackean, 2007).

Introduction

Greater engagement of citizens and communities is becoming a significant and necessary component of many governments, as well as private and public organizations. Policy and decision makers world-wide share the understanding that active engagement of communities and citizens in policy-making process are key to effective policy making (United Nations, 2007). The situation in Canada is no different. There is growing documentation in Canada that citizens desire greater input in the public policies that affect their lives (NBHC, 2010). However, there is a need for clarity around effective community engagement strategies and general evaluative criteria for the exercise. Practical tools, methods and techniques for effective engagement are still emerging (Abelson et al., 2010).

The real value of participation stems from the finding that mobilizing an entire community, rather than engaging people on an individualized basis or not engaging them at all, leads to more effective results (Braithwaite, Bianchi, and Taylor, 1994). Simply stated, change "is more likely to be successful and permanent when the people it affects are involved in initiating and promoting it" (Thompson and Kinne, 1990, p. 46).

The social network that a community can call on for resources and support constitute social capital. Social capital embodies the features of a community, i.e. the networks, reciprocity and trust, that facilitate cooperation for mutual benefit (Putnam, 1995). It is an underestimated component of citizen participation in social, political, and economic life and the well-being of their communities (Policy Research Initiative, 2005). Communities with higher levels of social capital are more effective at addressing social challenges internal and external to the community. By recognizing social capital as an asset to community sustainability, governments can equip its citizens to participate fully in the social and economic life of their communities (Policy Research Initiative, 2005). Networks that help the community see itself broadly and welcome new ideas and partners from the outside facilitate the process. In rural communities especially, a focus on improving social networks, collaboration and participation, can help populations at risk of social exclusion promote community development efforts from within (Kilpatrick, 2009). In Central Newfoundland, social capital and sustainability can be improved through successful and effective community engagement.

Why is community engagement important?

For individual participants, higher levels of satisfaction with communication of objectives, adequacy of information materials provided, and logistics and management of the deliberation process are reported in well-designed interactive public engagement processes. Increased levels of topic-specific learning are also commonly reported (Abelson et al., 2010).

For communities, community engagement is integral to ensuring policy decisions regarding resource allocation are conducive to the communities they effect, that policy decisions and interventions are timely, effective, and relevant (Morris, 2006).

For policy and decision-makers, successful community engagement ensures resources are allocated to publicly identified priorities, thus enabling limited resources to be spent on the most significant and timely issues (Newdick and Derrett, 2005). In some cases, this means building decisions from the ground up with community input from the outset. Regions are specific, and therefore, decisions should be made based on regionally specific priorities.

For the government or decision-making organization, successful community engagement can restore citizen confidence in the system. Transparency is important when making health care decisions that effect entire populations, because often the demand for resources exceeds the supply of resources (Newdick and Derrett, 2005).

Partnerships play a central role in promoting the effectiveness of community engagement strategies. The institutionalization of these partnerships beyond their active phase is critical to enabling sustainable change.

Competing Definitions of Community Engagement

There are many terms that denote engagement of the public, which were used in the search of literature, including these configurations:

public			involvement
community		+	engagement
citizen			participation
civic			

Although each of the following terms has a sound base, there remains an inconsistency in terminology world-wide:

Citizen Engagement

The New Brunswick Health Council defines citizen engagement as “a way for people to have a say in how public policy is shaped. This requires that citizens be well informed about the issues, and that they be given meaningful opportunities to share their views. It also requires that governments be open and listen carefully to the voices of citizens.” (NBHC, 2010).

Health Canada differentiates between a process of engaging citizens and a formal citizen engagement process. In the context of a process of engaging citizens, they state that ‘citizen engagement may be as simple as taking part in a focus group, answering an opinion poll, signing a petition or making a presentation to an advisory panel or board of trustees’. However, they assert that a formal citizen engagement process ‘means becoming more actively involved in an issue over a longer period of time, ideally through substantive, deliberative dialogue that promotes mutual learning, shared decision making, and possibly ongoing partnership and collaboration’ (Health Canada, 2000).

This is potentially an important distinction to make in this report. The Nova Central School District, for example, has a process of engaging citizens. They are, however, interested in developing a formal citizen engagement process, that engages their community in a timely, applicable issue through substantive engagement that promotes learning, shared decision making, and sustainable partnerships and relationships within their communities.

Engaged Governance

The United Nations coined the term Engaged Governance to mean “an institutional arrangement that links citizens more directly into the decision-making processes of a State so as to enable them to influence the public policies and programmes in a manner that impacts more positively on their social and economic lives” (United Nations, 2007, p. 33).

Civic Engagement

In the United Nations Civic Engagement in Public Policies Toolkit, Civic Engagement is defined as “individual and collective actions designed to identify and address issues of public concern” (United Nations, 2007, p. 35)

Interactive Public Engagement

In 2010, CHSRF published a report on interactive public engagement titled “Effective Strategies for Interactive Public Engagement in the Development of Healthcare Policies and Programs”. They define interactive public engagement as “a category of methods for involving citizens in healthcare decision-making that incorporates at least three key elements: (1) the provision of information to participants about the topic-issue being discussed; (2) the opportunity for interactive discussion among participants and potentially between participants and the public engagement sponsors; and (3) an explicit process for collecting individual or collective input.” (Abelson et al., 2010, p. 5).

Community Engagement

Halifax Regional Municipality defines community engagement as “the process of working collaboratively with and through groups of people to enact positive action. It includes information sharing, consultation and active involvement in decision making” (Halifax Regional Municipality (HRM), 2008, p.10).

The New South Wales government Department of Planning in Australia define community engagement as a term that “broadly captures public processes in which the general public and other interested parties are invite to contribute to particular proposals or policy changes. Community engagement has the potential to go beyond merely making information available or gathering opinions and attitudes. It entails a more active exchange of information and viewpoints between the sponsoring organization and the public, however this public is defined” (Planning NSW, 2003).

The Tamarack Institute, an institute for community engagement in Canada define it as “people working collaboratively, through inspired action and learning, to create and realize bold visions for their common future” in their report “Our Growing

Understanding of Community Engagement (Tamarack, 2003). However, in their report “Measuring More Community Engagement, published in 2010, they determine this previous definition as too broad to measure and have re-defined engagement in communities as “citizens participating in a meaningful way” which they see as more precise and useful when determining tools to measure engagement (Tamarack, 2010).

The Centers for Disease Control and Prevention in the United States define community engagement as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.” This definition delineates what is meant by ‘community’ (Tamarack, 2003).

In sum, community engagement can be thought of as a multi-level concept, ranging from engagement in policy development, partnerships with organizations/agencies/authorities and consumers to plan local services, to individual engagement with programs (Kilpatrick, 2009). It means that communities are informed of issues, have input in determining local and regional priorities, are at the center of the engagement process, and have a voice that is not only heard, but incorporated into the decision making process (NBHC, 2009). Common terminology is needed across research and practice disciplines, geography, and sectors of society to achieve meaningful progress in the future for a sustainable, multi-sectoral, evaluative and consistent approach to community engagement (Abelson et al., 2010). Innovative research-practice partnerships, such as this one, can facilitate these advances.

An essential element of community engagement is *informed participation* by the individuals, community-based organizations, and institutions that are affected by policy and programming decisions. Informed participation in decisions about policies and programming is the backbone of a transparent and ethical democratic system (Andress, 2010; Kilpatrick, 2009). Informed participation in decision-making exists when citizens are able to engage in an informed discussion directed at the exploration of a particular subject or resolution of a problem (dialogue).

Central to the definition of community engagement is *clarification on who is included and who is excluded from the decision*. Community engagement initiatives must clearly define what “community” they wish to engage. From a sociological perspective, community refers to a group of people united by at least one common characteristic. This characteristic could include geography, shared interests, values, experiences, or traditions.

Also key is clear delineation of the limits of the decision-making power being afforded community stakeholders in the engagement exercise. This involves *clarifying the limits on the community’s influence in the process*, especially in situations where the decision making power ultimately rests in the hands of the government or decision making authority (Abelson et al., 2010). Without a clear understanding of the situation, a sense of distrust can easily be generated in the community regarding the engagement process and the decision-making authority.

The Importance of a Clear Community Engagement Framework

If community engagement does not seek to fully inform and engage the community, it can be viewed as: (a) manipulative, by not fully informing the community with respect to the whole story behind an issue; (b) tokenistic, by claiming to involve the broader community but responding only to dominant voices; (c) as a means of defusing opposition or raising false expectations; or (d) as a substitute for sound policy making (Planning NSW, 2003, Butterworth and Fisher, 2001).

Effective community engagement strategies are conducted in a sound, transparent manner that provides the community participants with an accurate understanding of the decision, the decision-making process, and all possible outcomes (Abelson et al., 2010).

Rationale for Choosing a Community Engagement Framework

In Appendix B, are noteworthy community engagement frameworks from the United Nations, Australia, the USA, the UK, and Canada. Although they come from different sectors, the health sector has made the most considerable and significant advances concerning community engagement in Canada over the last decade. Therefore, the literature is saturated with health care community engagement frameworks. However, because health is determined by the interplay of physical, social and economic factors, known as the social determinants of health, these frameworks stand to be highly useful and applicable to the Central Newfoundland region.

Community engagement in health. Debate and focus on Community Engagement in health systems world-wide is becoming more prominent (Kilpatrick, 2009). There is evidence that citizen participation in decisions about their own health care makes a difference. However, communities need to be engaged in order to create this positive change.

Community engagement in education. Community engagement involves the establishment of partnerships between the education institution and its regional community that bring genuine mutual benefits. Within a post-secondary system, benefits to the college or university involve the institution being better able to meet its strategic goals in terms of teaching and research, as well as providing access to additional resources (Wallis, Wallis and Harris, 2005).

Community engagement in community development. The benefits that flow to the community can include: productive research outcomes, regional economic growth, linking the community and the world (boosting local/global connectivity), social capital and community capacity development, human capital development, development of corporate and private citizenship attributes and social change (Wallis, Wallis and Harris, 2005).

Community engagement in rural communities. A pan-Canadian definition of “rural” is not currently in place, though the Rural and Small Town (RST) classification system, from duPlessis, Beshiri, Bollman and Clemenson (2002), is the one most generally adopted by

Health and Statistics Canada. Precedence is placed on degree of integration of a community, as a measure of commuter flow, with larger urban centers. Commutability influences access of smaller communities to health and education facilities, financial institutions, shopping centers, cultural centers and sports facilities (duPlessis, et al, 2002). Urban areas are classified as Census Metropolitan Areas (CMAs), which have populations over 100, 000 or Census Agglomerates (CAs), which have populations between 10, 000 and 99, 999. A Metropolis Influenced Zone (MIZ) is an area within commuting distance of a CMA or CA that is socially and economically integrated with the larger urban centre. Rural and Small Towns (RSTs) are distinguished from MIZs, because they lie outside the commuting zone of a CA or CMA. According to this definition, Central Newfoundland is made up of rural, metropolis influenced, and census agglomerate urban zones.

Challenges remain for government to ensure that Canadians in rural regions receive comparable access to social services as their urban counterparts. The issue of social service access in rural areas directly impacts a third of Canadians and over half of Canada's Aboriginal (First Nations, Inuit and Metis) populations (Laurent, 2002; Kirby, 2002; MACRH, 2002; Romanow, 2002). It is essential that governments, social organizations and citizens take appropriate action to address and ameliorate this inequity in Canada.

Rural communities especially, comprise diverse groups, and some of which are vulnerable (youth and aboriginal populations). Therefore, knowledge of the local context and culture is essential to designing and implementing services. However, local and larger concerns regarding allocation of resources are often in conflict (Kilpatrick, 2009). The approach and technique of sustaining partnerships plays a critical role in the development of effective engagement strategies that seek to address the complexities and multi-faceted nature of the social determinants of health in rural areas, including health services, education, social and physical environments, employment and working conditions, etc. and must be given priority in the design of public engagement processes (Abelson, 2010).

A generic public participation exercise can be successfully implemented across a variety of issues under varying circumstances (Abelson et al., 2007). However, this should not downplay the importance of matching the method of community engagement with the context of the decision, especially in geographically, economically, and culturally diverse regions in Central Newfoundland. Contextual information associated with the public involvement process (i.e. the issue, the attributes of the decision, the culture of the decision-making authority and the community) can influence whether or not public participation exercises are successful and some aspects of context are more important than others (Abelson et al., 2007). Most importantly, attention should be paid to the types of issues and decisions for which the decision-making authority is seeking public input, because, ultimately, this can determine what level of participation is desired and what public participation method should be used.

Understanding a rural place is a prerequisite for effective development. According to a literature review completed on community engagement for health service development in rural Australia, understanding the specific rural place facilitates alignment between programs and community expectations, customs, values and norms, assists in identifying and

incorporating relevant community assets, including social capital, skills and local organizational contexts and provides information about health needs and priorities. They concluded that rural community engagement should be multi-faceted, occurring at multiple levels of the participation framework. It requires time and commitment from local, regional, provincial and national health authorities. The increased likelihood for rural citizens to be more engaged in their own healthcare, due to their requirements for greater self-reliance, suggests a receptivity to being involved (Kilpatrick, 2009).

Understanding “rural place”: (i) facilitates alignment between health programs and community expectations, customs, values and norms; (ii) assists in identifying and incorporating relevant community assets, including social capital, skills and local organizational contexts; and (iii) provides information about health needs and priorities. While the challenges of engaging rural communities in a representative manner are considerable and have not been carefully studied, there may be opportunities for learning between rural communities in Canada (North West LHIN, 2009).

Public Participation as a Key Component of Community Engagement

Participation remains a complex concept. It serves multiple purposes and has multiple meanings, levels and methods. Despite numerous conceptual frameworks dating back to Sherri Arnstein’s famous ladder of participation in the 1960s, many public participation studies have suffered from a lack of precision about the purpose, features and dimensions of participation.

Over the last decade or so, governments and affiliated organizations have begun developing a wealth of public participation frameworks to guide design and evaluation (e.g., Vancouver Coastal Authority; Calgary Health Region; Winnipeg Regional Health Authority; Health Canada). Participatory approaches are more routinely designated as information, consultation or public participation or as deliberative vs. non-deliberative or ‘traditional’ methods.

Literature tends to situate engagement processes along a continuum, largely tailored from Sherry Arnstein’s Ladder of Participation (Arnstein, 1969). Three of these continuums are outlined below.

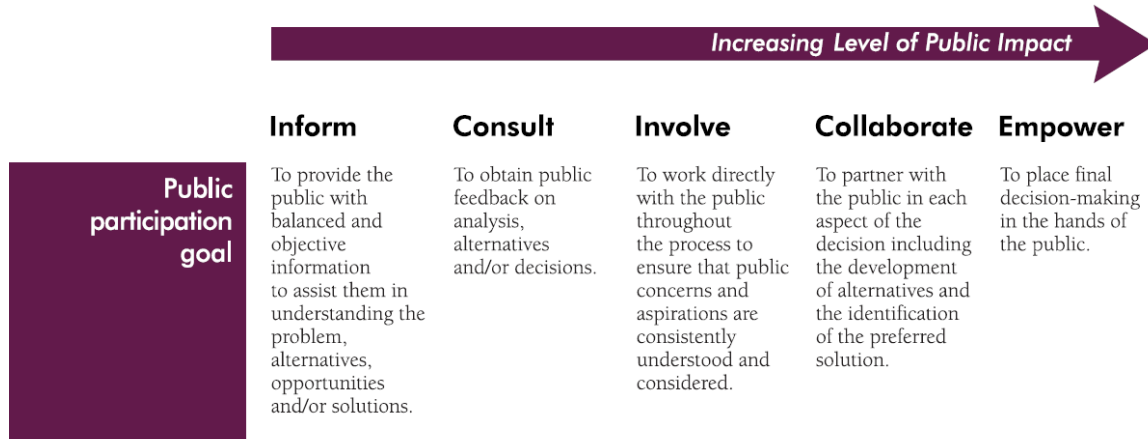
Arnstein’s Ladder of Citizen Participation (Arnstein, 1969)

Arnstein offered a typology of citizen participation in the form of an eight rung ladder, each rung representing a level of citizen power. The rungs moved from manipulation and therapy, through consultation and placation to partnership, delegated power and citizen control.



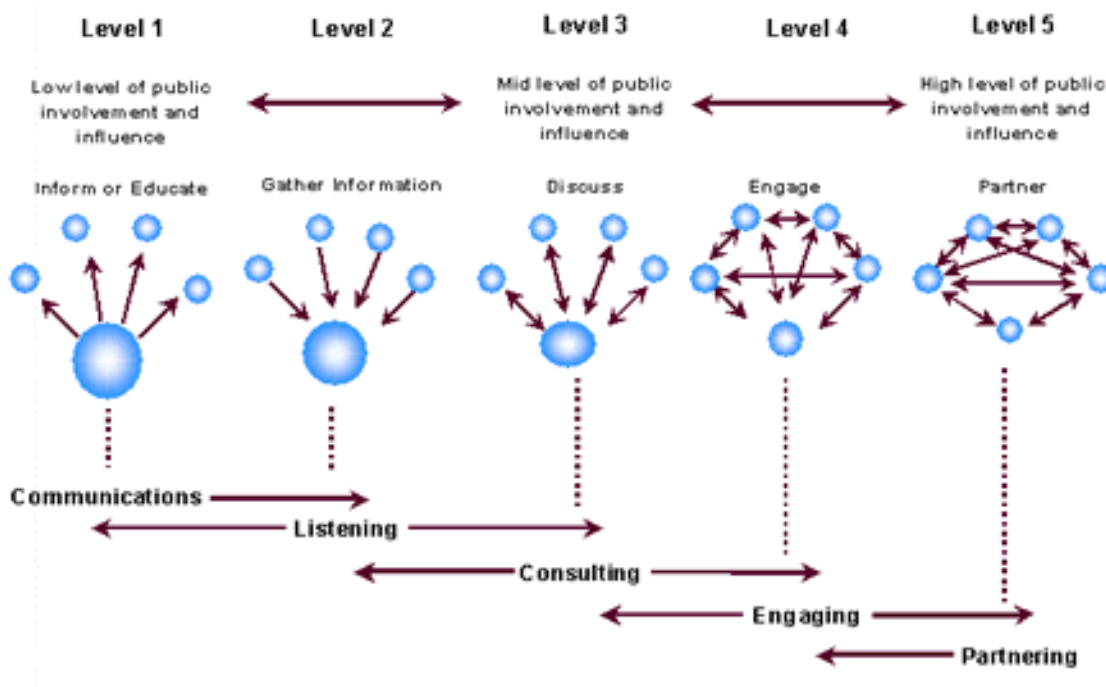
IAP2 Spectrum of Public Participation (IAP2, 2011)

The International Association of Public Participation (IAP2) uses the following Spectrum of Public Participation. Each of the five categories of engagement contains a commitment to those who are involved in the process. Details on this spectrum can be found on their web site: http://www.iap2.org/associations/4748/files/IAP2%20Spectrum_vertical.pdf



Health Canada Public Involvement Continuum (Health Canada, 2000)

Health Canada also has a public participation continuum, which provides detailed guidance during the preparation stage of any public involvement initiative (Health Canada, 2000).



The continuum consists of five levels of public involvement. Each level of public involvement is equipped with a set of criteria. These criteria determine the main objectives of the public involvement levels, guide the planning process, and indicate which level of involvement is needed. In addition, there is a selection of techniques for engaging the public at each level. The continuum outlines a clear process for selecting level of involvement and the best suited technique or combination of techniques required and possible depending on objectives, resources available, and other contextual factors (Health Canada, 2000). The details on this continuum can be found in the report on-line: http://www.hc-sc.gc.ca/ahc-asc/alt_formats/pacrb-dgapcr/pdf/public-consult/2000decision-eng.pdf

Using this continuum helps align public involvement methods with the objectives and level of influence appropriate to each decision. For example, in a crisis situation, the objective would be to make decisions and inform the public about these decisions and their rationale (level 1). In a less urgent situation, the objective might be to achieve a shared understanding of an issue among stakeholders, making a dialogue appropriate (level 4). According to Health Canada, no one level is "best". Usually, a variety of involvement methods, started early in the decision-making process, produce the "best" outcome. In this continuum, consultation refers to levels 2, 3 and 4 (that is, levels through which Health Canada seeks input for its decisions).

The New Brunswick Health Council uses the Health Canada continuum to determine what level of public involvement is necessary before applying their community engagement framework.

Community Engagement Frameworks/Models/Strategies

INTERNATIONAL

(1) The United Nations

Civic Engagement in Public Policies Toolkit (United Nations, 2007)

This toolkit was developed as a practical guide for government, decision makers, civil society and stakeholders when they are engaging communities in decisions surrounding public policy. It is designed to be adapted to the specific needs (political, administrative, technological and financial realities) within communities world-wide. The toolkit stresses the importance of a harmonized approach and logical framework for engaging communities through information, consultation, brainstorming, and action. The toolkit outlines an easy to follow approach on how to facilitate dialogue and strengthen partnership between governing authorities and citizens. It revolves around four fundamental questions: Why do we need civic engagement? Who are the main stakeholders involved? What is the content and what are the outcomes and outputs? and How should we engage the community?

This ‘how’ question provides information on organizing, formulating and implementing activities, determining appropriate processes, mechanisms, methods, and techniques, working within a budget and time frame, and the accountability of the organization.

The Process

The toolkit advises decision-making authorities to conduct two rounds of plenary assemblies in each region and on the area of focus. In the first round, the decision-making authority presents to regional participants on general information about the issue. It is recommended that following the first round, meetings are held in micro regions (neighborhoods) without the participation of the authority to determine a list of priorities from within each micro region.

The second round of assemblies brings together the whole region again and, ultimately, should define policies and projects to be implemented by the decision-making authority. It is expected that at this stage, participants should have acquired sufficient information to promote priorities within their communities and make informed decisions.

Strengths:

- Harmonized approach, so can be applied to a broad array of issues and decisions within different social sectors
- Situated within the IAP2 public involvement continuum
- Includes a stakeholder analysis table to help determine the priority of participants to be involved in the decision
- Has evaluation component

Limitations:

- May be too broad and abstract – focus is on reaching Millennium Development Goals world-wide

- Meant to guide governments in alleviating poverty, improving governance in developing countries and this may or may not be applicable to rural Newfoundland
- Evaluation component does not have a strict framework

(2) Australia: Community Engagement Handbook (LGA and GSA, 2008)

The Local Government Association (LGA) of South Australia and the Government of South Australia (GSA) completed this handbook in March 2008 as part of a larger joint initiative Local Government Community Engagement Project. The Handbook is based on the International Association for Public Participation (IAP2) model (LGA and GSA, 2008).

The LGA and the State Government collaborated on a project to highlight best practices, case study examples and to provide guidance to Councils on practical ways of engaging communities (LGA and GSA, 2007). The first phase initially highlighted several community engagement initiatives in the state of South Australia. Research and feedback from the Councils across South Australia suggested that the handbook needed to be put in place as a practical tool to increase its attraction and consistent and sustainable use by Councils. The handbook was the outcome of the second phase of the project. The handbook was piloted in four Councils and a review was completed by a Reading Reference Group (made up of city Councils and other social and economic government and non-government organizations).

The Framework is clear and detailed and consists of 5 multi step phases:

- 1) Planning for community engagement – a 7-step process.
- 2) Planning for community engagement strategy – a 6-step process.
- 3) Implementing a community engagement strategy – a 3-step process.
- 4) Providing feedback to stakeholders and reporting to Council – a 5-step process.
- 5) Compile final evaluation – a 2-step process.

Strengths:

- Has been used successfully cross-sectorally across city councils for many diverse initiatives in South Australia
- Is equipped with process evaluation at every phase and outcome evaluation as part of the final phase of the initiative outlined in the handbook. The handbook has detailed description of this process and there are links on their website for choosing the best framework for evaluating the engagement process
- Community engagement training and development is offered through the Local Government Association of South Australia

Limitations:

- International example. Although Australia's cultural and political landscape is comparative to Canada's, this framework may not be as supported as Canadian frameworks, though there is opportunity for learning from similar regions.

(3) UK: The Higher Education Community Engagement Model (HECEM) (Bonner, 2007)

The HECEM was created in 2003 by several universities in collaboration with the Corporate Citizenship Company and based on the London Benchmarking Model, which has been used by several large companies to measure contributions to the community. It was piloted in 2003, underwent a large-scale evaluation and was open for use by any Higher Education Institution in 2006.

Consists of conducting a survey in a three stage process:

Stage 1: Scope of Survey and Conducting the Survey

Stage 2: Analysis of the Survey

Stage 3: Dissemination of the findings

Strengths:

- Can reach a large population
- Inexpensive

Limitations:

- Inflexible
- No way to ensure that everyone will reply
- May not apply to sectors outside of education
- No open-ended questions
- No evaluation component

(4) USA: America Speaks (AmericaSpeaks, 2011)

America Speaks is a Washington based non-profit community engagement organization whose mission is to engage citizens in public policy decisions that affect their lives. One of their facilitated deliberative methods of engaging citizens is the ‘21st Century Town Hall Meeting’ that allows for facilitated discussion for up to 5000 participants.

AmericaSpeaks have worked with regional planning groups, local, state and national governing organizations in the United States and other national and international organizations. In Newfoundland, the Rural Secretariat has been using AmericaSpeaks method the ‘21st Century Town Hall Meeting’ in Newfoundland for the past year.

21st Century Town Meetings use traditional participatory approaches that involve a day of facilitated table discussions, allowing groups of 10 participants to interact and engage in conversation with each other. In addition, computers are used to record ideas and voting key pads identify recommendations favored by participants, identify topics for further elaboration and discussion, and evaluate each meeting.

The meetings are highly scripted, and follow a very detailed and structured process. Although the package is very well organized, it is expensive and there have been no large scale evaluations on its impact and effectiveness as a community engagement model.

Strengths:

- Well-funded and well-known approach to community engagement
- Can be used to engage communities in a broad range of public policy issues
- Well-organized and structured process
- Currently being used in Central Newfoundland by the Rural Secretariat
- If the issue is broad, focuses on identifying priorities or community perspectives on needed services or resource allocations, then the process is low risk

Limitations:

- Expensive
- Nothing new in terms of public participation approaches
- Despite its claim to be a new-age, innovative approach, there is no social networking component, which helps in rural regions, or when people have to travel great distances
- Facilitators need to be trained
- No formal evaluation in place

CANADA

(1) The Canadian Policy Research Network's 'The Society We Want (TSSW)' (Wyman, Shulman and Ham, 2000)

TSSW is a highly structured public dialogue process that brings together small groups of Canadians to talk about issues in their country. It was piloted between April 1996 and February 1998, when 3000 Canadians engaged in 187 dialogue groups of between 8 and 12 people to deliberate on social policy issues, including *Our Children, The Social Safety Net, Health, The Role of Government, and Work* (Wyman, Shulman and Ham, 2000). The Society We Want (TSSW) is 'a space for citizens to reflect on key social and economic policy issues...shaped and delivered by the voluntary sector and community groups, more specifically, it was designed by twelve national non-profit organizations (National Advisors to TSSW currently include the Anglican Church of Canada, Canadian Ethnocultural Council, Canadian Home Economics Association, Canadian Library Association, Catholic Women's League of Canada, Community Foundations of Canada, Democracy Education Network, Family Service Canada, Frontier College, Imagine Program of the Canadian Centre for Philanthropy, Movement for Canadian Literacy, National Association of Friendship Centres, Privy Council Office, The Association of Canadian Clubs, United Way of Canada, VISION TV, and the YWCA of Canada).

Since its inception, TSSW has focused on two main issues that are priorities for people in Canada – the health care system and the changing nature of work.

The Process

'Public dialogue' brings together a small group of people for a period of two or three hours during which time a volunteer moderator guides the group through a dialogue process with the help of a detailed 'Issue Guide'.

The issue guide was generated as a stand-alone document that can be reproduced for a variety of issues, so that a decision-making authority has everything it needs to undertake a dialogue session. The moderator's materials contain a detailed guide to organize and hold a dialogue group. The participants' materials contain an agenda for the dialogue and basic facts on the issue to be discussed, an issue statement and three different perspectives on the issue (Wyman, Shulman, and Ham, 2000).

Before the dialogue, participants read over the issue guide and the moderator explains how the dialogue works. Participants then introduce themselves and related a personal experience with the issue at hand.

During the dialogue, participants discuss the three different perspectives and say what they think about each. The moderator records this on a flip chart. Participants think of indicators of success and things they wish to see in the future. They then look over a series of "Issue Summary Statements" and indicate how much they agree or disagree with the statement. They then discuss any steps they want to see on resolving the issue at hand.

During the wrap-up, participants are asked to fill out confidential demographic information.

Strengths:

- Successful in engaging 600 people in 4 different provinces in 57 dialogue sessions over four months on improving health care in Canada.

Limitations:

- Requires a skilled and impartial moderator
- The Society We Want focuses on specific topics related to CPRN's areas of interest
- No significant efforts made to encourage recruitment from hard to reach communities (rural, low socioeconomic neighborhoods, elderly, ethnic communities)
- Points to the importance of evaluating engagement based on the objectives and expected outcomes, but TSWW does not have an evaluation framework component
- Out of date

Lessons Learned:

- Participants need to know they are making an impact.
 - Information is shared with participants through a newsletter and web site, but participants were not told clearly that their dialogue would have an impact on policy
- Use small media sources
 - Make use of local media. Newspapers, for example, play an important role in reaching small towns and rural areas.

(2) The Basket Framework (Chafe et al., 2007)

The Basket framework is “designed to assist decision makers in government, regional health authorities or other healthcare providers in undertaking successful and meaningful public engagement around coverage and resource allocation decisions” (Chafe et al., 2007, p. 3).

The framework is divided into two sections. The first identifies and addresses the issues that need to be considered before and during the development of an engagement exercise for coverage and resource allocation decisions. The purpose is not to develop an exhaustive compilation of possible issues, but to highlight central topics about coverage and resource allocation decisions. The second section revolves around the decisions that need to be made when structuring a public participation exercise. It divides these choices into three phases, each consisting of numerous steps.

Phase 1 clarifies the rationale and sets the goal, which helps decision makers determine whether or not to engage the public on the particular issue. The 3 steps are: identify the question, identify the rationale for involving the public, and confirm the decision to engage in the public participation exercise.

Phase 2 deals with the questions concerning the structure of the public participation exercise. Phase 2 consists of 5 steps: specify the task the public will be asked to undertake, confirm the desired level of public involvement, determine the timing of the exercise with the decision making process, select participants, and finalize the structure of the exercise.

Phase 3 deals with evaluation of the engagement exercise and the dissemination of the results. The final two steps are to evaluate the participation exercise and disseminate the findings.

Strengths:

- Timely
- Well-organized and structured through planning, implementing, evaluation stages
- Provides guidance for how to move forward if consensus is not reached
- Has an evaluation component (though specific to this framework)
- Useful in the development of framework, similar to New Brunswick’s model

Limitations:

- No examples of having been put into practice
- May not encompass what is needed across sectors in Central Newfoundland, as it focuses mainly on coverage and resource allocation decisions in health care
- No social networking component

(3) The New Brunswick Health Council (NBHC, 2010)

NBHC put a new community engagement strategy in place last March. The purpose of these sessions was to inform the NBHC's recommendations to health system partners on what the communities believe is required to achieve a citizen-centered health system. The three-phase process designed to involve New Brunswick citizens and stakeholders in a discussion on what people value most with regards to the province's health system and how it can be strengthened and what can be done to improve provincial health outcomes.

Phase 1 focused on exploring citizen's perspectives and concerns of the current health care system in New Brunswick to, ultimately, identify what participants saw as the greatest strengths and challenges.

Phase 2 was an envisioning exercise in which the participants were asked to look to the future to identify what kind of health system they wanted to have and to identify potential solutions or strategies to overcome the obstacles and challenges identified in Phase 1. At the start, snapshots of what was identified in Phase 1 were shown to participants so they could verify the accuracy of the findings.

Phase 3 consisted of exploring areas of common ground and points of divergence that have emerged in the first two phases, in order to identify shared priorities and elements of a common vision that will in turn inform and guide decision and policy making.

The same participants were involved in each phase of the strategy. In Phase 2 The framework has not yet been evaluated (aside from participants evaluating the workshops). The NBHC is working with Julia Abelson on developing a monitoring and evaluation tool for community engagement frameworks and processes. This will take place in Vancouver in May.

Strengths:

- Utilized to engage diverse communities of New Brunswickers in discussion about priorities of the new citizen-centered provincial health care system, whose diverse populations are similar to Central Newfoundland
- Attrition rate below what you see in other engagement strategies that do not offer remuneration.
 - America Speaks attrition rate is 40-50%
 - NBHC attrition rate was 30%
- Timely
- Have created a working relationship with the executive director who is quite keen to share successes and lessons learned with this team in Central Newfoundland
- Supported and funded by CHSRF (a potential funding source for engagement strategy in NL)
- Currently addressing challenges faced in the first application of the framework

Limitations:

- No formal evaluation tool in place yet (but currently developing one with Julia Abelson, a prominent community engagement researcher in Canada)

- Big effort put in to recruiting from hard to reach populations (youth, aboriginal communities, elderly) by providing recruitment firm with different methods of recruiting from these populations, but not overly successful
- No social networking component

Consultation with Executive Director at NBHC:

Lesson learned: “Just because you build it, doesn’t mean they will come. You have to go to them and make it worthwhile.”

- This is in reference to the low attendance of young people, aboriginal people, and elderly people.
 - For example, although provisions were made for travel and lunch was provided, it is hard to get young people to agree to attend a workshop from 9-4 on a Saturday. They will soon be holding a youth-initiative specifically looking at health behaviors. This engagement initiative will be student-run sessions held on the 9 university campuses in NB. To encourage students to attend they are providing a pizza supper and opportunity to win an iPad.
- sub-categorizing the population to ensure representativeness of entire populations creates more obstacles. The key is to be clear about objectives and who you want to include.

Advice:

- Be very clear of where you are on the participation continuum and what you want to accomplish. Do not tell communities you are engaging them if you have already made a decision and intend to inform them of that decision. If you are there to inform and provide rationale for decisions, ensure this is communicated to the community.
- Be realistic about time frame.
 - Allow for more time than expected for recruitment and over-recruit. NBHC had 500 people commit to participating from 5 regions in NB (which took 39,000 calls from the recruitment firm) to ensure statistical significance. Only 310 participants actually showed up.
 - Allow time for translation delays!
- Use social networking.

(4) The North West Local Health Integration Network (NorthWestLHIN, 2009)

The NWLHIN in Ontario covers a very large geographic region that includes towns and cities with large distances between them. While these communities may not be defined as rural in the technical sense, the challenges they face in effectively engaging communities may be comparable.

In 2009, the North West LHIN won an international innovation award from the International Association for Public Participation for its innovative community engagement strategy to reach rural and remote regions in Northwestern Ontario, which

suggests it may be an organization to turn to for guidance about the engagement of rural populations. The key to their success lay in their medium for community engagement – social media. In addition to informant and focus group interviews, an innovative online participation web platform was created with a submission tool for stories and ideas, a conversation guide for participant-led dialogues and a Facebook peer-to-peer outreach campaign (IAP2, 2009). Online resources were also available off line at doctor’s offices, clinics and through the mail. Northwestern Ontario is a geographically large region with a small population dispersed through remote communities. The area consists of several vulnerable rural and aboriginal populations, a challenge for delivering accessible health care services in a geographically and socially diverse region (IAP2, 2009).

Strengths:

- Timely and applicable (similar rural/urban split, aboriginal communities)
- Special emphasis on reaching “hard-to-reach” populations, including elderly, youth, people with low incomes, aboriginal communities, and those facing mental health and addictions challenges
- Successful use of social media
- Can be used in conjunction with another framework
- No recruitment, remuneration, accommodation, food costs
- Abelson et al. (2010) reference this framework as one that can be used as reference for rural communities in Canada

Limitations:

- They have an evaluation plan in place, but no specific framework

Links to the above documents and useful websites can be found in the reference list and appendices at the end of this document.

**CONSULTATIONS IN NEWFOUNDLAND AND LABRADOR
Rural Secretariat**

The Rural Secretariat is a unique and innovative provincial government entity that strives to advance rural sustainability. It does this by supporting citizens to develop policy advice for government on matters deemed to be critical for rural prosperity, creatively engaging citizens and stakeholders groups in respectful dialogue about the future of their communities and regions, and by supporting rural stakeholders including government departments to collaborate more effectively for change (Rural Secretariat Website, 2011).

Consultation with the Assistant Deputy Minister shed some insight into their use of the AmericaSpeaks ‘21st Century Town Hall Meeting’ method for community engagement and highlighted some advice from a government entity that strives to engage communities in discussions and advance rural sustainability through out the province. The Rural Secretariat believes they can learn from the model, but also that AmericaSpeaks can learn from the initiatives the Rural Secretariat have been using in Newfoundland. If a Rural Secretariat led, province-wide engagement strategy is put into

works in the next several years, the 21st Century Town Hall Meeting model can accommodate and engage an impressively large mass of people.

It was made clear in our discussion that, although there is nothing new in the model in terms of engagement techniques, the Rural Secretariat have been using the model for about a year and that it has been successful in holding well-organized and structured sessions. The model is expensive, and there was much emphasis on the fact that the techniques within the model are not new, but because the Rural Secretariat has the resources to use it, it is a well-organized, supported and structured exercise.

Advice:

- Get communities involved in engagement from the very beginning and do not set false expectations of how much they influence the process.
- Make sure to match the costs and benefits. If the decision may be of big benefit to the communities, they will be more willing to participate. Do not put big financial backing behind small-scale decisions.

Central Health

Central Health is recognized throughout the province for its stellar community engagement process based on the Primary Health Care model of service delivery. Through Community Advisory Committees (CACs), there is an ongoing engagement process with representatives of the ten geographically defined health services areas within the jurisdiction of Central Health. The Central Health Board of Trustees appoints this group through a community nomination process. The nomination process for CAC members is designed to include: (1) *geographic representation* of communities in the health services area, (2) *demographic representation*, i.e. seniors, youth, and (3) *partner representation*, i.e. municipal government, education, justice, pastoral care.

The CACs are co-chaired by a member of the Board of Trustees of Central Health, generally from the health services area, and an elected member of the group. There are often links through the CACs with the other partners for this project, including education and the Rural Secretariat. Work of each CAC is reported back to the Board of Trustees at each board meeting. The CAC works in consultation with leaders and service providers in the health services area to complete comprehensive needs assessments that are regularly updated. This includes partnerships with other agencies throughout the community, which impact on the health of individuals and the community at large. From these assessments, health needs of the specific area are determined. These needs encompass a broad range of social determinants of health. The CAC sets direction for delivery of services to meet the identified needs from within each area. While these groups are not designated to make decisions about the specific delivery of health care services in each area, they do work in consultation with Central Health in the broader sense of setting direction related to the health of communities and providing input into what services are needed to meet the needs of the community.

Advice:

- The CACs will need to be involved in moving forward with these recommendations, as they are recognized as an important stakeholder representative of the geographic area in which they are established.

Community Sectors Council (formerly known as Community Services Council(CSC))

The CSC is a charitable organization dedicated to advancing the distinct role of the community sector. They also serve as a resource centre for the voluntary and community sector in Newfoundland and Labrador. Among other things, they convene meetings for information-sharing and networking, offer workshops, training and learning opportunities, operate a phone line to provide guidance and assistance to volunteer and community organizations, undertake research and planning, design and deliver innovative programs, and facilitate policy dialogue (CSC Web site, 2011). Consultation with the Research Associate of the CSC illustrated that this council does not have a formal engagement strategy in place when determining projects throughout the province, rather they adapt the community engagement strategies to the specific projects. Projects are developed through dialogue and consultation with communities. There was particular notice of the importance of sustaining relationships with communities and community organizations and the value of having a community facilitator within each community. The CSC makes sure to engage and provide transportation, child care, and lunch to organizations and client groups that may not make it out the community meetings. The CSC has turned a lot of attention to social media in the last several years to engage the young population in Newfoundland.

Advice:

- The community facilitators working within communities are invaluable. Make sure you have support from within the community. Think about having community members or people that are well-networked within the community help carry out the engagement exercises.

Newfoundland and Labrador Regional Economic Development Association (NLREDA)

The Newfoundland and Labrador Regional Economic Development Association (NLREDA) represents the 19 Regional Economic Development Boards (REDBs) in Newfoundland and Labrador and the Nunatsiavut Government who perform that role in Northern Labrador. They partner with national and provincial government and non-government organizations to further economic development, promote and facilitate internal communications and employ external strategic communications and marketing approaches, advocate on behalf of REDBs on provincial issues, and provide research assistance and support for any initiative that falls under the core functions of the association. Generally issues are provincial in scope. NLRDA also provide human resource and organizational development to its members and coordinate provincial

initiatives with members and partners related to regional economic development (NLREDA Website, 2011).

The following principles guide public participation in development initiatives within the Regional Economic Development Boards:

1. *People are the primary ingredients of development.*
2. *We must recognize people's knowledge.*
3. *"People" includes youth, women, and other minorities.*

Consultations were held with Executive Director of the Newfoundland and Labrador Regional Development Association (NLREDA), who reported that the NLREDA do not have a formal community engagement strategy in place, but rather use a Logic Model to determine how they make decisions. Logic Models outline a desired outcome and link program resources, activities, outputs, audiences, and short, intermediate, and long-term outcomes related to a specific problem or situation. The models illustrate a sequence of cause-effect relationships to illustrate the path toward a desired result.

It was reported that Regional Economic Development Boards in Newfoundland and Labrador first engage with communities on deciding what ultimate outcomes are desired, and then determine how best to achieve these outcomes. It was highlighted that REDBs work with communities to identify best initiatives and how to get there. REDBs had formal frameworks for engaging communities, but agreements often became too complex, and community organizations had difficulty committing to the process. Specific techniques of engagement are selected based on the type of decision to be made, the community(s) involved, and the context surrounding the decision. REDBs use the following methods of public participation in Newfoundland: public meetings, newsletters, focus groups, questionnaires, and media.

According to the NLREDA Web site (2011), the Newfoundland and Labrador Rural Economic Development Association believe that by using involvement as an element of development, success and buy-in to programs will be achieved. Citizens support programs depending on their contribution to wealth generation and employment opportunities or some other type of rewards.

Advice:

- Know the audience you want to attract. If the decision being made is about prioritizing issues, make sure you engage a diverse population. If the decision is specific, engage a narrower segment of the population.
- Be clear about when it is appropriate to engage communities depending on the specific decision. Make sure participants know how their input will impact on decisions.

Nova Central School District

Consultation with Director of Education of the Nova Central School District, clarified that they do not have a community engagement approach that is based in any particular

literature, but they do have a consultation process based on a specific School Board protocol.

Nova Central School District Consultation Process. The CEO/Director of Education and local trustees for each zone meet once a year with the School Council chairpersons in the zone. The School Council represents school, family and community partnerships that bring together educational professionals, parents, students, and other community members and build on collective knowledge, skills, abilities, interests and resources to enhance education and development of children. Other types of consultation:

1) Board-initiated Consultations

If trustees on the board seek input from School Councils on various matters, such as the strategic plan or a specific policy, the Director of Education will contact the school administrator and inform them about the consultation process for obtaining feedback (i.e. written submission, meeting with the individual School Council, meeting with various School Councils, or formal consultations with School Council chairs, etc). The school administrator informs the Council of the request for information submissions or attendance at a meeting.

2) Communication from School Council to School Board

The school administrator brings the issue to the attention of the Director of Education who responds or communicates with the Council chair. If this response is not deemed adequate, the Council can submit a written request to the Board of Trustees. Administrators and Director of Education are made aware of any and all correspondence between the Council and either the Director or the Trustees.

3) Communications between the Council and an Individual Trustee of the Board

If a Council or individual member of a Council approaches a trustee to discuss issues or advocate for a specific benefit to their school, the trustee must ensure the matter has been brought to the attention of the school administrator and Director of Education. If the matter needs to be addressed at the board level, it is added to the agenda for a regular meeting of the board.

4) Requests for Director of Education or Trustees to attend a School Council meeting

Invitations are sent via school administrator. Director of Education must be notified if a Trustee will attend a Council meeting.

Evaluation: The Missing Piece

Effective evaluations determine what works best and under what circumstances (Jabbar and Abelson, 2010). They are essential to measure performance and compare results across similar programs or across time. By measuring the extent to which policy or program goals are met, evaluations can also respond to perceived loss of public trust and can be used as a mechanism for improving public accountability and transparency (Jabbar and Abelson, 2010).

Public involvement researchers are increasingly looking for an effective evaluation framework to be included as a critical component of community engagement. The literature provides very little consensus about what good or effective engagement is or how it might be reliably measured. There have been considerable contributions to the literature on engagement frameworks in the last decade from a variety of disciplines.

Abelson et al. (2007) note that while efforts have been made to improve the rigour of public participation evaluation, most evaluations still do not provide decision makers with the necessary research evidence to inform subsequent public involvement processes.

Similarly, categories of *contextual attributes* associated with the implementation of public involvement processes could also be developed. These might include, characteristics of the *issue* (e.g., large vs. small scale, degree of scientific uncertainty, information requirements associated with the issue), the culture of the sponsoring organization (e.g., leadership style, level of commitment to and resources available for public involvement) or attributes of the *decision* being made (e.g., type of decision, timeframe, etc.)” (Abelson et al., 2007, p. 2116).

In their article on ‘Effective Strategies for Interactive Public Engagement in the Development of Healthcare Policies and Programs’, Abelson et al. (2010) evaluate interactive public engagement research with regards to effectiveness and the presence or absence of an evaluation framework. See link at bottom of document.

Abelson references Rowe and Frewer as having the most applicable evaluation framework in the literature. According to Rowe and Frewer (2000), who are prominent in the public participation evaluation literature, the Webler (1995) framework is the most comprehensive consideration of the question of evaluation to date, has been used by a number of authors to evaluate a variety of methods, and bears parallels to their own framework. Webler’s framework uses fairness and competence criteria in citizen participation. However, Rowe and Frewer point out that the Webler framework is concerned mainly with the attributes of interaction within a group, while their framework is more general.

The Rowe and Frewer framework includes two main evaluation categories: *acceptance criteria*, which are related to the effective construction and implementation of a procedure, and *process criteria*, which are related to the potential public acceptance of a procedure. In total there are nine criteria used as a basis for evaluation public engagement. These can be found in the table below.

Acceptance Criteria	Process Criteria
Representativeness	Resource accessibility
Independence	Task definition
Early involvement	Structured decision-making
Influence	Cost effectiveness
Transparency	

Rowe and Frewer (2005) note that their framework has the capacity to evaluate engagement techniques and strategies holistically. While the literature tends to focus on one type or the other, Rowe and Frewer believe that both are needed for method evaluation. For example, if the procedure is well organized and structured, but the public perceives it as being unfair, it may not alleviate public concern. Conversely, if participants accept the procedure and its recommendations but the ultimate decision is reached in an ineffective way, the implementation of the decision may be damaging to both the decision-making authority and the public. Both the decision-making organization and the participants must perceive the framework as effective.

It should be noted that a major gap identified by Jabbar and Abelson (2010), is that evaluation tools do not acknowledge that different individuals and stakeholders involved in the decision making process have different objectives. This is especially salient since varied perspectives can mean that different groups identify different criteria for engagement effectiveness.

Recommendations

Recommendation 1: Develop specific and clear definitions of community engagement and use terms consistently. This is necessary to enhance the sharing of best practices, track improvements over time, and in the development of an effective and consistent evaluation tool.

Recommendation 2: Choose a participation continuum that fits the context of decisions that are to be made in Central Newfoundland based on what has been proven effective in other areas of Canada. This will help in the initial stages of creating the framework and will help in placing the engagement process along a continuum. NBHC uses Health Canada's Public Involvement Continuum.

Recommendation 3: Do not build a community engagement framework from the ground up and ensure it fits well into current engagement exercises in the region. Use a community engagement framework that has been supported within Canada (if seeking funding from CHSRF, determine which frameworks they have financially supported) and utilized successfully in another comparable region of Canada (New Brunswick Health Council)

Recommendation 4: The New Brunswick Health Council framework is most applicable to Central Newfoundland. It is recommended that this framework be combined with a social networking component, such as the IAP2 Award winning LHIN Northwest Ontario Award Community Engagement Strategy, due to the rural nature of the community and difficulty reaching some rural areas in Central Newfoundland.

Recommendation 5: The major limitation on community engagement frameworks is the lack of clarity around terms and lack of an effective and proven evaluation framework. Evaluation is an integral piece of ensuring effective community engagement. It is recommended that this committee adopt the Rowe and Frewer criteria as a base for evaluation of the community engagement framework and that special attention be paid to the varying contextual variables surrounding the engagement process that can influence the effectiveness of the exercise and its impact, especially the external political environment and the culture of the decision-making organization (Abelson et al., 2007).

Note: The above recommendations do not discredit the important and significant advancements that have been made in community engagement strategies in Central Newfoundland at present. If the recommendations are accepted, they should incorporate and enhance current engagement efforts and be implemented within the limits of available financial and human resources to be of benefit to the region.

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Appendix A

Approach to the literature review.

Email Correspondence:

- Linda Brett, Rural Secretariat
- Tanya Noble, Rural Secretariat
- Cindy Fleet, Central Noval School District

Consultations:

- Executive Director Ted Lomond, NLREDA
- Research Associate Fran Locke, Community Sector Council (previously known as Community Services Council)
- Executive Director Shirley Smallwood, New Brunswick Health Council

Because we are looking at multi-sector community engagement frameworks, I began by searching Memorial University's Library Catalogue and Google Database Search Engines using the following key words:

public		engagement		policy
civic	+	participation	+	
citizen		involvement		
community				

Selected Website Search:

- NLREDA
- Central Nova School District Web site
- Eastern School District Web site
- Public Health Agency of Canada
- Canadian Health Services Research Foundation
- United Nations
- Tamarack Website
- Canadian Policy Research Networks
- International Association for Public Participation
- Regional Health Authority Websites
- Halifax Municipality
- New Brunswick Health Council

The search yielded empirical, non-empirical, and grey literature reports from around the world. Many frameworks are in use around the world. However, the majority of research and application of community engagement frameworks internationally, nationally, and provincially are within the health sector. The frameworks are generally adapted to respond to any public policy issue surrounding the social determinants of health (including physical and social environment, economic). Because a source of funding for this project will be sought from CHSRF, it makes sense to use a framework that has been

supported by this foundation, has been tested and evaluated and has sound application for the social determinants of health. This led to a more focused search within the health sector.

Appendix B

Links to Websites for further information:

Canadian Health Services Research Foundation. www.chsrf.ca

New Brunswick Health Council. www.nbhc.ca

Tamarack Community Engagement. www.tamarackcommunity.ca

International Association of Public Participation. www.iap2.org