COMMUNITY ADVISORY COMMITTEES	Section __ – __

Issuing Authority (sign & date) **DRAFT**	**Judy O'Keefe- Vice President**
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Overview

Eastern Health's vision *of "Healthy People, Healthy Communities"* must be greatly informed by the lived experience of the citizens who live in our communities.

In an effort to engage with communities in a way that is both meaningful and contextual, Eastern Health will work in partnership with local communities to develop Community Advisory Committees (CACs), representing the geography of the health authority. Community engagement will be a key tool in the development and sustainability of CACs. The determinants of health will be foundational in their work.

Community Engagement

Community engagement is informed by the following concepts:

- Informed and meaningful participation
- Diversity of voices and perspectives
- Acknowledgement that all citizens are stakeholders
- Awareness that each community is unique with its own challenges and strengths

- Interactive communication
- Sustained partnerships
- Processes for collecting individual and/or collective input
- Clear delineation of decision-making power given to community stakeholders

The determinants of Health refer to the factors which influence the health of individuals and communities, including:

- income and social status
- social support networks
- education
- employment and working conditions
- physical environments
- inherited factors in determining health outcomes
- personal health practices and coping skills
- child development
- health services
- gender
- culture
- social environments

POLICY

In partnership with local communities, Eastern Health shall establish and provide ongoing support to Community Advisory Committees (CACs) in order to meaningfully engage and seek the advice of community members on local and/or regional priorities which impact the health of their communities. Ongoing support will include the assistance of Eastern Health staff in developing action plans and subsequent initiatives that will benefit community health. CAC embers will also be supported to attend meetings via remuneration for travel expenses (e.g. mileage) and provision of nutrition breaks during meetings.

Scope

This policy applies to all Community Advisory Committees formed within Eastern Health.

Purpose

The purpose of this policy is to:

1.1 Establish clear guidelines for meaningful involvement of communities and community members in the prioritization, development, implementation, and delivery of local health priorities through the formation and operation of Community Advisory Committees (CACs).

CACs will be engaged in an ongoing relationship with Eastern health, acting as advisers to the health authority on the health of their CAC catchment area.

CACs will annually engage in priority setting and the development of a plan based on the identified challenges and strengths, leading to planning of activities which contribute to the health and well-being of the community

1.2 Ensure Eastern Health, via Primary Health Care, is prepared to provide necessary practical and organizational support to Community Advisory Committees.

1.3 Aid in determining the function and operation of Community Advisory Committees across Eastern Health

Procedure

Structure and Establishment of CACs

- Purpose/Mandate of CACs- CACs will be established to engage residents in providing advice on the planning, implementation, and evaluation of initiatives to improve the overall health and well-being of residents within a specific geographic area, while also exchanging information and liaising with the Board of Trustees and/or Eastern Health executive leadership, and frontline management teams on local perspectives, trends, issues and priorities.

- Membership Composition – Wherever possible, CACs should consist of members who represent the diversity of the region in terms of: geography, education, age, ability, gender, economics, and ethno-

cultural background. Regional and local variations in CAC composition are expected. While a CAC comprised of 8-15 members would be ideal, committee size may vary based on the context, including population size, of the local region.

Recruitment

CACs should attempt to recruit representatives from various sectors of the community; ensuring diversity**.** The geography of the CAC catchment area will be represented via committee membership.

Initially, committee members will be recruited from individuals who attended the Eastern Health Community Consultations. Once spaces become available on CACs, recruitment will occur using community engagement principles, ensuring that communities are aware of membership opportunities.

CAC community membership will be open to anyone who lives or works within the boundaries of the CAC region and who

- is willing to work in partnership with others
- respects the perspectives of others and is willing to work in a collaborative manner with CAC members
- reviews and signs a Confidentiality Agreement, if required
- if employed by Eastern Health, must be a non-voting CAC member
- attends meetings regularly
- commits to listen and learn from relevant information
- works with the community to identify strengths and challenges
- understands that the purpose of the CAC is to provide input, but that recommendations may not necessarily be adopted or feasible based on availability of resources
- participates in initiatives led by the CAC
- provides guidance to Eastern Health on strategies to

further engage the communities they represent

- provides other advice and assistance as Eastern Health may request

- consults with the residents of the communities they serve with respect to the social determinants of health

Recruitment Methods

Eastern Health shall use multiple methods to recruit members to CACs, including:

- social media;
- paper-based media (e.g. newsletters/posters)
- open advertisements
- approaching local organizations

Health Equity

CACs will ensure that community members who may be marginalized or experiencing poor health outcomes have an opportunity to share their unique perspectives via committee membership and/or a community engagement process that is inclusive. Recruitment efforts will reflect this comment to health equity.

Eastern Health Staff as CAC Members

Eastern Health staff acting on behalf of their employer are welcome to participate as non- voting CAC members. They will be invited to provide valuable perspectives based on their work within the region. The number of Eastern Health members or representatives participating in CAC meetings shall be balanced with the necessity of providing space for community participation.

Governance of the CAC

Wherever possible, CACs should follow a co-chair leadership model with one chair chosen from the community and one from Eastern Health (non-voting). The Eastern health co-chair will most often be a primary health care staff person.

Eastern Health

Accountability / Reporting Structure

CACs shall report either to the Board of Trustees, or to the executive leadership of Eastern Health (Vice President responsible for Primary Health Care), via the Director of Primary Health Care, in order to demonstrate a high-level commitment to consider the advice and recommendations of the CAC in regional and/or local health policy and program planning, implementation and evaluation.

Each CAC may include a representative from the Eastern Health Board of Trustees **and/or** senior leadership team. The CAC reporting structure does not require a regional health authority executive leadership representative to attend all CAC meetings, although every effort should be made to have executive leadership participate in meetings when possible.

Priority Setting

CAC priorities will be set through a process of engagement with the community, particularly community members who may be marginalized or experiencing poor health outcomes; analysis of government and regional health authority strategic priorities; and review of local challenges and resources and available data.

CACs will then utilize the information/data gathered through community engagement to guide the development of a two-year work plan that will guide their work.

Appointment Term

Where membership recruitment is not affected by a limited pool of local candidates, CACs shall appoint members for staggered two- and three-year terms with the opportunity to serve one additional term.

CAC Networking

Biannually, CAC members will be invited to a networking event that will encourage the sharing of resources and ideas. The purpose of this event, which will be planned by primary health care staff and CAC members, will be two-fold. First, the event will provide opportunities for CAC members to network and share resources and ideas. Secondly, information will be presented at the event which will be relevant to all CACs (e.g. presentation on mental health resources). Additional networking opportunities will also be developed.

CAC Meetings

Timing and Frequency of Meetings

The frequency of meetings shall be determined with the input of all CAC members, with consideration given to the committee work plan and identified priorities.

The recommended meeting frequency is bimonthly without meetings being held in July and August. However, monthly meetings may be held when committees are initially forming and beginning the process of relationship-building and priority setting. As much as possible, meetings shall be arranged at times that fit with members' personal and work schedules.

Meeting Materials

Whenever possible, meeting materials shall be in plain language, and sent out at least a week in advance to allow members enough time to review the materials and be ready to fully participate in the discussion. Meeting materials will be distributed by primary health care staff.

Meals/Nutrition Breaks

Members shall be provided either with nutrition breaks/meals depending on the meeting time, utilizing the CAC budget.

Decision Making

CACs shall make decisions (pertaining to the roles and responsibilities identified above) by majority consensus, with minority views recorded.

Compensation for Meeting Attendance

CAC members shall participate in meetings in a voluntary capacity but shall be reimbursed by Eastern Health for expenses incurred for participation (e.g. meals, travel and accommodation) in a timely manner and in accordance with applicable travel policies.

Communications

CACs shall inform and engage the community about its work, through social media, websites, newsletters, progress reports, and/or other methods.

Eastern Health will communicate resources and programs offered by the health authority and CACs will share community resources with Eastern Health.

Eastern Health will also develop a website where CAC members and communities can visit to access CAC information such as minutes, terms of reference, etc.

Training and Support of CAC Members

Orientation of New Members

New CAC members shall be provided with an orientation, developed by primary health care staff and community co-chairs, which will include a meeting with at least one committee co-chair and an orientation package, including terms of reference and other helpful resource materials.

Ongoing Support of Members

Ongoing training and/or member development will be provided and/or supported by Eastern Health based on the identified priorities of the CAC. Education sessions will be organized by primary health care staff for committees.

Evaluation of CAC Activities

Self-Assessment

CACs shall conduct a self-assessment at least once per year by reviewing the achievement of activities identified on its work plan and/or by using appropriate self-assessment tools.

Reporting

CAC meeting minutes and/or reports shall be shared monthly with CAC members as well as the Board of Trustees and/or the regional health authority senior management responsible for community engagement.

Other

Financial Accounts

CACs shall receive financial support from Eastern Health for CAC-led initiatives and items including mileage, meals/nutrition breaks and may seek funding from external sources as necessary.

Supporting Documents *(References, Industry Best Practice, Legislation, etc.)*

Resources and Tools

Frameworks

- Provincial Government Public Engagement Guide (http://ope.gov.nl.ca/publications/pdf/OPE_PEGuide.pdf)
- Eastern Health Community Engagement Framework (2014)
- Memorial University Public Engagement Framework (2012-20) (http://www.mun.ca/publicengagement/memorial/framework/Public_Engagement_Framework_Supp.pdf)
- Nova Scotia Health Authority Community Engagement Framework (http://www.cdha.nshealth.ca/system/files/sites/317/documents/guide-effective-engagement.pdf)
- National Collaborating Centre for Determinants of Health - A Guide to Community Engagement Frameworks for Action on the Social Determinants of Health and Health Equity – 2013 (http://nccdh.ca/images/uploads/Community_Engagement_EN_web.pdf)
- Strategy for Patient-Oriented Research (SPOR) Patient Engagement Framework (http://www.cihr-irsc.gc.ca/e/documents/spor_framework-en.pdf)
- Health Quality Ontario Patient Engagement Framework (http://www.hqontario.ca/Portals/0/documents/pe/patient-engagement-framework-en.pdf)
- Ontario's LHIN Community Engagement Guideline (http://www.lhins.on.ca/Pan-LHIN%20Content/LHIN%20Community%20Engagement%20Guidelines.aspx)
- Vancouver Coastal Health Community Engagement Framework (http://www.vch.ca/media/CE%20Booklet%202009.pdf)

Tools

- Western Health Handbook for Community Advisory Committees
- Partnership Self-Assessment Tool (http://www.nccmt.ca/resources/search/10)
- McMaster University Patient and Public Engagement Evaluation Tool (https://fhs.mcmaster.ca/publicandpatientengagement/ppeet.html)
- Assessing Applicability and Transferability of Evidence (A&T Tool) (http://www.nccmt.ca/resources/publications/9)

Other Resources

- Vancouver Coastal Health's Community Engagement Advisory Network (CEAN) (http://cean.vch.ca/)
- Community Engagement Project Report – Central NL (http://www.open.gov.nl.ca/collaboration/pdf/community_engagement.pdf)
- Patient and Community Groups in NL – Contact List provided by NLCAHR
- International Association for Public Participation (IAP2) Canada (http://iap2canada.ca/)
- Network Weaving (http://www.networkweaver.com/)
- Collective Impact (http://www.tamarackcommunity.ca/collectiveimpact)

References

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Vancouver Coastal Health (2011) “Patient and Public Advisors Handbook” http://www.vch.ca/_layouts/15/DocIdRedir.aspx?ID=VCHCA-1797567310-312

Vancouver Coastal Health (2015) “Community Engagement Advisory Network (CEAN) Terms of Reference” http://vchnews.ca/wp-content/uploads/sites/26/2015/08/CEAN-TOR-Dec-2015.pdf

World Health Organization “The Determinants of Health” https://www.who.int/hia/evidence/doh/en/

Linkages

- Travel Policy- TRAVEL ON EMPLOYER BUSINESS – ELIGIBLE TRAVEL EXPENSES ADM – 140

Key Words

Community advisory committees, advisory, community, community engagement, citizen engagement, community policy

Definitions & Acronyms

Policy History This policy replaces the following policies:

Legacy Board	Policy #	Policy Name	Date Revised
HCCSJ			
NCTRF			
HCSSJR			
SJNHB			
EHCSB			
AHCIB			
PHCC			

Key:		
	HCCSJ	Health Care Corporation of St. John's
	NCTRF	Newfoundland Cancer Treatment and Research Foundation
	HCSSJR	Health and Community Services – St. John's Region
	SJNHB	St. John's Nursing Home Board
	EHCSB	Eastern Health and Community Services Board
	AHCIB	Avalon Health Care Institutions Board
	PHCC	Peninsulas Health Care Corporation