

## Supporting quality engagement in the Canadian health system:

### The Public and Patient Engagement Evaluation Tool (PPEET)

#### Research project summary

The field of public participation has evolved considerably over the last decade. Despite an increasingly sophisticated array of methods and greater tailoring of methods to participation goals and participants, a significant evidence gap remains in our understanding of the effectiveness of different approaches and their impacts on participant, organization and decision outcomes. Governments, planning and service delivery organizations at all levels are pushing for more rigorous evaluation of their public participation activities. In the health field, more specifically, legislative mandates for public and patient engagement (PPE) and organizational requirements for evidence-informed practice have provided a catalyst for increased attention to the evaluation imperative. To date, only rudimentary evaluation frameworks and tools to assess the effectiveness and impacts of various PPE approaches exist within health system organizations and most are tailored to specific populations or settings, which limit applicability and generalizability. Our project addresses this critical gap in the public participation field by **developing a common evaluation tool that can be used across a wide range of organizations to create a robust base of evidence about PPE effectiveness and impacts to inform future practice.**

In 2011, a pan-Canadian partnership of PPE practitioners and researchers in the health field was formed with the shared goal of developing a *common evaluation tool* that could be used in a variety of health system organizations across Canada and would collectively contribute to improvements in the quality of PPE practice across the country. The partnership was supported by a McMaster-led research study funded by the Canadian Institutes of Health Research and includes representation from 7 provinces, 6 regional health authorities and 1 provincial health organization.

The evaluation tool was developed using an iterative, collaborative and consultative process that models IAP2's core values. Informed by existing evaluation resources identified in published and grey literature, the tool development process was guided by the needs of PPE practitioners across the country to ensure its relevance, acceptability and uptake by a wide range of organizations.

The tool is structured around five core principles that capture the key elements of 'quality PPE' and which are complementary to IAP2's core values: i) integrity of design and process; ii) influence and impact; iii) participatory culture; and iv) collaboration and common purpose. These principles provide the foundation for the evaluation framework and tool, which carefully map each principle on to outcome measures, indicators and sample questions.

A significant innovation in the project is the tailoring of an overarching evaluation framework to three specific respondent groups or end users: i) those who participate in PPE activities; ii) those who plan and executive PPE activities within organizations; and iii) those who created the vision and build capacity for PPE within their organizations.

Our tool has been pilot tested in two organizations by over 150 participants comprising each of our respondent groups. Revisions have been made to each of the three surveys and the tool is now ready to be launched on a larger scale within the health system.

## Supporting quality engagement in the Canadian health system: The Public and Patient Engagement Evaluation Tool (PPEET) Project

The Challenge: To develop a common evaluation tool for health system organizations across Canada.

Governments, planning and service delivery organizations at all levels are emphasizing the need to more rigorously evaluate their public participation activities. In the health field, more specifically, legislative mandates for public and patient engagement and its evaluation<sup>1-2</sup> have led to a proliferation of strategies, frameworks and toolkits outlining the principles that should guide effective public and patient engagement (PPE)<sup>3-7</sup> along with newly established senior management and front-line staff positions to oversee and implement these activities. Despite considerable efforts on the PPE practice front, only rudimentary evaluation frameworks and instruments exist to assess the effectiveness and impacts of various PPE approaches and those that do exist have not been subjected to rigorous academic review by evaluation experts or tested for usability by relevant end users. In addition, the context-specific characteristics of existing evaluation tools has prevented the ability to extend the learning from current evaluation efforts beyond specific organizations. Our project set addresses these limitations by **developing a common evaluation tool that can be used across a wide range of organizations to create a robust base of evidence about PPE effectiveness and impacts to inform future practice.**

Genesis of the project: Through a Canadian Institutes of Health Research (CIHR) Partnership in Health System Improvement (PHSI) grant (2008-2010), *evaluation* was identified as a high priority for capacity building within the public and patient engagement (in health) community across Canada. In 2011, a partnership of PPE practitioners and researchers from 7 provinces (BC, AB, SK, MB, ON, NB and NS), 6 regional health authorities (Vancouver Coastal Health, Alberta Health Services, Saskatoon Health Region, Winnipeg Regional Health Authority, Northwest Local Health Integration Network, Capital District Health Authority) and 2 provincial and local health organizations (New Brunswick Health Council, Norwest Community Health Centres) was established with the shared goal of developing a *common evaluation tool* that could be used in a variety of health system organizations across Canada. Work towards this

<sup>1</sup> Government of Ontario. Local Health System Integration Act. 2006. Available from: [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_06l04\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_06l04_e.htm)

<sup>2</sup> Government of Quebec, 2005. An Act respecting the Health and Welfare Commissioner. L.R.Q. Bill 38, chapter 18, section 28. [http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/C\\_32\\_1\\_1/C32\\_1\\_1.html](http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/C_32_1_1/C32_1_1.html)

<sup>3</sup> 4. Government of Ontario. LHIN Community Engagement Guidelines and Toolkit. February 2011. Available from [http://www.torontocentrallhin.on.ca/uploadedFiles/Home\\_Page/Get\\_Involved/LHIN%20Community%20Engagement%20Guidelines%20and%20Toolkit%20-%20February%202011%20-%20FINAL\(1\).pdf](http://www.torontocentrallhin.on.ca/uploadedFiles/Home_Page/Get_Involved/LHIN%20Community%20Engagement%20Guidelines%20and%20Toolkit%20-%20February%202011%20-%20FINAL(1).pdf)

<sup>4</sup> Vancouver Coastal Health Community Engagement Framework. Available at [http://www.vch.ca/get\\_involved/community-engagement/](http://www.vch.ca/get_involved/community-engagement/)

<sup>5</sup> Capital District Health Authority. Engagement Framework and Toolkit. <http://www.cdha.nshealth.ca/involving-patients-citizens/our-strategies>

<sup>6</sup> Government of Canada. Health Canada Policy Toolkit for Public Involvement in Decision-Making. 2000. [http://www.hc-sc.gc.ca/ahc-asc/pubs/\\_public-consult/2000decision/index-eng.php](http://www.hc-sc.gc.ca/ahc-asc/pubs/_public-consult/2000decision/index-eng.php)

<sup>7</sup> CIHR's Framework for Citizen Engagement. <http://www.cihr-irsc.gc.ca/e/41270.html>

goal began in March 2011 at an inaugural meeting hosted by Vancouver Coastal Health and has continued through working groups, teleconferences and face-to-face meetings at critical junctures throughout the project.

The PPEET research-practice collaborative was awarded a second CIHR grant in late 2012 to continue to support its planning activities which has resulted in the development of an accessible, user-friendly set of generic evaluation instruments designed for use in a wide variety of public sector organizations.

#### Approach & Methods:

##### *Review of existing evaluation resources:*

The evaluation tool draws on a broad array of public participation evaluation resources from the published and grey literature and the PPE practice community<sup>8</sup> These resources were enriched and contextualized by our PPE practitioner partners. Our review of the public participation literature revealed considerable emphasis on evaluating *one-off PPE events* and the development of *overarching principles to guide PPE efforts*. For example, most organizations have developed basic surveys to assess the procedural elements of public participation processes (e.g. Alberta Health Services Health Advisory Council Member Experience Survey; North West LHIN Evaluation Form; Vancouver Coastal Health Community Engagement Evaluation Form; Winnipeg RHA Community Health Advisory Council Meeting Evaluations, End of Year Evaluations, and All Councils Meeting Evaluation). However, much less attention has focused on evaluating *the impacts of these processes* when assessed against the stated goals for PPE or for different stakeholder groups such as organizational leadership, PPE participants, community partners as well as PPE practitioners. Existing evaluation tools demonstrated some *targeting of existing tools to different groups* (e.g., providers, staff, participants, etc), yet *little differentiation was found in the types of questions* asked in these tools. The need for more attention to be paid to ‘rolling up’ the evaluation of individual PPE initiatives to gain a better sense of the overall impact of PPE within the organization was identified by our practitioner partners as a high priority as was the need to think carefully about how the different audiences for PPE might shape the design of evaluation.

##### *The tool development process*

###### i. Developing the principles of ‘quality’ PE

Most of the organizational documents we reviewed included broad values statements, principles and recommendations used to guide PPE practice. The material from these documents was synthesized with published PPE evaluation frameworks to identify common ground, which could serve as a starting point

---

<sup>8</sup> Published and grey literature sources that were reviewed included the following: Nabatchi (2012). A Manager’s guide to evaluating citizen participation; Health Canada (2011). Evaluation menu, tip sheets, and checklists; Institute on Governance (2009). Evaluating citizen engagement in policy making; MassLBP (2009). Engaging with impact: Targets for successful community engagement by Ontario’s Local Health Integration Networks; Burton (2009). Conceptual, theoretical and practical issues in measuring the benefits of public participation. *Evaluation*. 15 (3): **263-284**; Canadian Policy Research Networks (2008). Handbook on citizen engagement: beyond consultation. Health Council of Canada (2006). Public involvement primer. Abelson and Gauvin (2006). Assessing the impacts of public involvement: concepts, evidence and policy implications; Rowe & Frewer (2004). Evaluating public participation exercises: A research agenda. *Science, Technology, and Human Values* 29(4): 512-556. In addition, evaluation documents from the following organizations were reviewed: Vancouver Coastal Health (BC), Alberta Health Services (AB), Winnipeg Regional Health Authority (MB), Capital District Health Authority (NS); Local Health Integration Networks (LHINs) (ON).

for a common evaluation tool. Five principles were identified that capture the key elements of what we refer to as 'quality PPE' and which provide the foundation for each section of the evaluation tool.

1. The principles of inclusivity, diversity, capacity and accessibility guide the selection, support and involvement of participants in all PE activities.
2. The principles of integrity, accountability and transparency guide the design and implementation of all PE activities.
3. PE activities are undertaken to influence and exert impacts on participants, organizations and decision making.
4. Public engagement activities are supported by a participatory culture.
5. PE activities seek to promote the principles of collaboration, shared purpose and improved governance.

ii. Moving from principles to outcome measures and indicators

At a subsequent stage in the process, the first two principles were combined to reduce the number of sections in the tool to four: i) integrity of design and process; ii) impact and influence; iii) participatory culture; and iv) collaboration and common purpose. For each component of the tool, a description of the principle was provided which was then linked to a list of potential outcome measures, indicators and sample questions. The product of this key step in the tool development process is provided below.

Table 1: Menu of potential outcome measures

PE Principle	Relevant PE Outcomes	Indicator	Measurement tool/ source of evidence		Sample questions
			Self-report	Directly observed	
<b>Inclusivity &amp; diversity</b>	The opportunity for a diverse range of perspectives to be represented was provided (diversity is defined as...)	<ul style="list-style-type: none"> <li>• % reporting that the quality of the invitation/recruitment materials encouraged a diverse range of perspectives to be represented</li> <li>• % reporting that the PE activity encouraged a diverse range of perspectives to be represented</li> </ul>	Staff evaluations  Self-evaluation of recruitment efforts as an indicator of inclusivity/diversity	Planning, recruitment and invitation materials	What steps did you employ in your process to reach out to groups who are typically under-represented or marginalized in public decision-making processes? (Capital Health, 2011)
	A diverse range of perspectives was captured	<ul style="list-style-type: none"> <li>• % of participants who felt that participants in PE activity were representative of relevant communities</li> <li>• Extent to which participants reflect the characteristics of the relevant population</li> </ul>	Staff evaluations  Self-evaluation of inclusivity/diversity against a previously stated goal	Objective evaluation of diversity against population demographics	Who are participating in this PE process? To what extent are we recruiting the previously determined mix of people for the issue being discussed?  To what extent was the group reflective of the diversity of the community areas compared to census data?
<b>Integrity of process</b>  (continued on next page)	Our PE activities incorporate the core elements of quality PE: <ul style="list-style-type: none"> <li>• clearly communicated objectives</li> <li>• independent, impartial facilitation</li> <li>• provision of relevant background information</li> <li>• responses to additional information needs</li> <li>• structured discussion</li> <li>• opportunity for a full range of views to be heard</li> <li>• reporting back to participants</li> </ul>	Sample indicators (there are many): <ul style="list-style-type: none"> <li>• % reporting that objectives of the PE process were clear</li> <li>• % reporting that the sponsoring organization obtained how the input from the PE process was intended to be used</li> <li>• % reporting that the meeting was managed in a neutral way (e.g. facilitation, rights to speak, etc.)</li> <li>• % reporting that relevant information was provided to inform discussion</li> <li>• % reporting that participants were able to adequately share their views</li> <li>• documentation of the organization's use of PE input was communicated to all participants</li> </ul>	Participant evaluations	Organizational documents (e.g., planning & recruitment materials, facilitator notes, presentation slides)	Was the mandate of the panel clearly explained? Were the objectives of the meeting clearly explained? (CRPHT, 2009) Did you receive enough information on the scope and purpose of this advisory committee? Did you understand your role and responsibilities on this committee? (VCH, 2010) Did you understand what aspects of this work you can influence? (VCH, 2010) Was the meeting managed in a neutral way (e.g. encouraged all to speak)? (CRPHT, 2009); Are you able to express your views freely? Do you feel that your opinion matters and is understood? (VCH, 2010) Did participation allow the public to give adequate feedback on the analyses, alternatives and decisions about a policy or public action? Did the public have the opportunity to develop alternatives? (Nabatchi, 2012) Did you feel you were able to contribute meaningfully to the meeting discussion? Is there sufficient time at meetings to understand and discuss the issues? (VCH, 2010) Do you see how your committee's involvement has made a contribution to the work of the specific department? Did the research team clearly explain how the results of the meeting discussions will be used? (CRPHT, 2009)

Not to be used or reproduced without author's permission

PE Principle	Relevant PE Outcomes	Indicator	Measurement tool/ source of evidence		Sample questions
			Self-report	Directly observed	
<b>Integrity of process</b> <i>(continued)</i>	Participants are provided with adequate supports to contribute (e.g., information, respect, financial, etc.)	<ul style="list-style-type: none"> <li>% indicating that they had enough information to participate fully</li> <li>% reporting that they were listened to in a respectful manner</li> <li>% reporting that their expenses were covered at a reasonable level (determine a standard for this)</li> </ul>	Participant evaluations	Qualitative analysis of PE activity records can assess these elements more objectively	<p>Were your information needs met by the workbook? Was the workbook provided to support the discussions clearly written? Was the format of the workbook appropriate for the topics discussed? Was the support provided by the research team adequate? Did all panel members have a chance to talk? Did the participants receive balanced and objective information that helped them understand the problem, alternatives, and solutions?</p> <p>(CRPHT, 2009)</p>
<b>Influence &amp; impact</b> <i>(continued on next page)</i>  - tailor to: PE participants, Organization staff, Leadership, Community partners, PE practitioners	PE informs decision making and/or planning	<ul style="list-style-type: none"> <li>PE input was presented as part of decision making/planning about...</li> <li>PE input was discussed in meetings related to decision making/planning about...</li> <li>PE was referred to in documents related to decision making/planning about...</li> </ul>	Participant, Council member surveys  Staff/senior management surveys, interviews	Review of organizational documents	<p>What are public perceptions of the influence of involvement activities on decision-making and priority-setting? (Capital Health, 2011)</p> <p>Has the involvement of public members on this committee contributed to your department's work? If yes, please list some specific examples. If no or unsure, please tell us why (VCH, 2011)</p> <p>Has there been any new information for you about community needs or perspectives as a result of having public members on this advisory committee? If yes, please list some specific examples. If no or unsure, please tell us why (VCH, 2011)</p> <p>Has the involvement of public involvement of public members on this committee affected your department's opinion of patient &amp; public involvement? If yes, please list some specific examples. If no or unsure, please tell us why (VCH, 2011)</p> <p>Do CE Officers respond to and appropriately refer the information needs of council in a timely manner (AHS, 2011)</p> <p>To what extent were the CHAC reports valuable in providing the Board with community perspectives about the issues? To what extent did the CHAC reports provide information to assist in decision-making related to those issues explored by the Council? (WRHA, 2010)</p>

PE Principle	Relevant PE Outcomes	Indicator	Measurement tool/ source of evidence		Sample questions
			Self-report	Directly observed	
<b>Influence &amp; impact</b> <i>(continued)</i>	PE leads to improved knowledge (knowledge-related outcomes could be tailored to PE issue, organization, health system, etc.)	% of participants acquiring new knowledge through the PE initiative(s)	Repeated measures participant surveys to assess short- medium- and long-term effects; separate questions would need to be developed for each outcome of interest (e.g., attitudes, knowledge, etc.)	Review of organizational documents	<p>Are participants better informed about the issue(s) that were addressed in the participatory program?</p> <p>Did participation help participants cultivate skills such as eloquence, rhetorical ability, courtesy, imagination, and reasoning capacity?</p> <p>Did participation help people clarify, understand, and refine their own preferences and positions on the issue(s)?</p> <p>Did participation change participants' views on the issue(s)? Did participation help people take more account of community or collective concerns?</p> <p>Did participation increase the likelihood that individuals will participate in future activities? (Natabachi, 2012)</p> <p>Were there any changes to the participants' perceptions, attitudes, knowledge, competence, skills, capacities or actions? (Queensland Government, 2004)</p> <p>Did participation build community capacity to address current and future issues? Did participation identify and address community concerns, needs, and interests? (Natabachi, 2012) Note: concept of community capacity needs to be further unpacked before this can be measured</p>
	PE produces increased confidence in: <ul style="list-style-type: none"> <li>individuals (e.g., providers, themselves)</li> <li>organization(s) (to be specified)</li> <li>local/provincial health system</li> </ul>	% reporting increased confidence in ...	Baseline and follow-up surveys (PE participants only or PE participants + public opinion)	Review of organizational documents	Were there any changes to the participants' confidence and willingness to get involved in the future? (Warburton, 2007)
	PE leads to increased trust in: <ul style="list-style-type: none"> <li>individuals (e.g., providers)</li> <li>organization(s) (to be specified)</li> <li>local/provincial health system PE informs decision making/planning</li> </ul>	% reporting increased trust in ...	Baseline and follow-up surveys (PE participants only or PE participants + public opinion survey)	Review of organizational documents	Did participation increase participants' perceptions of political efficacy, sophistication, interest, trust, respect, empathy, and public-spiritedness? (Natabachi, 2012)

Not to be used or reproduced without author's permission

PE Principle	Relevant PE Outcomes	Indicator	Measurement tool/ source of evidence		Sample questions
			Self-report	Directly observed	
<b>Participatory culture</b>	Quality PE is supported throughout the organization	<ul style="list-style-type: none"> <li>% of staff provided with opportunities to obtain PE expertise</li> <li>% of directors recommending PE training for their staff teams</li> </ul>	Staff, senior management surveys, interviews  Participants, council member surveys/interviews  Organization-wide PE/CE survey	Budget commitments for PE staffing, training, programming & evaluation (on-going review)	What internal impacts and changes (i.e. structural changes, policy compliance, training, leadership development, attitudes/practices of staff and managers) have resulted from engagement? (Capital Health, 2011) Are service structures compatible with community participation? (Burns, 2000) Note: needs further unpacking to determine how to measure What is the overall attitude towards and understanding of community engagement within the organization? (Capital Health, 2011) Is there regular integration of engagement data as decision-making evidence? (Capital Health, 2011) Note: could be directly measured once concept of "integration" is defined and operationalized Has the involvement of public members on this committee contributed to your department's work? Why or why not? (VCH, 2011) Has the involvement of public members on this committee affected your department's perception of patient & public involvement? Why or why not? (VCH, 2011) Are there any tools, methods or aspects of patient/public involvement that you plan to use in the future as part of your work? (VCH, 2011) Is there commitment from AHS leaders to support the work of councils? (VCH, 2011)
<b>Collaboration &amp; common purpose</b>	PE activities provide mechanisms for community partners to work together  PE activities support the identification of shared goals  PE activities support the achievement of shared goals	<ul style="list-style-type: none"> <li>% of community partner agencies involved in joint initiatives supported by the organization</li> <li>% of community partner agencies reporting that PE assisted in identifying shared goals</li> <li>% of community partner agencies reporting that PE assisted in the achievement of shared goals</li> </ul>	Surveys and interviews with relevant stakeholders  Council member evaluations		Did it build trust and collaborative relationships with stakeholders? Did it increase consensus? Did it reduce conflict? Did it affect polarization? (Nabachi, 2012) Do CE officers provide adequate support to allow citizens to fulfil duties as a council member? (AHS, 2011)

The outcome measures and indicators were then prioritized through a modified Delphi process where our practitioner partners ranked the outcomes and indicators. The results of this prioritization process were reviewed at a face-to-face meeting of members of the collaborative on May 30-31 2013 in Vancouver, BC. An excerpt from the documentation of the prioritization process is provided below.

**INDICATOR PRIORITIZATION SURVEY RESULTS**  
 J. Abelson & S. Boesveld  
 May 9, 2013

*Notes:* This document shows the results from the indicator prioritization survey in the context of the Tool. I have stripped away other comments for the purposes of focusing on the indicators ... but have retained the comments in the current version of the PE Eval Tool, and we will go back to address them

GREEN = keep (average rating 4.0 or greater)  
 YELLOW = unsure (average rating of 3.0-3.9)  
 RED = drop (average rating less than 3.0)

PE Principle	Outcomes prioritized by the group	Indicators	Sample questions
<b>Integrity of Design and Process</b> Assessing the integrity of the PE design and implementation is central to ensuring that the process adheres to the features of high-quality PE.  The principles of inclusivity, diversity, capacity, accessibility, transparency, accountability and efficiency guide the recruitment, selection, support and involvement of participants in all PE activities	1. The participants represent the diverse range of views of those most affected by the decision	<b>Organization</b> % of PE processes that included an explicit strategy to identify and recruit those most affected by the decision (5.0)  Degree of correspondence between characteristics of PE participants and socio-demographic profile of relevant population (3.25)	<b>Organization</b> What steps did you employ in your process to reach out to groups who are typically under-represented or marginalized public decision-making processes? (Capital Health 2011)  To what extent did participants reflect the relevant socio-demographic profile according to census data?  The participants in the PE activity represented those most directly affected by the issue/decision (participedia)

**Sarah Boesveld 13-5-9 3:54 PM**  
**Comment [1]:**  
 Note -- concerns during last teleconference about difficulty in measuring some of the indicators

**Sarah Boesveld 13-5-9 3:53 PM**  
**Comment [2]:** Q1 responses:  
 #2 should be more broad than just socio-demographic profile I don't think I understand #3 when seeing on its own--it seems like a little bit like it should be % of PE participants reporting that the views of the most affected were heard/encouraged, etc.

"those most affected by the decision" is a central value in PE in my opinion; also it may not always be possible or practical to collect a level of demographic detail needed to make the second indicator relevant

Relevant to the Design and Process outcome, specifically regarding an "accessible" engagement process, consider the following: The organization has a minimum of 3 different standing mechanisms for public involvement with the organization". The metric would show compliance at 100% if there are 3 standing mechanisms in place (e.g., A

iii. Developing & tailoring the evaluation instruments for different users

Following the May 2013 meeting, further revisions were made to the tool which included tailoring it to three categories of respondents or end users: i) participants in ad-hoc or on-going PPE activities; ii) PPE project managers or directors working within organizations; iii) senior organizational leadership. An

tailored questionnaire was created for each of these end users (samples from each of the questionnaires are provided below).

*Participant questionnaire (Integrity of design & process)*

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The purpose of the activity was clearly explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supports I needed to participate were available (e.g., travel, child care, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough information to participate effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to express my views freely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my views were heard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I heard many different views expressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that the views of those most affected by the issue were heard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that there is value in what was produced from this activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activity achieved its stated objectives (see above).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Project questionnaire (Influence & Impact)*

	Yes	No	Don't know	Comments
Leadership identified in the project plan received a summary report of the PE input (e.g., program manager, senior management).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The results of the PE activity were shared with senior leadership/Board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership identified in the project plan considered the PE input.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership, as identified in the project plan, utilized the PE input to impact decisions related to health care improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Organization questionnaire (Integrity of design & process)*

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
A project charter, or equivalent, exists to guide the planning of PE activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization actively participates in international or national public engagement organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explicit organizational documents articulate the approach and values that will inform PE planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization has an explicit PE strategy to identify and recruit those most affected by decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is direct resourcing for engagement within the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

iv. Usability testing

A final stage of the tool development process involved testing the usability of the questionnaires with various end users in different organizations. Between June and December 2013, members of the research team administered over 150 questionnaires to each of the groups listed below who were asked to provide feedback in response to the following questions:

<b>Usability testing participants</b>	<b>Feedback solicited during usability testing</b>
Citizens & patients Community advisory group members, Health authority program personnel Senior management and board members	*Was the questionnaire easy to use? *Was the purpose of the questionnaire was clearly stated? *Were the instructions were clear and helpful? *Was the layout easy to follow? *Were the questions easy to understand? *Were there important questions missing? *Do you think this questionnaire will be useful for our organization? *How long did it take you to complete the questionnaire? *Identify one way in which this questionnaire could be improved.



*Sample feedback from usability testing*

The excerpts below provide examples of the type of feedback received from the usability testing phase which informed subsequent revisions to the tool.

<b>Patient and Public Engagement Participant Questionnaire</b>			
<b>Respondents:</b>	25	<b>Status:</b>	Open
<b>Launched Date:</b>	09/27/2013	<b>Closed Date:</b>	11/01/2013
<b>12. Identify one way in which this questionnaire be improved.</b>			
1.	I thought it most worthwhile - no additional comments		
2.	[No Answer Entered]		
3.	Shorter is always nicer, but I know that is not always possible as I understand this is already reasonably short. However, it looked like a lot of questions at first glance.		
4.	tied to a specific piece of work,		
5.	Maybe a little more room for comments.		
6.	The questions relating to being "heard" are not clear and I feel these could be interpreted differently by different people. Being listened to, or having your opinions taken into consideration are different from being "heard". There is one question asking about 'objectives' - it says (see above), but the above stated question refers to the 'purpose'.		

Results: Our research project has yielded three evaluation questionnaires that are ready to be used and further tested in health organizations across the country. Due to their length, we were unable to include the full version of the tool (i.e., background users' document + participant, project and organization evaluation surveys). We have included, in the sections below, excerpts from each of the questionnaires and full versions are available upon request.

<p><i>Public and Patient Engagement Evaluation Tool (PPEET)</i> Participant Evaluation Questionnaire version of 5 may 2014</p>	<p>2</p>
--	----------

TITLE OF ENGAGEMENT ACTIVITY: \_\_\_\_\_

**INSTRUCTIONS:**

- We are interested in your feedback about the engagement activity that you recently participated in [optional: insert title or description of engagement activity and objectives of the engagement activity as a memory prompt]
- The questionnaire is composed of several statements. Please indicate your level of agreement with each statement and check only one box for each statement.
- Please provide additional feedback in the comment boxes provided throughout the questionnaire.
- All information you provide will remain confidential.
- Thank you very much for your participation!

[selected excerpt] Section A. Integrity of Design & Process

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The purpose of the activity was clearly explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The supports I needed to participate were available (e.g., travel, child care, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough information to contribute to the topic being discussed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to express my views freely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my views were heard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A wide range of views on the topic was expressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that the input that was provided will be considered by the organizers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The activity achieved its stated objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand how the input from this activity will be used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think this activity will make a difference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not to be used or reproduced without author's permission

**Public and Patient Engagement Evaluation Tool (PPEET)**  
**Project Evaluation Questionnaire**  
 version of 5 may 2014

2

**Title of engagement activity:** \_\_\_\_\_

**INSTRUCTIONS:**

- We are interested in your feedback about the engagement activity that you were recently involved in as project lead, manager or director.
- The questionnaire is composed of several statements. Please indicate your level of agreement with each statement and check only one box for each statement.
- Please provide additional feedback in the comment boxes provided throughout the questionnaire.
- All information you provide will remain confidential.
- Thank you very much for your participation!

**[selected excerpt] Section B. Influence and Impact**

	Yes	No	Don't know	Comments
Leadership received a summary report of the PPE input (e.g., program manager, senior management)				
The results of the PE activity were shared directly with senior leadership/Board (through presentations or consultations)				
Members of the organization's leadership considered the PPE input.				
Members of the organization's leadership used the PPE input to influence decisions related to health care improvement.				

Please describe how and at what stages the PPE input was considered in organizational decisions (list relevant sources of evidence for your response). If the input was not considered, explain why you think this was the case.

**Questionnaire about Public Engagement in our Organization**

**INSTRUCTIONS:**

- We are interested in your views and attitudes about the public and patient engagement policies and processes at a broad level in your organization.
- As you are responding to the questions below, try to think about how the organizational requirements for public and patient engagement influence your work
- The questionnaire is composed of several statements. Please indicate your level of agreement with each statement and check only one box for each statement.
- Please provide additional feedback in the comment boxes provided throughout the questionnaire.
- All information you provide will remain confidential.
- Thank you very much for your participation!

**[selected excerpt] Section B. Participatory Culture**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A commitment to PPE values and principles is found in key organizational documents (e.g., mission and vision, strategy, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A commitment to PPE values and principles is demonstrated through the structure of the organization (e.g., dedicated PE leadership positions).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization actively participates with provincial/national/international patient and public engagement organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
PPE is articulated in job descriptions for staff leading, supporting and using information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive PPE training and materials are available to support staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have received an adequate amount of training in PPE to support me in my role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational leaders ensure that public input is used in service planning and decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational leaders ensure that processes are in place to engage the community when planning services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization seeks public input when doing financial planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization seeks public input when planning capital projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The organization seeks public input when considering patient safety and quality of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident in championing support for PE activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not to be used or reproduced without author's permission

Contribution to Knowledge: To our knowledge, this is the first comprehensive collaborative effort to involve evaluation research experts and public practitioners in the design and usability testing of three independent but complementary evaluation questionnaires aimed at three distinct end users (public and patient participants, public and patient engagement directors and project managers overseeing PEE activities, and senior members of the organizational leadership). The research project's focus on developing short, easy-to-administer questionnaires organized around core principles of 'quality PPE' will facilitate the broad-based use of this common engagement tool that can be tailored for specific use. Through the network of PPE practitioners linked to this project, we have had requests for access to the questionnaires from several organizations within and outside the health field and are in the process of packaging the tool for broad-based use.

Alignment with Core Values: Our research project embodies IAP2 Core Values in distinct and complementary ways. The collaborative process used to develop the evaluation tool models the principles of quality engagement espoused by IAP2's core values, through the deliberate and extensive involvement of end users in each stage of the research process to ensure that the product is practical, relevant and reflects the needs of its users. Further, the tool itself provides a framework for assessing the extent to which a project or organization may be meeting the IAP2 Core Values for the practice of public participation. In the table below we have described this alignment in more detail by illustrating how each value was modeled throughout the research process and by identifying the specific questions that appear in the various questionnaires that reflect the IAP2 Core Values.

<i>IAP2 Core Value</i>	<i>How the value was modeled during the research project</i>	<i>How the value was embedded in the PPEET tool</i>
Those who are affected by the decision were involved in the decision-making process.	Those who will administer and complete future evaluation questionnaires were involved throughout all stages of the tool development process.	<i>Integrity of Design &amp; Process Project questionnaire:</i> i. The project plan had a clear strategy to identify and recruit those most affected by the decision. ii. Those most affected by the decision were appropriately represented in the engagement activity.
The public's contribution influenced the decision.	Many of the existing tools that were reviewed and informed the tool development process were informed by public input. Members of the public contributed to the testing of the tool through advisory committee roles in participating health organizations.	<i>Participant questionnaire:</i> I think this activity will make a difference.  <i>Project questionnaire:</i> Members of the organization's leadership used the PPE input to influence decisions related to health care improvement.  <i>Organization questionnaire:</i>

		Organizational leaders ensure that public input is used in service planning and decision making.
The involvement of those potentially affected by or interested in the decision was sought out and facilitated.	As mentioned above, staff hired to lead PPE activities in regional health organizations across the country were involved at all stages of the research process and the public was involved during the validation phase.	<i>Project questionnaire:</i> An adequate budget was allocated to carry out the patient/public engagement (PPE) activity.
Information provided to participants supported meaningful participation.	Team members were provided with extensive literature and were supported through the CIHR grant to participate actively in each phase of the research project.	<i>Project questionnaire:</i> The project plan included clear documentation of how the financial, logistical, and informational needs of participants (e.g., travel, dietary, interpretive, childcare, etc) would be accommodated
Participants were informed about how their input affected the decision.	Participants were involved in shaping the direction of this work and decision points were clearly articulated with opportunities for input identified.	<i>Participant questionnaire:</i> I understand how the input from this activity will be used.  <i>Project questionnaire:</i> The project plan indicated how PPE input would be used.  The project plan included a clearly detailed process for communicating with participants about PPE input would used.
Public participation promotes sustainable decisions by recognizing and communicating the needs and interests of all participants, including decision makers.	This project grew out of the need and interests identified by public participation practitioners in the health arena for a rigorous set of evaluation tools to inform their work and improve the overall practice of public and patient engagement in Canada. The iterative, collaborative nature of the research project provided participants with opportunities to identify their needs and interests throughout all phases of work to ensure a valid, sustainable product.	This core value is addressed in the design and structure of the framework and tools. The PPEET acknowledges that it is important to evaluate PPE from the participant, project leader and organization leader perspectives in order to ensure that the needs and interests of participants and decision makers have been anticipated within the overall planning processes for PPE and in the organizational directions and strategies that govern PPE activities.

Public participation seeks input from participants in designing how they participate.	As discussed above, the iterative, collaborative nature of the research project allowed project participants to not only shape the work but to also weigh in about how best to carry it out (e.g., face-to-face meetings were called at key junctures to move major pieces of work forward and to provide opportunities for networking and practice sharing)	This core value is best reflected in the survey tool sections related to Integrity of Design and Process and Collaboration and Common Purpose in which the interests of stakeholders and participants are taken into consideration in the project plans, and as well specifically in the notion of identifying shared goals through the PPE activities.
---	--	---

Alignment with other relevant organizations and initiatives:

Throughout this research project, we have emphasized the importance of aligning our work with as many relevant organizations and initiatives as possible to ensure its relevance and uptake. Members of our team have strong connections to related initiatives of relevant organizations such as the Ontario Ministry of Health’s guidelines for LHIN Community Engagement, Accreditation Canada and IAP2. As a result, we are confident that the content of PPEET will resonate strongly with these organizations.

Not to be used or reproduced without author's permission



## References

1. Geoff Wilson (e-mail: [Geoff.wilson@cdha.nshealth.ca](mailto:Geoff.wilson@cdha.nshealth.ca))  
Director, Patient and Public Engagement  
Capital Health, room 356 Bethune Building VG Hospital Campus  
1276 South Park Street Halifax, NS B3H 2Y9
2. Colleen Schneider (e-mail: [cschneider1@wrha.mb.ca](mailto:cschneider1@wrha.mb.ca))  
Manager, Community Health Advisory Councils and Public Engagement  
Winnipeg Regional Health Authority  
496 Hargrave Street  
Winnipeg, Manitoba  
R3A 0X7
3. Kristin Shields (e-mail: [kshields@norwestchc.org](mailto:kshields@norwestchc.org))  
Manager, Allied Health and Outreach Services  
NorWest Community Health Centres  
525 Simpson St.  
Thunder Bay, Ontario  
P7C 3J6
4. Susan Dunn (e-mail: [susan.dunn@cdha.nshealth.ca](mailto:susan.dunn@cdha.nshealth.ca))  
Patient and Public Engagement Advisor, Capital Health  
room 357 Bethune Building, VG Hospital Campus,  
1276 South Park St., Halifax, NS B3H 2Y9  
Tel: 902-473-1180
5. Shirley Smallwood (e-mail: [shirley.smallwood@mckesson.ca](mailto:shirley.smallwood@mckesson.ca))  
Director-Pharmaceutical Supply Chain Solutions at McKesson Canada  
Former Executive Director of Citizen Engagement, New Brunswick Health Council

Not to be used or reproduced without author's permission