

The Advisory Committee Workbook



Why involve the public in a committee?

How to set up a committee?

How to sustain a committee?

The purpose of this booklet is to provide staff with **resources** and **tools** to assist them in **exploring, developing, and implementing** public advisory committees. The Community Engagement team is available as a resource to staff when they are exploring options for involving the public, patients, family members and other community stakeholders.

*For more information, contact the VCH Community Engagement Team –
ce@vch.ca or phone 604-714-3779*

This information has been compiled from a number of resources. See References for details.

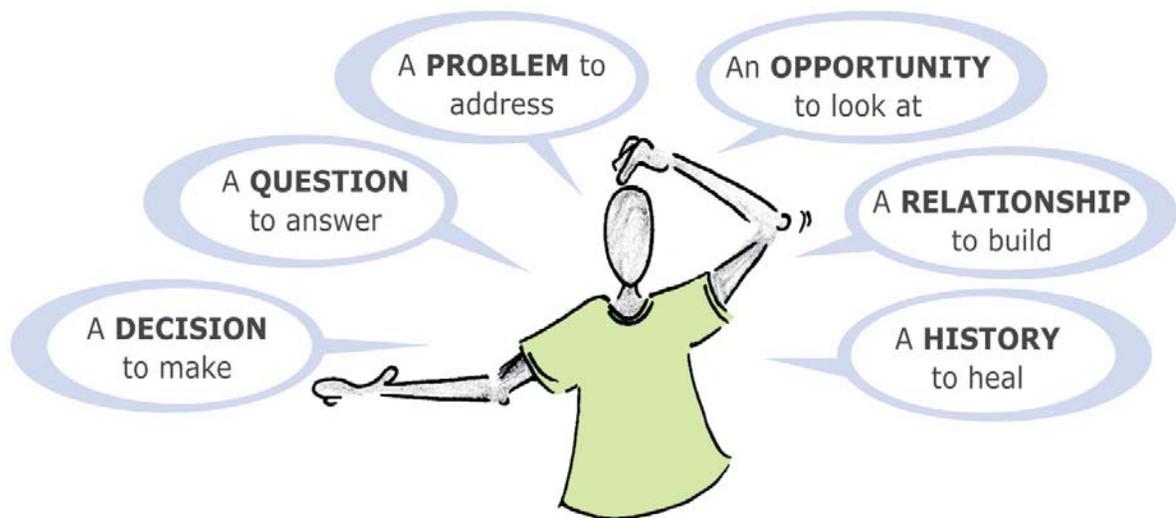
FOR INTERNAL USE ONLY

VCH Community Engagement Department permission required for copying or distribution.

1. WHY INVOLVE THE PUBLIC IN A COMMITTEE?

Community engagement (CE) enables a two-way interaction between VCH and its communities, so that people have a role in the planning and decision making for health services and policies that affect their lives. It encompasses a wide variety of activities, from consultations with the public, to community development and community-capacity building. A public advisory committee is one of the tools for engaging the public in an ongoing conversation.

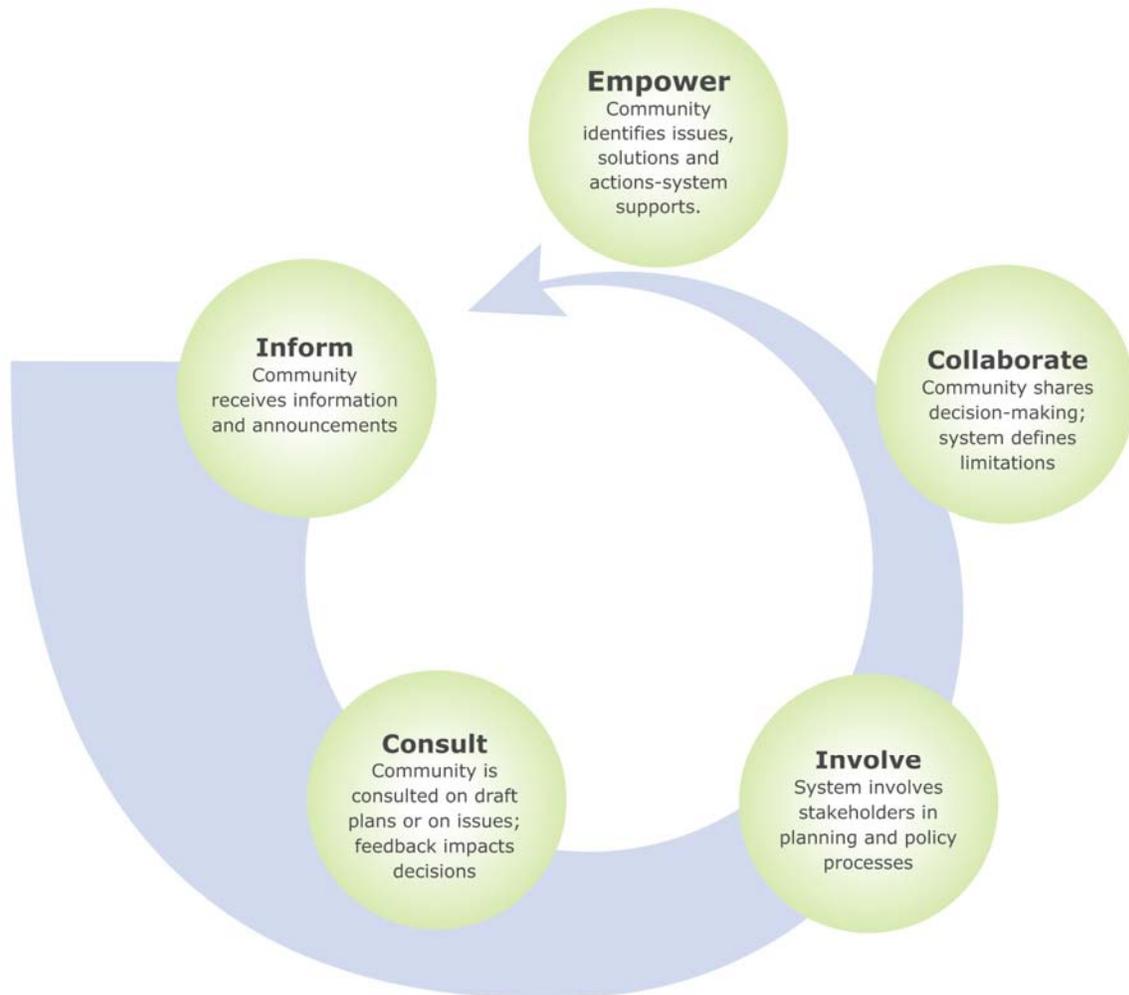
These are some of the reasons why you might need to consult the public:



Why do we engage the public?

- To build partnerships with the community
- To inform decision makers within VCH of community perspectives
- To promote an understanding of different perspectives
- To provide a forum for resolving issues
- To facilitate effective communication between VCH and community members

Public Participation Spectrum



Graphic adapted from IAP2

What Does CE Look Like in Action?

VCH engages the community along a “Spectrum of Participation” that ranges from sharing information to full partnership. Our goal is to support the greatest level of engagement possible and to build capacity, both within the organization and within the community, to partner in order to achieve better health outcomes.

The International Association for Public Participation (IAP2) (www.IAP2.org) uses the Public Participation Spectrum as a screening tool to select the appropriate level of public participation. Each level of public participation offers a different level of commitment to the public about how their input is going to be used.

Some Common Community Engagement Methods:

- Online/in-person/mail-in questionnaires
- Focus groups
- Interviews
- Education forums
- Reference committees
- Advisory committees
- Community meetings (dialogue-based)
- Open houses
- Dialogue circles
- Open space events
- Arts-based inquiry (graphic facilitation, theatre, etc.)

Meaningful Public Engagement

To be effective, public participation must be meaningful. This is characterized by:

- Participants' ability to influence decisions and affect outcomes
- Broad community involvement
- Inclusivity and accessibility
- Balanced representation from any group impacted by the decision or change
- Support for a range of engagement methods and levels of participation tailored to community and project needs

Benefits & Rationale

Engaging the public benefits the individual, the health care organization, and the provider.

BENEFITS OF ENGAGING THE PUBLIC		
Value to the Participants	Value to VCH	Value to the Service Provider
<ul style="list-style-type: none"> ▪ They feel like they are meaningfully engaged in the system that supports their health ▪ They gain a better understanding of the issues and the health care system, including VCH ▪ They appreciate being part of the program, being listened to, and having their opinions valued ▪ They can learn to become more effective advocates ▪ They understand how to be an active participant in their own health care 	<ul style="list-style-type: none"> ▪ Helps target resources or programs where they are most effective and valued by the community ▪ Brings into the planning process diverse voices and perspectives ▪ Demonstrates accountability and transparency ▪ Informs on patient priority concerns ▪ Provides a direct link to clients, residents or patients ▪ Supports a culture of people-centred care ▪ Improves quality of patient experience ▪ Strengthens community relations 	<ul style="list-style-type: none"> ▪ Learns to provide care from a patient-centred approach ▪ Recognizes the role of other caregivers, such as family and friends ▪ Increases awareness of the barriers encountered by patients ▪ Helps identify system issues that need to be addressed to provide people-centred care ▪ May increase satisfaction ratings from patients

Useful Tips

As you convene a public participation process, ensure you are clear about:

- What participants can expect
- What level of engagement VCH is prepared to support
- What participants can influence
- What they cannot influence
- What constraints may affect or limit the decision maker's choice

Room for more tips....

-
-
-
-
-
-
-
-
-
-
-

2. INTRODUCTION TO PUBLIC ADVISORY COMMITTEES

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has “ ~ Margaret Mead

What are Advisory Committees?

An advisory committee is typically convened by a decision-maker to provide advice over time, although some committees are struck to support only one decision. Given the many interpretations of the word ‘advisory’, it is important to clearly define the role of the committee in its Terms of Reference. In VCH, most public advisory committees do not have decision-making authority although they nevertheless can influence decisions.

Keep in mind:

- The effectiveness of an advisory committee is often determined by the interest of the decision-maker in the advice provided
- If public members on an advisory committee start thinking like staff, they are no longer a channel of the public perspective
- Be mindful of the advisory committee’s credibility, noting that they are not a representative sample of the broader public
- Membership on advisory committees should be varied enough to bring a range of perspectives to the table
- Advisory committees cannot substitute for broader public involvement activities
- An advisory committee’s true purpose is to reflect diverse perspectives – it may challenge the current organizational practice

When to Use an Advisory Committee?

Advisory committees can be invaluable when you need to:

- Consider the concerns of various stakeholders and/or the general public
- Provide a two-way communication link to the community
- Build capacity in the community to participate more effectively in the health care system
- Receive feedback on policies, programs, documents or projects
- Develop a specific product, like a public participation plan or a publication
- Receive ongoing feedback on the implementation of a plan or initiative

Useful Tips

- Advisory committees are especially valuable when there is a high volume of decisions being made requiring public input
- Advisory committees may be helpful when VCH needs to demonstrate it is consulting broadly – this is important in very controversial situations where a decision may be open to criticism which may delay progress
- Advisory committees are not the only tool that can be used to get input from the public. It is critical to match the correct tool to your intended outcome and objective. *(Please see the Technique Selection Table on page 11.)*

3. HOW TO GET STARTED?

The steps below are listed in a specific order, but you may find you need to revisit steps as your project moves forward. Be sure to give yourself sufficient planning time so that early drafts of plans can be corrected as needed.

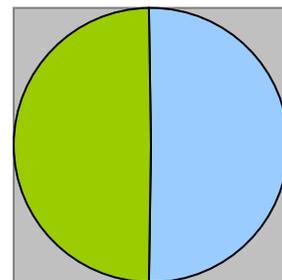
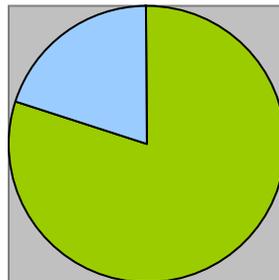
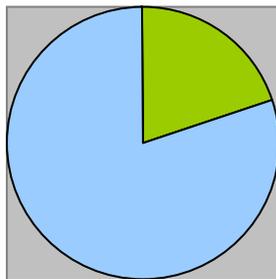
FIRST STEP, ask these questions:

- Is your manager/director supportive of setting up this kind of a committee?
- Is your team interested in this kind of input?
- Do you have the resources to support the committee (time, funds)?
- Does such a committee help you to fulfill your strategic goals and priorities?
- To whom will the committee report?

SECOND STEP, determine the scope of the committee:

Bringing the public to the table as part of the team can be a new concept to health care providers and public members could feel intimidated. Through communication, mutual respect and following the process both staff and the public can have a very positive experience. To ensure it will be beneficial to all, ask the following questions:

- Will the committee focus its work on a specific program area, a facility, or an identified issue?
- Are members of the public to be representatives from specific population groups, or from a given geographic area? Are there community members who are already involved in the issue at hand?
- What would be the ideal number of people on this committee? We find that the total number should be kept to a maximum of 20, allowing for diverse representation, effective communication and consensus building.
- What will be the role of the leading staff person(s)? It is recommended that the lead staff person(s) be the link between the committee and the body it reports to, coordinate administrative support, oversee the committee budget and expenses and link up with other staff.
- What will be the role of other staff members on the advisory committee?
- What will be the composition of the committee in terms of staff, members of the public, and/or representatives from community agencies? (*Please see “Things to consider” on page 7*). Using a pie chart may help you determine the right balance for your project.



Things to Consider

Skill Sets

Necessary areas of expertise, clinical and other

Representation

- Geographic location

If the public's perspectives on the issues to be addressed by the ongoing advisory committee depend on regional differences, it may be appropriate to choose members who also represent the various geographic areas.

- Interests

Membership should reflect the breadth of relevant interests or perspectives around the issue(s) to be addressed by the advisory committee. These interests will become clear as the public participation plan is developed. Any key interests left off the advisory committee will hurt the committee's credibility.

- Demographics

Membership should reflect the population make up of your community.

Commitment

- intended meeting time
- participation requirements
- confidentiality

Committee Size

- 15-20

While advisory committees range in size, 15-20 members is ideal. There should be enough people to have a solid core attend each meeting, even with inevitable absences, but not so many that participation by all members is difficult. The number of committee members will need to be balanced against the need for diverse representation

Length of Term

Some advisory committees meet for years. In such cases, members may be appointed to serve for specific terms. Recruitment efforts will be easier if potential members know they will serve for a specific period of time. Two- or three-year terms are typical.

Diversity

- education
- age
- gender
- ability
- economics
- ethno-cultural
- interest group affiliation



THIRD STEP, identify an initial core group to establish the committee:

This core group's main purpose is to assist with the development of the new committee, including drafting the Terms of Reference and recruiting members. Staff members should be part of this initial group. The core group will not necessarily become members of the final committee, but will contribute their expertise to its establishment.

- The core group identifies the purpose, scope and reporting relationships of the committee
- The core group drafts the Terms of Reference. There are many examples of such documents that can be used as a guide. *(Please see the Resources section, page 12, for a sample).*
- The core group identifies potential members and starts the recruitment and screening process. Initial screening could be done by staff since they have more authority than volunteers of an ad hoc committee. However, the core group could be involved in the interviewing of prospective members and checking of references. *(Please see the Resources section, page 14, for a sample application form that can be adapted to various committees.)*
- The core group needs to have some appreciation that some members of the committee will be volunteers, while others will be members as part of their regular work duties (consider workload, timing of meetings, recognition, etc.).
- Ensure there is a Confidentiality Statement adopted, and that each recruited member signs it. *(Please see the Resources section, page 16, for a sample.)*
- Determine who will provide administrative support for the committee – including sending out agendas, taking meeting notes and distributing other relevant materials
- Before the initial meeting, in some cases you will need to build the capacity of individuals to work with each other – for example, how staff can work with members of the public

Recruitment Tips

You will be looking for people who, for the most part, can:

- Attend meetings regularly
- Articulate their interests, concerns, and perspectives on the issue being addressed
- Read, learn, and absorb relevant information
- Maintain an open mind regarding other people's views
- Focus on “the big picture”
- Work as a team member
- Participate collaboratively in group decision-making
- Constructively manage conflict that might emerge within the committee
- Understand that the committee's purpose is to give input, but that recommendations may not necessarily be adopted

Where to find new members:

- Community organizations, faith communities, advocacy groups
- Residents associations, volunteer centres, recreation groups
- Specific population groups such as senior's or women's groups
- Aboriginal, ethno-cultural groups
- Community service providers
- Business groups and chambers of commerce
- Self-help and support groups
- Local governments and social planning committees

Getting the word out:

- Newsletters and community bulletin boards
- Local newspapers and radio
- The VCH Website on the Community Engagement page (www.vch.ca/ce)
- Online networks

Please consider:

- Make it easier for people to join by considering the timing of the meetings and their location
- Provide babysitting or respite for those who have caregiving responsibilities
- Reimburse people for transportation and parking costs
- Provide light refreshments if the meeting is scheduled during a meal time

FOURTH STEP, hold the initial meeting:

The first meeting will serve as an orientation to the members. The agenda should include:

- A mutual introduction so people get to know each other
- A briefing on the committee's purpose, scope and Terms of Reference
- A discussion on the planning and coordination of future communication and meetings
- Agreement on how members will conduct business and resolve disagreements
- You may also wish to develop guidelines with the group regarding confidentiality, respectful communication and group expectations

Useful tips:

- The committee can choose either a permanent or a rotating chair person
- If there is no administrative support, the committee could elect to have members act as note takers
- Consider the use of informal notes, as opposed to formal minutes – this will streamline your operations. *(Please see the Resources section, page 17, for a sample template for meeting notes.)*
- Meeting notes need not document every statement made, but should reflect the action items resulting from the discussion

Considerations for successful collaborative meetings:

- Use first names rather than titles
- Avoid jargon, medical terminology and acronyms
- Remind people as needed of the group guidelines
- Share education and information about VCH programs or projects so that public members can participate fully in the discussion

4. ONGOING COMMITTEE SUPPORT

Turnover can be a problem in any advisory committee. You will need extra care to fill vacancies with new members who share characteristics with the person who has resigned to retain the integrity of the overall design and composition of the advisory committee.

Member's terms can be staggered so that only a portion of the committee is new and institutional knowledge is retained. This approach allows for balance between long-term understanding and fresh perspectives.

Orientation will be required for newly recruited members. This could be handled through a mentoring system – whereby staff or an established member coaches the new member and introduces them to the relevant materials and current issues.

Sustaining Public Participation takes ongoing commitment on the part of VCH staff and the community. Volunteer recognition, promotion, raising the profile of the committee, regular VCH updates on VCH activities and other similar committees can all help sustain commitment.

Evaluation will be useful to conduct with all members once per year or every two years, asking for their views on the committee's effectiveness and on the process of communicating with each other.

Professional Support can be provided by the VCH Community Engagement Team. Advice can be provided on committee set-up, recruitment and orientation plans, reviewing Terms of Reference and setting up an evaluation process. The CE Team can also coach staff who have been given the responsibility of a committee.

5. RESOURCES

Technique Selection Table* (from the Public Participation Spectrum, page 2)

When Do We Inform?	Techniques used when Informing
<ul style="list-style-type: none"> ■ A decision has already been made; there is no opportunity to influence the final outcome ■ Information is necessary to address concerns or prepare for involvement ■ Factual information is needed to describe a policy, program or process ■ An emergency or crises requires immediate action 	<ul style="list-style-type: none"> > Advertising and Social Marketing > Fact Sheet/Backgrounder document > Exhibit at an Information Fair > Mail out > Open House > Press Release
When Do We Consult?	Techniques used when Consulting
<ul style="list-style-type: none"> ■ When we need to listen and gather information to inform decision-making ■ Policy or program decisions are still being shaped ■ There is a commitment to respond to public feedback but not necessarily to ongoing involvement with stakeholder groups 	<ul style="list-style-type: none"> > Focus groups > Questionnaires > Community mapping > Bilateral Meetings with Stakeholders > Community of Public Meetings > Public forums > Surveys > Reference groups
When Do We Involve?	Techniques used when Involving
<ul style="list-style-type: none"> ■ When we need two-way information exchange ■ Individuals and groups have an interest in the issue and will be directly affected by the outcome ■ We want to encourage discussion among and with stakeholders ■ There is an opportunity to influence the final outcome; input will shape policy directions/program delivery 	<ul style="list-style-type: none"> > Advisory Committee, Board or Council > Issue Conferences > Nominal Group Process > Workshops
When Do We Collaborate?	Techniques used when Collaborating
<ul style="list-style-type: none"> ■ Individuals need to talk to each other regarding complex, value-laden issues ■ There is a capacity for individuals to shape policy and program decisions that affect them ■ There is opportunity for shared agenda setting and more flexible time frames for deliberation on issues 	<ul style="list-style-type: none"> > Charrette > Advisory Councils > Retreats > Round Tables > Think Tanks
When Do We Empower?	Techniques used when Empowering
<ul style="list-style-type: none"> ■ Community partners, individuals and groups, have accepted the challenge of developing solutions themselves ■ Community partners, either individuals or groups, ultimately manage the process ■ We are ready to assume the role of enabler ■ When we are committed to developing policies and programs in partnership 	<ul style="list-style-type: none"> > Funding from SMARTFUND or AHIP > Citizen's Juries > Study Circles

* Please contact the CE Department for more information or assistance on any of these techniques

5. A Sample Terms of Reference

Regional Palliative Care Program Community Reference Committee

Terms of Reference

Purpose

1. To facilitate bringing the 'community voice' to the priorities and implementation for the Palliative Care Strategy.
2. To influence the decisions and recommendations of the VCH Regional Palliative Care Steering Committee through community consultation and engagement, ensuring the Palliative Care Strategy and any other future regional palliative initiatives meets the current and emerging needs of clients, caregivers and diverse communities.

Reporting Relationships and Accountability

The Community Reference Committee (CRC) shares stewardship of the Regional Palliative Care Strategy in a partnership that includes the Regional Palliative Care Steering Committee, the Regional Palliative Care Leadership Team and Community Engagement, with expectation of mutual reporting and exchange of information.

Guiding Principles

- Members of the CRC will act as a channel or 'bridge' for their community members, communicating information about strategy development to their community members and gathering feedback from them, in order to inform decision-making processes as the strategy is implemented
- Each member represents a number of different communities, including geographical (Health Service Delivery Areas), gender, religious/spiritual, ethno-cultural, language-based, rural and urban, and many other 'communities', as well as both personal and professional experiences with palliative care
- Members are encouraged to share their knowledge, skills and experience with the VCH Regional Palliative Leadership Team, and with each other, representing their own communities' experiences, as well as learn from and support each other's perspectives in the committee's efforts to propose recommendations
- Members will collaborate together in the committee's analysis of services and policy, in order to create recommendations which will best meet the needs of all represented communities on the committee

Responsibilities

- Review the Community Engagement Consultation Report (August 2005) and the Regional Palliative Care Strategy (November 2005), and from that context, advise the Regional Palliative Care Leadership Team on priority areas for strategic attention, and directions to be taken in its implementation
- In collaboration with the Leadership Team and Steering Committee, review and advise on strategic priorities, policies, activities and identified health outcomes, to ensure they reflect the needs of clients, caregivers and diverse communities
- Review other documents as required (e.g. BC Ministry of Health Provincial Framework for End-of-Life Care, May 2006) to support formation of recommendations

- Identify areas of community need that have not yet been adequately addressed by the strategy (e.g. pediatrics, Downtown Eastside, Aboriginal issues), to support their integration into the regional plan
- Share information with, and solicit feedback from community members and community partners for development of recommendations (e.g. educational materials, possible future initiatives)
- Identify and support methods of further consultation with public on subsequent strategy development (e.g., gathering feedback from public, giving referrals to appropriate community contacts for consultation)
- Assist the Regional Leadership Team in ongoing monitoring of program implementation
- Perform annual assessment of:
 - the CRC's work, including its relationships with the Palliative Care Steering Committee and the Regional Palliative Care Leadership Team, providing recommendations on how to improve its effectiveness as 'bridge' between the public and VCH
 - the Palliative Care Program's effectiveness in responding to public needs and involvement

Membership

There will be a maximum of 15 members on the CRC, which can include clients, caregivers, or service-providing agency representatives such as hospice societies, disease/condition-based societies, etc.

Members are broadly informed and interested in palliative care issues, and broadly engaged in their community.

To ensure the diversity of our region is reflected within the CRC membership, current and future recruitment will strive to include gender, ethno-cultural, language, Aboriginal, paediatric, Downtown Eastside and other communities whose perspectives require representation.

Members of the committee are appointed for a 2-year term, with the opportunity to serve for two additional 2-year terms, to a maximum of six years. Committee members will be encouraged to identify and mentor new members to ensure continuity, and are encouraged to initiate recruitment after the first year of their first term. After the end of the committee's first year, new members may be recruited at any time to fill vacancies, their 2-year term beginning at the time of appointment.

All CRC applicants will be required to complete an application form and screening process prior to joining the committee.

There will be no remuneration for participation on the CRC but out of pocket expenses will be reimbursed.

Frequency of Meetings

The CRC will meet on a monthly basis for the first three meetings, and then at least quarterly thereafter.

5. B Sample Application Form

Vancouver Coastal Health VCH Hospice/Palliative/End of Life Care Regional Community Reference Committee

Name:

Address:

Phone:

E-mail:

Are you currently an employee of Vancouver Coastal Health? **Yes** **No**

Do you live in **Vancouver** **Richmond** **North Shore** **Other**_____

Please describe your interest in joining a hospice / palliative care committee:

Please describe experience that you may have in the following areas:

- Working within committees
- Working collaboratively to examine services, policy and/or strategies
- Being involved in discussions and or decisions regarding issues within healthcare or related to health
- Hospice/Palliative/End of Life Care services

What do you believe makes you a good candidate to represent the public perspective on this committee?

Are you currently involved in your community or with broader social concerns? Please describe your involvement.

Are there other things that you would like to tell us about yourself?

REFERENCES:

Please give the names of two people who can be contacted for a reference:

Name:

Relation to Applicant:

Phone:

Name:

Relation to Applicant:

Phone:

Important additional information

Time commitment:

We are looking for participants who are interested in being committed to an ongoing and unfolding opportunity. This committee meets once every three months. Meeting preparation includes between 2 and 3 hours of reading.

All meetings are held on Thursday afternoons, from 3-6pm, as follows:

June 19th, 2008

1. Thursday, September 18th, 2008, 3-6pm
2. Thursday, November 20th, 2008, 3-6pm
3. Thursday, February 19th, 2009, 3-6pm

Do you foresee having difficulty with the time commitments as outlined above?

For additional information on this process or to find out about other opportunities, please contact:

**Margreth Tolson, Community Engagement
604.708.5320**

5. C Sample Confidentiality Statement

VCH Community Engagement **CONFIDENTIALITY UNDERTAKING** COMMITTEE MEMBERS

Last Name: _____ First name: _____

Committee Name: _____ (the "Committee")

In consideration of Vancouver Coastal Health Authority ("VCH") permitting me to participate in the Committee detailed above, I do hereby acknowledge and agree as follows:

1. I will adhere to the VCH Information Privacy and Confidentiality Policy and related policies as amended from time to time, concerning the collection, use and disclosure of information obtained in the course of my participation in the Committee with VCH;
2. I understand that all personal information concerning staff, volunteers and patients/clients/residents who receive services from VCH (including medical records relating to patients/clients/residents) is confidential and may not be communicated anyone in any manner, except as authorized by VCH or applicable policies;
3. I understand and acknowledge that all information regarding the affairs of VCH including corporate, financial and administrative records is confidential and may not be communicated or released to anyone in any manner, except as authorized by VCH or applicable policies;
4. I will not copy, alter, interfere with, destroy or remove any confidential information or records except as authorized by VCH and in accordance with established policies; and
5. I understand that compliance with confidentiality is a condition of my membership in the Committee with VCH and that failure to comply may result in immediate termination of my membership, in addition to legal action by VCH and others.

I also confirm having read and understood the following:

- VCH Information Privacy & Confidentiality Policy

Please use pen to complete. Confidential when completed.

Print Name: _____

Signature: _____ Dated _____

5. D Sample Template for Meeting Notes

Advisory Committee Name
Meeting Notes
DATE
TIME
LOCATION

ATTENDANCE

Committee Members:

Guests:

VCH Staff:

Meeting called to order at (TIME)

Item	Description/Comment	Action
1.0	WELCOME & INTRODUCTIONS	
2.0	COMMITTEE FUNCTIONS	
	<u>REVIEW/APPROVE MINUTES OF LAST MEETING</u>	
	<u>COMMITTEE BUSINESS:</u>	
3.0	OTHER BUSINESS	
4.0	NEXT MEETING	
5.0	Adjournment	

REFERENCES

Websites:

Clinical Governance Support Team:
www.cgsupport.nhs.uk/Programmes/Patients_Accelerating_Change_Programme.asp

Institute for Family-Centered Care: www.familycenteredcare.org

Institute for Healthcare Improvement: www.ihl.org

Picker Institute (Europe): www.pickereurope.org

Vancouver Coastal Health, Community Engagement Department: www.vch.ca/ce

Voice4Patients: www.voice4patients.com

World Health Organization – People at the Centre of Care Initiative:
www.wpro.who.int/sites/pci

Documents:

Health Council of Canada; [Primer on Public Involvement](#); Toronto, July 2006

Institute for Family Centered Care; [Advancing the Practice of Patient-and-Family-Centered Ambulatory Care - How to get Started](#); September 2008

Institute for Healthcare Improvement; [Delivering Great Care: Engaging Patients and Families as Partners](#); February 2006

National Health Service Modernization Agency; [Improvement Leaders' Guide - Involving Patients and Carers - General Improvement Skills](#); London, 2005

Participation Quarterly International Association for Public Participation; [15 Principles of Best Practice for Citizen Advisory Committees: Planning in the Great Lakes](#); August 2005

Reid Ponte, Pat et al.' [Making Patient-Centered Care Come Alive](#); Journal of Nursing Administration, Vol 33 No 2, February 2003

Vancouver Coastal Health, Community Engagement Department; [Community Engagement Framework](#); November 2006