



EFFECTIVE STRATEGIES FOR INTERACTIVE PUBLIC ENGAGEMENT IN THE DEVELOPMENT OF HEALTHCARE POLICIES AND PROGRAMS

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Effective Strategies for Interactive Public Engagement in the Development of Healthcare Policies and Programs
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MAIN MESSAGES

Interactive public engagement – that is, informed discussion among citizens that is designed to contribute to decision-making – can be implemented successfully in a variety of situations.

The degree of success of these public engagement strategies depends on a wide range of factors. Commitment of organizations to the process and the types of issues chosen for engagement appear to play a more important role than other aspects.

Partnerships play a central role in promoting the effectiveness of community-based public engagement strategies. Sustaining these partnerships beyond the public engagement process is critical to ensuring lasting change.

Participants in public engagement processes report high levels of satisfaction when:

- ▶ Objectives are communicated clearly
- ▶ Adequate information material is provided in advance of the discussion
- ▶ Group debate is included in the process
- ▶ Discussions are well-managed.

As public engagement in the health field grows, greater attention to improving the quality of evaluation is needed to adequately inform decision-makers about effective public engagement strategies. Our synthesis points to promising recent developments on this front. Common terminology and evaluation criteria, along with more rigorous evaluation of the effects of public engagement on clearly defined outcomes, are needed to achieve meaningful progress in the future. Innovative research-practice partnerships would facilitate these advances.

EXECUTIVE SUMMARY

Identifying effective strategies for involving the public in healthcare issues is a priority for Canadian health system managers and policy-makers. This synthesis aims to answer an overarching question: *What is known about the effectiveness of interactive strategies for engaging the public in the development of healthcare policies and programs?* For the purpose of our synthesis, we define “interactive public engagement” as a category of methods for involving citizens in healthcare decision-making that incorporates at least three key elements: 1) the provision of information to participants about the topic/issue being discussed; 2) the opportunity for interactive discussion among participants and potentially between participants and the public engagement sponsors; and 3) an explicit process for collecting individual or collective input.

This report was prepared for and funded by the Canadian Health Services Research Foundation and the New Brunswick Health Research Foundation. As such, attention was paid to aspects of the New Brunswick context relevant to public engagement design, with specific emphasis on interactive public engagement – that is, informed discussion among citizens designed to contribute to decision-making.

Objectives of this synthesis

1. To determine the current state of knowledge on effective strategies for interactive public engagement in developing healthcare policy and program delivery at a provincial/regional level, with particular attention to public engagement:
 - ▶ of rural populations;
 - ▶ in both official languages; and
 - ▶ regarding the determinants of health.
2. To critique the quality of the evidence available on effective public engagement, as well as any tools that may provide guidance to governors of health services and systems.
3. To identify the implications for further research resulting from the synthesis.

Approach and methods

We chose the method of critical interpretive synthesis (CIS) to guide our work. CIS is a relatively new review method that allows for the conceptual translation of quantitative and qualitative studies as well as non-empirical papers. It is an approach to review as much as it is a synthesis method, and is particularly well suited to the synthesis of diverse literatures such as published and grey literature, and health sciences and social sciences, where the phenomenon of interest, populations, interventions and outcomes may not be well specified. Under these conditions, a more iterative approach is called for in refining the review question, identifying inclusion criteria, and determining relevant articles for review.

We reviewed 34 published and grey literature documents (from an initial set of 646) that met our inclusion criteria; that is, that were focused on public engagement in the health field. The focus was on the following types of material:

- i. Original and review articles of empirical studies of public engagement methods, practices and evaluations in the development of healthcare policy and programs;
- ii. Theoretical and conceptual work in the health field that informs the evaluation of public engagement; that is, that helps us to define and assess “what works”;
- iii. Key background papers offering critical discussions of key methodological and theoretical issues that pertain to the field of public engagement (e.g. discussions of representativeness and accountability).

Key findings

- ▶ Interactive public engagement – that is, informed discussion among citizens that is designed to contribute to decision-making – can be implemented successfully in a variety of situations.
- ▶ The degree to which these processes are likely to be successfully implemented is shaped by a range of contextual variables. Organizational commitment and issue characteristics seem to play more important roles than other contextual variables.
- ▶ Public engagement mechanisms should be adapted to the wider context of policy development around the issue, including the type of topic, the group(s) to be engaged, the history of the issue and the perceived power dynamics.
- ▶ The skills required to conduct interactive processes can be learned in a supportive organizational environment.
- ▶ Participants in well-designed interactive public engagement processes tend to report high levels of satisfaction with the communication of objectives, adequacy of the information materials provided to inform discussions, and the logistics and management of the deliberation. Increased levels of topic-specific learning are also commonly reported.
- ▶ Interactive public engagement methods can influence participant views but are less likely to change more dominant views (top rankings, highest priorities).
- ▶ Group debate is an important contributor to perceived satisfaction with the process and the subjective outcomes of the event. Process satisfaction does not necessarily correspond with the perceived impact of participation on policy decision-making.
- ▶ Partnerships play a central role in promoting the effectiveness of community-based public engagement strategies. The institutionalization of these partnerships beyond their active phase is critical to enabling sustainable change.

Conclusions

While there has been heightened interest in systematic and scoping reviews of public engagement in the health field, there is a need for greater clarity about the meaning of effective public engagement, as well as common evaluative criteria. There is also a need for more rigorous evaluation of the effects of public engagement on a range of outcomes of interest.

Public engagement practice will be advanced by giving equal attention to: i) developing a strong theoretical foundation for public engagement mechanisms; ii) rigorous methods that combine quantitative and qualitative approaches; and iii) innovative research-practice partnerships that would benefit both practitioners and researchers.

Current interest in public engagement among Canadian health system managers and policy-makers needs to be matched by clear thinking from all interested parties (researchers, managers and policy-makers) about the terminology, goals, theoretical properties and benefits of public engagement. Continued ambiguity in this area threatens meaningful progress towards informing practice and effectively involving the public in the development of healthcare policies and programs.

1 INTRODUCTION

Identifying effective strategies for involving the public in the development of healthcare policies and programs is a priority for Canadian health system managers and policy-makers. The final report of a national consultation with health policy- and decision-makers, *Listening for Direction III*, identifies values-based decision-making and public engagement as one of 11 priority research themes and also incorporates public engagement within several of these other themes (Law, Flood and Gagnon, 2008). Much of this activity falls under public engagement – the term currently used to capture efforts to bring citizens into public policy and health system decision-making processes.

The case for public engagement is a compelling one – it is central to promoting an accountable and responsive health system. However, there also are risks and limitations associated with its pursuit. Representing public voices in health system decision-making can be threatening to status quo interests. Moreover, carefully designed, meaningful and sustained public engagement requires considerable support. Implementing effective, context-appropriate public engagement is particularly challenging within provincial and regionalized health systems, where public engagement is a core activity for management teams but is typically carried out within constrained budgets that allow for only superficial evaluation. As interest and pressure grow to involve the public more meaningfully in healthcare decision-making, the knowledge gap about what works and what doesn't poses frustrating barriers to decision-makers looking to draw transferable lessons to inform the design of public engagement processes. The research synthesis in this report aims to reduce this gap.

This report was prepared for and funded by the Canadian Health Services Research Foundation and the New Brunswick Health Research Foundation. As such, attention was paid to aspects of the New Brunswick context relevant to public engagement design, with specific emphasis on interactive public engagement – that is, informed discussion among citizens designed to contribute to decision-making.

1.1 Research Question

Our synthesis is guided by the overarching question:

What is known about the effectiveness of interactive strategies for engaging the public in the development of healthcare policies and programs?

1.2 Objectives

1. To determine the current state of knowledge on effective strategies for interactive public engagement in developing healthcare policy and program delivery at a provincial/regional level, with particular attention to public engagement:
 - ▶ of rural populations;
 - ▶ in both official languages; and
 - ▶ regarding the determinants of health.
2. To critique the quality of the evidence available on effective public engagement, and to identify tools that may provide guidance to governors of health services and systems.
3. To identify the implications for further research resulting from the synthesis.

2 CONCEPTUAL FRAMEWORK

For the purpose of our synthesis, we define “interactive public engagement” as a category of methods for involving citizens in healthcare decision-making that incorporates at least three key elements: 1) the provision of information to participants about the topic/issue being discussed; 2) the opportunity for interactive discussion among participants and potentially between participants and the public engagement sponsors; and 3) an explicit process for collecting individual or collective input.

In general, the public engagement literature has paid little attention to defining and evaluating the effectiveness of public engagement processes (Abelson and Gauvin, 2006):

“The vast and eclectic literature on participation displays a common feature: a singular lack of concern with outcomes, or the effectiveness of participation.” (White, 2000:466)

More recent reviews of international public engagement practice have also noted this gap:

“... there is a striking imbalance between the amount of time, money and energy that governments in OECD countries invest in engaging citizens and civil society in public decision making and the amount of attention they pay to evaluating the effectiveness and impact of such efforts.” (OECD, 2005)

Given the growing interest in public engagement among decision-makers and the corresponding increase in public engagement scholarship and practice in recent years, we were interested in determining whether this situation still exists. In our own public engagement evaluation research, we have drawn on the work of Rowe and Frewer (2000 and 2004), who have contributed substantially to the field of public engagement evaluation over the past decade. They have taken on the challenging task of trying to define what constitutes “effective public participation” and establishing which mechanisms work best in which situations and why (Rowe and Frewer, 2004). Their work is rooted in the following concern:

“Unless there is a clear definition of what it means for a participation exercise to be effective, there will be no theoretical benchmark against which performance may be assessed.” (Rowe and Frewer, 2004:517)

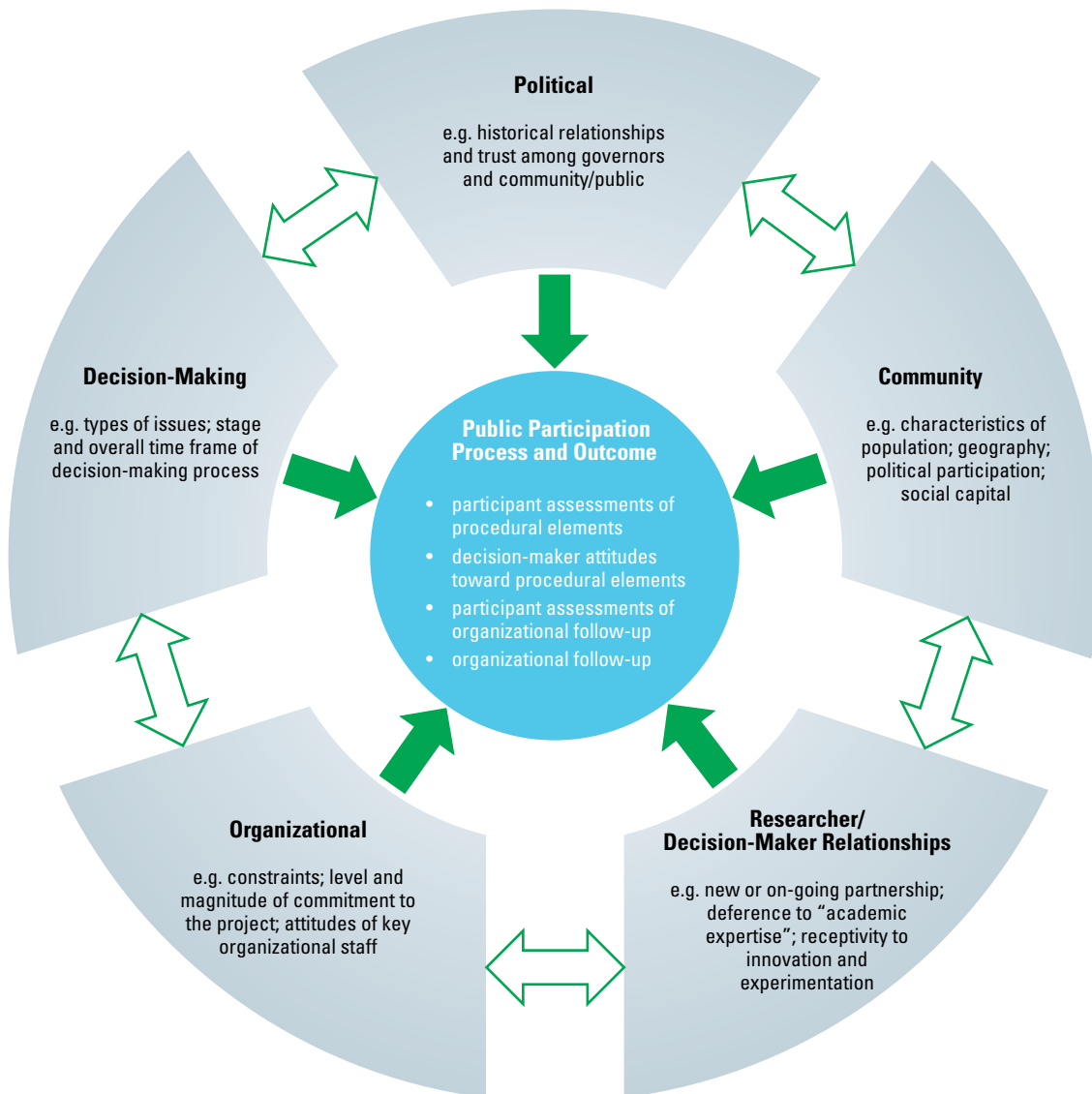
From their own synthesis of the public participation literature, they distilled nine evaluation criteria that they use as the basis for evaluating public engagement:

ACCEPTANCE CRITERIA	PROCESS CRITERIA
1. Representativeness	6. Resource accessibility
2. Independence	7. Task definition
3. Early involvement	8. Structured decision-making
4. Influence	9. Cost effectiveness
5. Transparency	

(Rowe and Frewer, 2004)

Recognition of the highly context-driven nature of public engagement processes also requires that close attention be paid to the various contextual variables that may influence the public engagement process and its outcomes, such as the external political environment within which the process is being carried out, as well as aspects of the decision-making and organizational context. These important factors have been highlighted by Thurston et al. (2005) and Abelson et al. (2007) (Figure 1).

Figure 1. Contextual variables and potential impacts explored



In addition to the frameworks outlined above, we were interested in identifying new evaluation criteria and frameworks that build on previous work, particularly those that have been developed for specific application to the health arena – the focus of our synthesis.

3 APPROACH AND METHODS

From the growing number of synthesis methodologies, we chose the method of critical interpretive synthesis (CIS) to guide our work. CIS is a relatively new review method that allows for the conceptual translation of quantitative and qualitative studies, as well as non-empirical papers (Dixon-Woods et al. 2006). It is an approach to review as much as it is a synthesis method, and is particularly well suited to the synthesis of diverse literatures such as quantitative and qualitative; published and grey; and health and social sciences, where the phenomenon of interest, populations, interventions and outcomes vary and may not be well specified. Under these conditions, a more iterative approach is called for in the refinement of the review question, and the identification of inclusion criteria and relevant articles for review (Dixon-Woods et al. 2006). Based on our prior work in this area, the features of CIS captured the essential characteristics of the public engagement literature under review.

Using the CIS approach, we searched the published and grey public engagement literature with a focus on the following types of material:

- i. Original and review articles of empirical studies of public engagement methods, practices and evaluations in the development of healthcare policy and programs;
- ii. Theoretical and conceptual work in the health field that informs the evaluation of public engagement; that is, that helps us to define and assess what works; and
- iii. Key background papers offering critical discussions of key methodologic and theoretical issues that pertain to the field of public engagement (e.g. discussions of representativeness and accountability).

3.1 Sources

Eleven databases of published literature from 2000 to 2009 were searched: OVID/Medline; ABI/Inform; Social Sciences Index; Cochrane Collaboration; CSA Worldwide Political Science Abstracts; ScienceDirect; Sociological Abstracts; PsycINFO; Wilson Business Abstracts; Humanities Index; and General Sciences Index. These databases include both health and non-health content. Search terms were developed through an iterative process that involved research team consultations to identify key component terms of interest including: 1) public, citizen and consumer; 2) engagement, involvement and participation; 3) health (care) policy and health (care) program; and 4) evaluation and effectiveness. We consulted with a research librarian to tailor our searches to the specific databases. Different combinations of terms were used to carry out several searches within each database to ensure that relevant material was not missed. The results of these searches are reported in Appendix 1. Additional keywords were added to ensure that the search encompassed rural populations, both official languages and the determinants of health. Searches were limited to articles published in English and French since 2000, which coincides with the more widespread use of interactive public engagement and with the completion of our previous literature synthesis (Abelson et al. 2003). This search was complemented by searches of existing literature databases created through previous studies of the authors, one focusing on deliberative processes (see Abelson et al. 2003) and one focusing on public participation in priority setting (see Mitton et al. 2009). Articles obtained using the search strategy were supplemented by recommendations from colleagues and from references obtained through hand-searching of bibliographies. A similar keyword/search term strategy was used to search the grey literature, but applied to a different set of databases and to selected Canadian organizations (Appendix 2).

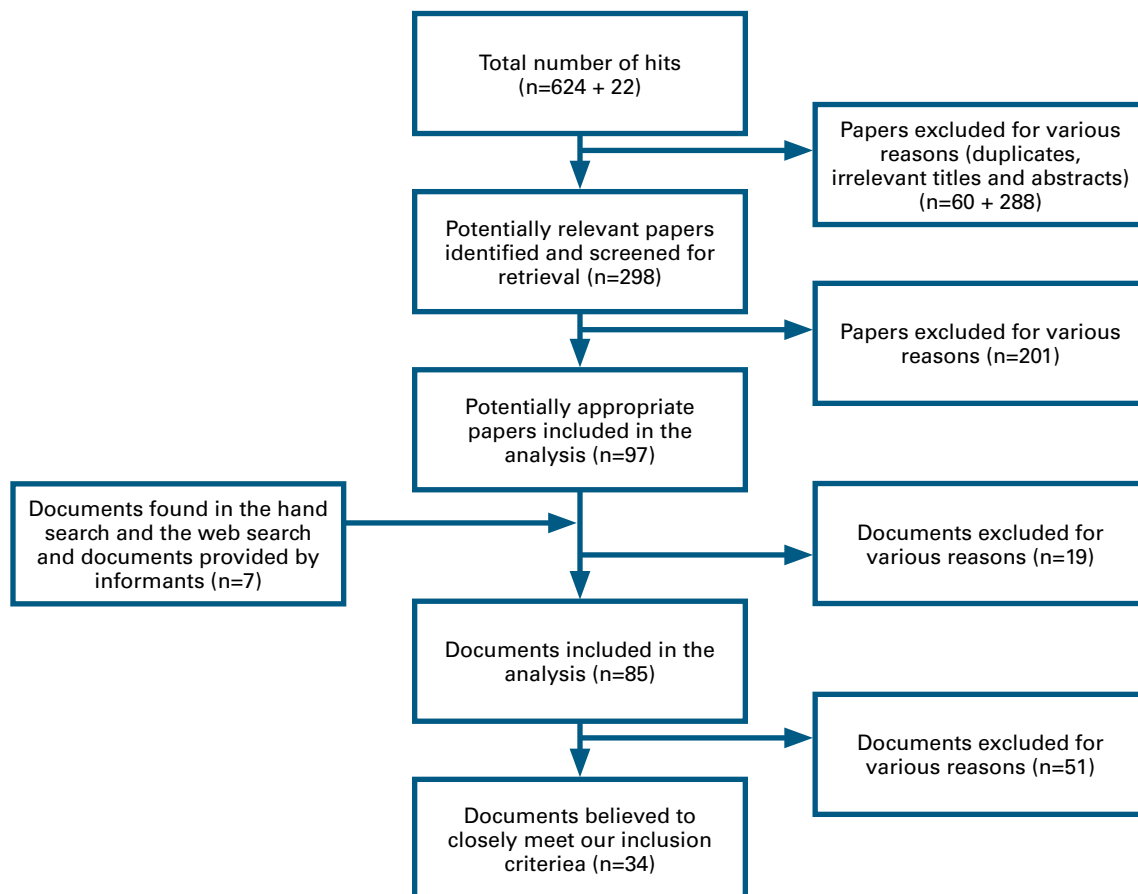
3.2 Article screening and application of criteria

Our initial search yielded 624 hits from the 11 databases searched for the 2000-2009 period. Sixty articles published before 2000 were eliminated and a further 288 “non-health” articles were set aside for separate consideration given the focus of our review on public engagement in the health arena. We had difficulty locating 19 of these and based on a review of the publication source and title, we therefore decided not to pursue the acquisition of these articles. A similar process was used to screen a much smaller set of Canadian grey literature documents (n=22).

After a more detailed review of article abstracts, we excluded a further 201 articles, leaving 97 articles for inclusion and analysis. We then asked our international network of colleagues to review this list and identify additional relevant material that was missed. Based on their suggestions, a revised list was created and cross-referenced with the references included in the Mitton et al. (2009) scoping review, to ensure that all post-2000 articles were captured.

Research team members read and summarized the peer-reviewed articles and grey literature using two standardized extraction sheets (one for empirical and the other for non-empirical work). These extraction sheets were used to elicit information about any of the following aspects of public engagement: purpose, context, method or process, and the criteria or approach used to evaluate the process. Nineteen additional articles were eliminated following the completion of the data extraction sheets because they did not relate to our specific focus on the available evidence about “effective” or “successful” interactive public engagement methods in the healthcare field. The document set was then further reduced to 34, following a more detailed review of each document by pairs of research team members (Figure 2).

Figure 2. Screening process for the synthesis review



4 FINDINGS

Our core set of documents (n=34) include a combination of systematic, scoping and narrative reviews (n= 5), empirical studies in the health field involving the evaluation of a public engagement initiative (n=12), non-empirical papers in the health field that focus specifically on public engagement evaluation approaches and methods (n=8), and Canadian grey literature documents, which include a combination of empirical and non-empirical studies of public engagement in the health field (n=9). Although these 34 documents comprise the main focus of our synthesis, the content of the larger set of 85 documents will be referenced where relevant.

4.1 Systematic, scoping and narrative reviews of public engagement effectiveness

We found one Cochrane review, one systematic review, one scoping review and two narrative reviews (n=5) that were directly relevant to our research question and published within our timeframe of interest (2000–2009). The key features and findings of these reviews are compared in Appendix 3 and reveal a mix of empirical and conceptual reviews of published and grey literature. Three of the five review papers integrate both health and non-health literature, which reflects the interdisciplinarity of the public engagement literature and the important contributions of public engagement scholars outside the health field (environmental sciences, resource management, and others). The findings from the two “within-health” reviews provide only minimal guidance for addressing our research question. Crawford et al. (2002) report that “...involving patients in planning and delivering health services contributes to changes in service provision...” but are unable to isolate the precise effects of involvement on service quality and effectiveness. The strict criteria applied by Cochrane review protocols (Nilsen et al. 2009) permitted inclusion of only five studies. Pooled results demonstrate moderate-quality evidence to support consumer involvement in the development of patient information material, and low-quality evidence that telephone and face-to-face public engagement methods incorporating deliberative features are better than mailed surveys that try to do the same (Nilsen et al. 2009). Abelson and Gauvin’s (2006) synthesis of the empirical and conceptual health and non-health literature provides some key messages to inform public engagement design strategies, such as the importance of tailoring the design to different types of issues, decision-making conditions and groups of participants. They also summarize evidence about the impact of public engagement on participants: increased interest in and knowledge of public issues; capacity for future public involvement; increased propensity for social bond formation; and improved trust of fellow citizens. With the exception of increased knowledge, these results have not been replicated in the health literature. Moreover, the research evidence to date has not weighed in on what role, if any, interactive public engagement methods play in influencing policy- and decision-making.

The shaping effects exerted by contextual variables over the design of public engagement strategies were reinforced by a scoping review carried out by Mitton et al. (2009), which represents the most recent and comprehensive review of the public engagement literature. Their review focused on transferring lessons from the broader health and non-health literature to inform the design of public engagement processes specific to healthcare priority setting. While it is encouraging to observe the heightened interest in systematic and scoping review activity in this area, the principal message from these reviews continues to be the call for greater conceptual clarity about the meaning of effective public engagement, common evaluative criteria, and more rigorous evaluation of the effects of public engagement on a range of outcomes of interest.

4.1.1 *Related reviews*

Although six additional review articles were excluded because they did not have a strict focus on public engagement in healthcare policy and program development, they are noteworthy because of their quality (e.g. Boote and Telford, 2002; Carroll et al. 2006; Cavet and Sloper, 2004) and the consistency of their findings with those of the five reviews discussed above. Some even offer research agendas for evaluation and conceptualizations of the factors associated with “successful” public engagement and/or consumer involvement, a theme discussed in Section 4.4 of this report.

4.2 **Public engagement evaluation studies (published empirical literature)**

We found 12 published studies that explicitly set out to evaluate an interactive public engagement method in the health field. The descriptive content of these studies is summarized in Section 4.2.1 below and illustrated in Appendix 4. Evaluative content is discussed in Section 4.2.2 and illustrated in Appendix 5.

4.2.1 *Descriptive characteristics of the published empirical studies (Appendix 4)*

Of the 12 empirical studies reviewed, seven were carried out in Canada, three in the U.K., one in the U.S. and one in Australia. The geographic communities and populations in which the public engagement processes were conducted varied from a range of health regions covering urban, rural, Francophone and Aboriginal populations (Abelson et al. 2007; Abelson et al. 2003; Menon and Stafinsky, 2008; Quantz, 2001; Thurston et al. 2005), to large metropolitan cities designed to represent regional diversity across Canada (Einsiedel, 2002; Cox et al. 2009). The types of decisions that the public engagement processes were designed to inform in these studies included priority setting, planning and policy development across a range of substantive areas including local health goal-setting; health promotion and healthy public policy; cancer-specific and general health service planning and delivery; and policy development related to new health technologies. All public engagement strategies evaluated involved ad hoc deliberative meetings held over one to three days or long-term collaborative partnerships over several months or years. A range of sampling and recruitment strategies were employed including purposive and stratified random sampling of participants from community-based organizations and self-selection through advertising. Three of the studies examined partnerships as models of or inputs to effective and sustainable public engagement (Minkler et al. 2006; Sitzia et al. 2006; South et al. 2005).

4.2.2 *Evaluative content (from Appendix 5 – published empirical section)*

Much of the empirical public engagement evaluation work in the health field continues to be carried out in the absence of any guiding frameworks that define the theoretical basis for the public engagement process or the relationships among the public engagement mechanism and process or outcome variables of interest. However, most of the articles we reviewed did specify some criteria against which the public engagement mechanism was evaluated with some attempts to use a definition of “effectiveness” as a starting point.

In addition to summarizing the overall findings, Appendix 5 offers some important insights into how the study authors approached the evaluation of public engagement. We were specifically interested in whether and to what extent an overarching framework was used to guide the evaluation, whether evaluation criteria were specified (and if so, which ones), how explicitly effectiveness or success were defined and, most importantly, what key messages were offered regarding the effectiveness of the particular strategy.

A growing number of researchers working in the field of public engagement evaluation are recognizing the significant role played by contextual variables that lie outside of the public engagement process. These factors can have a significant shaping effect on how a public engagement initiative is viewed by participants and policy-makers, and how it is implemented. For example, Thurston et al. (2005) refer to the impact of broader social systems (symbolic, regulatory, political, and economic) on public participation where a major change or event in any of these social institutions or social systems can exert an effect on a public participation initiative, either directly on the initiative, the policy community, or the political space it operates within (p. 245). Examples of how these contextual variables are documented and applied are found in the articles by Einsiedel (2002) and Abelson et al. (2007).

The public engagement evaluation literature has focused most of its attention on participants' assessments of various procedural elements such as the communication of objectives and tasks to be undertaken within the public engagement initiative; the adequacy of the information provided; the quality of the deliberation; resources provided to support public engagement; and communication of follow-up activity following the public engagement event. Other process-oriented assessments include the degree to which the public engagement process has obtained some standard of "representativeness". In some studies, this is measured in terms of the "size and diversity of the audience" (Cox et al. 2009); in others, a more generic goal of representing interested and affected stakeholders is sought. All of these process variables are intended to provide some overall measure of the fairness, credibility and trustworthiness of the public engagement process.

The outcome criteria used in public engagement evaluation studies tend to focus, in order of frequency, on measuring the effects of public engagement on participants, organizations and policy. With respect to participants, studies have assessed the impact of public engagement on participants' views, priorities or values; their learning about the issue under deliberation; their trust in organizations; and their competence for future public engagement activity. These studies generally found positive associations among these factors. Cox et al. (2009) used public debate as an intermediate measure, which was influenced by their use of theatre as the public engagement mechanism. Attempts to assess the impacts of public engagement on organizations, decision-making and policy are much less common and much more methodologically challenging. Abelson et al. (2007) attempted to document these associations through a review of organizational documents within regional health authorities across Canada, but also used participant assessments of perceived impact as a proxy for directly observed impact. Perceived impact on policy was also used by Timotijevic and Raats (2007).

The examination of collaborative partnerships as models of or inputs to effective public engagement has not been well explored in the public engagement field, despite its deep roots in the public health and health promotion literatures. The Minkler et al. (2006) report on the findings from their community-based participatory research partnership (CBRP) in the U.S.A concludes that these types of partnerships can be catalysts for sustaining long-term change if they are institutionalized within the community; that is, if they are able to live beyond the formal partnership. The study of the effects of local cancer partnerships on members, service users, and cancer activities also emphasizes the timeline required for observing meaningful change as a result of formal partnerships (Sitzia et al. 2006).

4.2.3 Key messages about effectiveness

The diversity and mixed quality of the study designs challenged our ability to offer definitive conclusions about the comparative effectiveness of any one public engagement mechanism over another. We are confident, however, in summarizing the following key messages from these studies:

Box 1: Key messages about effectiveness of public engagement (published empirical literature)

1. Interactive public engagement – that is, informed discussion among citizens that is designed to contribute to decision-making – can be implemented successfully in a variety of situations.
2. The degree to which these processes are likely to be successfully implemented is shaped by a range of contextual variables. Organizational commitment and issue characteristics seem to play more important roles than other contextual variables.
3. Public engagement mechanisms should be adapted to the wider context of policy development around the issue, including the type of topic, the group(s) to be engaged, the history of the issue and the perceived power dynamics.
4. The skills required to conduct interactive processes can be learned in a supportive organizational environment.
5. Participants in well-designed interactive public engagement processes tend to report high levels of satisfaction with the communication of objectives, adequacy of the information materials provided to inform discussions, and the logistics and management of the deliberation. Increased levels of topic-specific learning are also commonly reported.
6. Interactive public engagement methods can influence participant views but are less likely to change more dominant views (top rankings, highest priorities).
7. Group debate is an important contributor to perceived satisfaction with the process and the subjective outcomes of the event. Process satisfaction does not necessarily correspond with the perceived impact of participation on policy decision-making.
8. Partnerships play a central role in promoting the effectiveness of community-based public engagement strategies. The institutionalization of these partnerships beyond their active phase is critical to enabling sustainable change.

4.2.4 Related studies

An additional group of 18 studies made our first cut but these were subsequently excluded because they did not provide enough detail about the evaluation undertaken. Often referred to as “practice stories” in the public engagement literature, these real-world accounts provide valuable detail about the benefits and challenges of involving particular communities, citizens or stakeholders in healthcare policy planning and development. A large number of them also share important and interesting findings from actual public engagement processes, including public values toward particular health (care) policies and programs (Ginsburg et al. 2006) as well as public preferences for public engagement itself (Litva et al. 2002). A selection of these additional works has been included in the reference list.

4.3 Assessment of the quality of the research reviewed

Systematic review methodology involves rigorous assessment of the quality of the evidence reviewed, often employing stringent protocols that restrict the selection of included articles to randomized and quasi-randomized trials, interrupted time series analyses, and controlled before-after studies. Our discussion of the review article findings (Section 4.1) suggests that this review methodology is being used prematurely to assess the effectiveness of public engagement studies, and may not be appropriate given the contextuality of public engagement. For instance, a criticism that has been made in the public evaluation literature is that the lack of comparison groups makes controlled comparisons of different public engagement methods impossible. Our review found only three articles that deliberately set out to compare some aspect of public engagement between groups (Abelson et al. 2003; Abelson et al. 2007; Timotijevic and Raats, 2007), which implies that comparative public engagement evaluation research is challenging to undertake and, under many circumstances, unfeasible.

An equally important and perhaps more relevant quality criterion is the explicit use of a framework outlining the specific elements of the public engagement mechanism (objectives, components, resources, participants, and others) and clearly defined effectiveness criteria to inform the evaluation. Based on the application of this quality criterion, we find many more examples of attempts to rigorously evaluate public engagement against a set of *a priori* criteria (Abelson et al. 2007; Cox et al. 2009; Einsiedel et al. 2002; Gregory et al. 2008; Menon and Stafinsky, 2008; Minkler et al. 2006; Sitzia et al. 2006; Timotijevic and Raats, 2007) and in some cases, a theoretically derived framework is referenced (e.g. Einsiedel, 2002; Abelson et al. 2007; Sitzia, 2006; Timotijevic and Raats, 2007; Cox et al. 2009).

4.4 Theoretical and conceptual work on public engagement evaluation (published non-empirical literature)

Our search of the non-empirical literature yielded eight published articles that directly addressed the theory and methods of public engagement evaluation in the health field.¹ Article content focused on two broad themes: 1) the role played by various types of partnerships in supporting and sustaining community-based public engagement evaluation initiatives; and 2) critiques of public engagement approaches within specific health sectors and jurisdictions with alternative approaches offered. These articles represent new theoretical learnings that complement frameworks employed more routinely in the public engagement literature, such as Rowe and Frewer's acceptance and process criteria and Habermas' theory of fair and competent process.

4.4.1 Evaluative content (from Appendix 5 – non-empirical literature section)

Although integrally linked to community-based public engagement, the partnerships literature is not often included in reviews of public engagement literature. Of particular interest in these studies is their focus on the development of conceptual models and indicators for assessing partnership processes, impact and sustainability (Potvin et al. 2003). Boydell and Rugkasa (2007) offer a model for conceptualizing effective partnerships, which can be measured through assessments of connections, learning, action and impact. As with any public engagement strategy, partnerships can be mechanisms for change, but their success is shaped by contextual factors that may be beyond the control of partnership members. Lasker and Weiss (2003) also examine the elements of context, process and outcome in community collaborations in the development of their model of community health governance.

¹ It should be noted that our initial search yielded many more articles that focused either on broader aspects of public engagement in the health field (design and implementation issues that did not focus on evaluation *per se*) or on evaluation theory and methods outside of the health field, where there is a rich body of work.

The other predominant evaluative theme in this set of papers is the critique of landmark public engagement frameworks as well as managerial approaches that have been taken to public engagement. Tritter and McCallum (2006) take on Arnstein’s legendary “ladder of participation” and argue that its “linear, hierarchical model of involvement fails to capture the dynamic and evolutionary nature of user involvement.” Building a successful user involvement system, they argue, requires connecting with as many different groups as possible within a particular sub-system. They also call for clear evidence that involvement will be linked to change in order to ensure the long-term engagement of relevant user groups. In a more narrowly-focused discussion of the failures of managerially defined public engagement, Learnmonth et al. (2009) critique the standard healthcare performance management techniques that have been used to oversee public engagement in the U.K. context. What constitutes effective public engagement for health system managers, they argue, is based on false assumptions about what members of the public can and should contribute through their roles as “ordinary” members. The authors describe the “Catch 22” of asking ordinary citizens to take on professional participant roles by acquiring technical knowledge about the health system and devoting considerable amounts of time to public engagement processes.

4.5 Grey Literature

All grey literature documents were Canadian (as per our inclusion criteria) and represented government documents or commissioned reports sponsored by various governments or think tanks, including two documents specific to the New Brunswick context (Lenihan, 2008; Lenihan, 2009). Document content focused on a range of health issues including community health, public health and the healthcare system (Appendix 6) and included a combination of conceptual ideas about public engagement evaluation as well as case studies of evaluation within a specific context (MassLBP, 2009).

4.5.1 Summary of evaluative content (Appendix 5 – grey literature section)

Given its focus on New Brunswick, we included a report on the Public Engagement Initiative of New Brunswick. It focused mainly on the origins and context for public engagement, the philosophy behind the modern public engagement model, an implementation strategy, and other pertinent themes and conclusions about the initiative (Lenihan, 2008). Public engagement is portrayed as a continuum that involves three stages of the dialogue process: i) examining the issue from various viewpoints; ii) deliberation; and iii) acting on issues discussed. We were unable to assess the degree to which the goals of public engagement described were achieved given the absence of any evaluation of the effectiveness of the initiative.

In documents where evaluation frameworks are more prevalent, we found a heavy emphasis on outcome-based indicators only (Coyne and Cox, 2004; Vancouver Coastal Health, 2009) or a combination of procedural and outcome-based measures (Ardal, 2006; Lenihan, 2009; MassLBP, 2009). Contextual variables are rarely considered. For example, according to the Health Planner’s handbook (Ardal, 2006), a framework is considered comprehensive if it includes formative (staff time, service utilization), ongoing, and summative (changes in behavior, morbidity/mortality) components. The evaluation framework development work carried out by MassLBP also examines a combination of process and outcome indicators, although not explicit in their categorization. Using generic evaluation criteria (design integrity, sound deliberation and judgment, and secondary benefits) as well as the results of the Citizens’ Workshops on Engagement and Health, they developed a detailed scorecard for evaluating public engagement activities at Ontario LHINs – Local Health Integration Networks.

Two grey literature documents are particularly illustrative in their comprehensive approach to measuring public engagement outcomes. Vancouver Coastal Health has been at the forefront of community engagement evaluation for years (Abelson and Gauvin, 2006). Its approach to evaluating the outcomes of its engagement activities is typically multi-faceted and includes a combination of examining the outputs (number of dialogue sessions), short-term outcomes (how consultations inform decision-making) and intermediate outcomes (the extent to which management and staff integrate public engagement in service planning) (Vancouver Coastal Health, 2009). Coyne and Cox (2004) take a comparable approach in the development of an outcome measurement framework to evaluate community capacity-building activities within Vancouver Coastal Health's Sharon Martin Community Health Fund (SMART Fund). Examples of the outcome indicators used include time, sphere of influence, control and relationships.

4.5.2 *Related material*

Over the last decade, public and community engagement frameworks have become much more prevalent within health organizations such as regional health authorities and Ontario's LHINs. A systematic review of these organizational documents is beyond the scope of this synthesis project and is challenging to undertake given the rapidly changing regional health governance arrangements throughout the country. A selective review of these organizational frameworks was conducted several years ago (Abelson and Gauvin, 2006) and revealed that while considerable progress has been made in conceptualizing public engagement, much less progress had been made in developing evaluation criteria and measures.

4.5.3 *Key messages about effectiveness*

Our grey literature findings mirror those of the published literature in their focus on two broad types of evaluation: i) procedural or process evaluation (legitimacy, openness, community responsiveness) and ii) outcome evaluation (improve quality of policy decisions, improve social cohesion). However, less emphasis has been given to the examination of contextual measures. Improving the state of knowledge about all three dimensions of an effective public engagement exercise will enable comparability across studies. A finding specific to the grey literature is the call for open processes of engagement – where policy-makers and participants are involved in setting the indicators, benchmarks and goals in evaluating the performance of public engagement.

5 SYNTHESIS OF FINDINGS

In the preceding sections, we have summarized the key findings from each of our sources of evidence. We turn now to the task of synthesizing and critically interpreting this material to answer our overarching review question as well reflecting more specifically on public engagement: i) of rural populations; ii) in both official languages; and iii) regarding the determinants of health.

5.1 Engaging the public about the determinants of health

Five of our 34 core synthesis documents (three non-empirical and two empirical) addressed the specific theme of public or community engagement about the determinants of health. Public engagement has close ties with the public health and health promotion fields, where local “publics” may be engaged in initiatives to address the particular health needs of marginalized groups, or disadvantaged communities are included in the planning of local health programs. Of particular emphasis in the papers reviewed was the creation of community-based and community-researcher partnerships to address the health needs of populations (Downs and Larson, 2007; Minkler et al. 2006; Boydell and Rugkasa 2007; and Potvin et al. 2003). As discussed in sections 4.1.1 and 4.2.2, the design of successful and sustaining partnerships plays a critical role in the development of effective public engagement strategies that seek to address the complexities and multi-faceted nature of health determinants, and must be given priority in the design of public engagement processes. Although the literature is not definitive on this point, effective partnerships in some communities may even be seen as interchangeable with public engagement itself. The precise relationships between partnerships and public engagement should be explored more fully in future conceptual and empirical work in this area.

5.1.1 Public engagement and health impact assessments

A growing field within public health that has used public engagement methods since the 1990s is the area of health impact assessment (HIA), which can be defined as:

“A combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.” (European Centre for Health Policy, 1999)

HIA helps to minimize the potential negative impacts and maximize the potential positive impacts of any proposed project, program, or policy that could affect the determinants of health.

HIA’s founding documents, such as the Gothenburg Consensus paper (European Centre for Health Policy, 1999), identify public engagement as one of the pillars of the discipline. Indeed, several HIA practitioners and researchers argue that there can be no complete HIA without meaningful public engagement (Dannenberg et al. 2006; Bhatia et al. 2006).

Over the past few years, there have been calls for greater public engagement in HIA in Canada. For example, Dr. Ed Kinley, Chair of the Capital Health Population Health Committee, expressed his concerns in an open letter to *The Chronicle Herald* in 2009 regarding the introduction of new gambling products in Nova Scotia. Dr. Kinley argued that this decision was taken by the government without meaningful public engagement and without any independent evaluation of its impacts on the determinants of health. He advocated for the adoption of participatory HIA to assess the impacts of new initiatives or projects prior to their implementation in the province.

“Using an approach like a community health impact assessment would allow decision-makers to identify the potential harmful effects of new products, programs or policies prior to implementation, thereby preventing health issues that may result in the need for costly treatment or intervention further down the road.” (Kinley, 2009)

This interest in participatory HIA is not new in Atlantic Canada. More than a decade ago, researchers developed the Community Health Impact Assessment Tool to empower the community in evaluating programs, projects, and policies that will have an impact on their community (Gillis, 1999). Such approaches have been promoted, for example, by the Antigonish Town and County Community Health Board (2002), to help the community to deliberate on issues affecting the determinants of health.

Although HIA appears to be a promising way to engage the public about the determinants of health, actual participatory practices remain limited (Dora, 2003). This can be explained by the fact that the idea of public engagement in HIA is still poorly articulated with little guidance on how to actually engage the public depending on various issues and contexts (Mahoney et al. 2007; Wright et al. 2005).

5.2 Public engagement with rural populations

Seven documents were identified in our overall search that dealt specifically with this topic, but only two of them met our inclusion criteria (Quantz, 2001; Kilpatrick, 2009). We have included the other citations in the reference list of this report as they may serve as useful references about the design of public engagement processes in these populations and the particular concerns that are raised by rural communities (Nikniaz et al. 2007; Maalim, A. D. 2006; Mahmood et al. 2002; Mahmud, S. 2004; Mamary, E. M. et al. 2004). We note that only one of these references focuses on rural Canadian populations, so the applicability of the remaining works needs to be carefully assessed.

In a review article on the engagement of rural Australian communities in health system planning, Kilpatrick (2009) reports on case studies that emphasize the importance of understanding “rural place” as a prerequisite for effective health development. This understanding: (i) facilitates alignment between health programs and community expectations, customs, values and norms; (ii) assists in identifying and incorporating relevant community assets, including social capital, skills and local organizational contexts; and (iii) provides information about health needs and priorities.

The potential for rural consumer involvement to be associated with improved patient outcomes is also discussed, as are the important roles of community development, social capital and community-owned consultations in the design of effective community engagement strategies. Finally, the increased likelihood for rural consumers to be more engaged in their own healthcare, due to their requirements for greater self-reliance, suggests a receptivity to being involved (Kilpatrick, 2009).

The challenges of engaging rural communities in a representative manner are considerable and have not been carefully studied. The tendency to equate rural with northern or remote communities is also problematic, although there may be opportunities for learning between these communities. For example, the North West Local Health Integration Network (NWLHIN) in Ontario covers a very large geographic region that includes towns and cities with large distances between them. While these communities may not be defined as rural in the technical sense, the challenges they face in effectively engaging communities may be comparable. In 2009, the North West LHIN won an international award for its innovative community engagement work, which suggests it may be an organization to turn to for guidance about the engagement of rural populations.

5.3 Public engagement in both official languages

The simultaneous implementation of a public engagement process in French and English is rare and we did not identify any examples of this type of process in our review. Typically, these communities would be engaged in separate processes held in one language or the other while using the same format and materials. This was the case in several of the studies we reviewed (for example, Abelson et al. 2007; Cox et al. 2009; Einsiedel, 2002; and Mackinnon et al. 2007). With proper planning, these types of public engagement processes can be successfully implemented. Although not insurmountable, there are likely to be considerable challenges in providing the translation required to seamlessly support meaningful involvement from English- and French-speaking groups within the same interactive public engagement event. Major pan-Canadian and international organizations that hold interactive meetings that include simultaneous translation may be sources of expertise in this area.

5.4 Combining theory and practice

For approximately a decade now, public participation scholars both in and outside the health field have been calling for public engagement evaluation research to be more firmly rooted in theory. Thurston et al. (2005) articulate the precise need as follows:

“Framework[s] that encourage clear articulation of an initiative [that] would help describe its components, specify the public participation techniques (e.g., advisory councils, public forums, citizen juries, partnerships), the resources used, the objectives pursued, as well as the target of change or desired outcomes, and the environment in which that target is situated” are considered essential requirements to guide rigorous empirical research.” (238-9).

The call for “more robust, relevant and reliable frameworks” has come yet again in a 2009 review article published in the journal *Evaluation* (Burton, 2009: 264). Our empirical findings suggest that researchers in the health field are beginning to respond to this call. They are articulating more clearly the features of the public engagement process they are evaluating – for example, the engagement mechanism, participant sampling and recruitment – and outlining at least some of the contextual variables that exert important shaping effects, such as organizational commitment and issue characteristics. We are also seeing a small increase in the number of comparative studies of different public engagement methods (Abelson et al. 2003; Abelson et al. 2007; Forest et al. 2004; Timotijevic and Raats, 2007; Menon and Stafinsky, 2008; Cox et al. 2009).

That said, the literature is still mainly characterized by a combination of practice stories that are heavy on contextual learning but light on causal mechanisms, and experimental studies that are implemented in a theoretical vacuum. The framing of public engagement evaluation seems to lie at the root of this dichotomy. In response to these so-called “paradigm wars” between public engagement theory and practice, Burton (2009) suggests a more fruitful way forward that would combine “the contextual value of practice stories developed from a constructivist perspective with more empirically focused efforts to identify more general causal mechanisms” (p.275).

5.5. Next Steps

We agree with the most recent appraisal of the state of public engagement evaluation research by Burton (2009) and his proposal for a way forward. Since completing our last review of this literature in 2006, we have been calling for a platform for public engagement evaluation that incorporates the following key elements:

- i. A strong theoretical foundation;
- ii. Rigorous methods; and
- iii. Innovative research–practice partnerships.

(Abelson and Gauvin, 2009)

5.5.1 *Building a strong theoretical foundation*

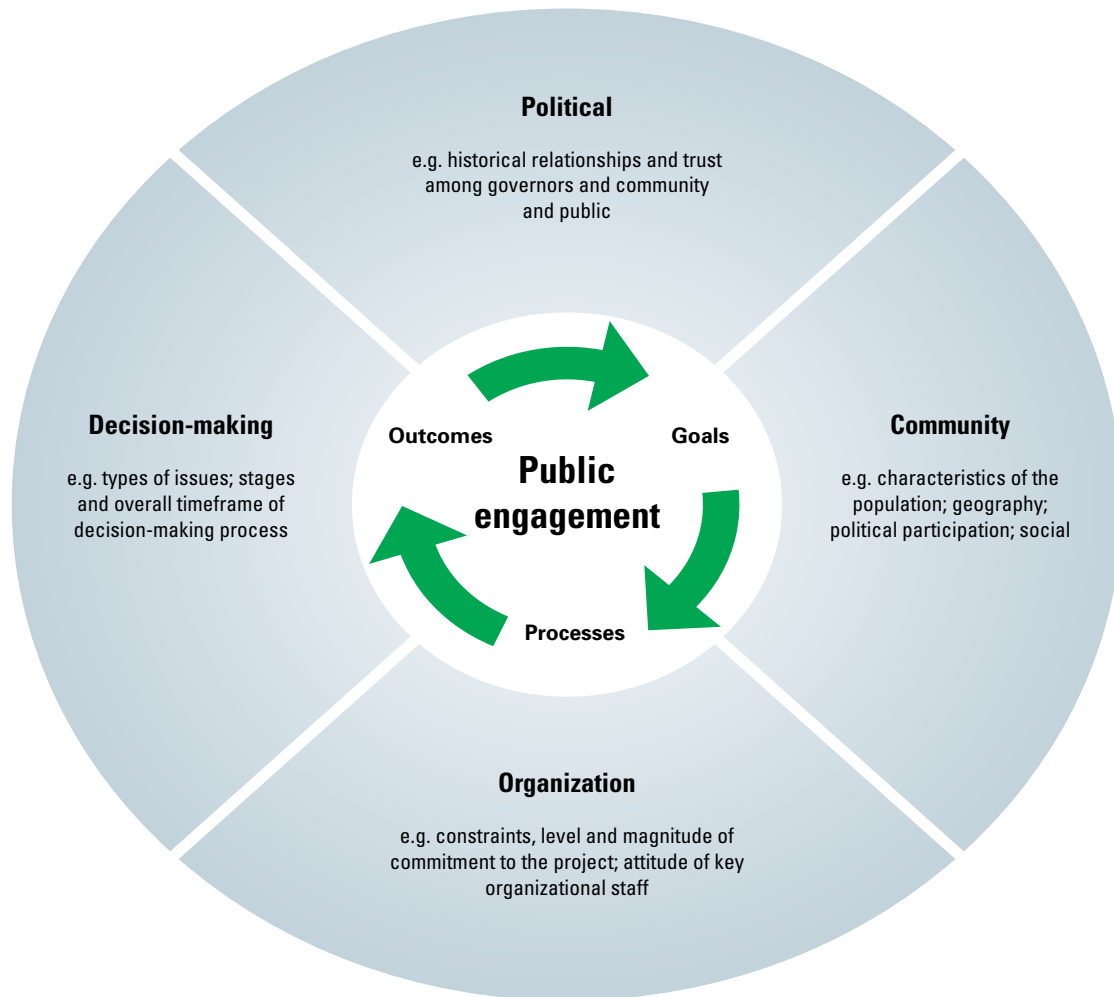
Building a strong theoretical foundation requires equal attention to at least four different conceptual categories (Figure 3). The first is the need to specify the goals of public engagement, which have been discussed extensively in the literature and are often categorized as either democratic (the public engagement initiative is intended to meet transparency, accountability, trust and confidence goals); instrumental (the public engagement initiative is designed to improve the quality of decision-making); or developmental (the public engagement initiative is intended to improve knowledge and capacity of the participants). Calling for goal clarification is easy, but actually determining and reconciling the range of goals held by different players in a given public engagement process is far more challenging and may even be impossible given the high-stakes nature of some public engagement processes. In these situations, the purpose of the evaluation should be questioned.

A second category still in need of attention is the unpacking of the components of each of these goals in order to evaluate the public engagement process. Rowe and Frewer (2004) have contributed considerably on this front with the development of their acceptance and process criteria for evaluating public engagement. As Burton (2009) argues, “in proposing a set of criteria it exposes some uncertainties in the basic assumptions made of participation and its benefits” (p.273). For example, their representativeness criterion is left without a thorough discussion about what or who should be represented. Their focus on affected populations assumes that anyone affected by a proposal will want to participate, which in turn assumes that all those affected will know that they are and be in a position to do something about it. Issues of pursuing statistical representativeness vs. a more purposive sampling are also underexplored. Furthermore, a particularly thorny issue in need of greater conceptual clarity is what links, if any, exist between satisfaction with process and satisfaction with outcome. While most of the findings reviewed in our synthesis did not tackle these links, the findings from the comparison of two different public engagement mechanisms related to food policy reveal that one is not necessarily associated with the other (Timotijevic and Raats, 2007).

There are comparable challenges on the outcomes side, although the 12 empirical studies we reviewed indicate that there is reasonable agreement about the participant outcomes of interest (increased knowledge, interest, capacity, trust and confidence). It is the organizational, decision-making and policy outcomes where additional work is needed. And lastly, the all-important contextual variables that shape and influence public engagement and are viewed as crucial to assessing the overall effectiveness of a public engagement initiative warrant further scrutiny, although there seems to be agreement that at minimum, aspects of the decision-making (timeframe, stage, issues); organizational (leadership and staff commitment, resources); political

(trust relationships between governments, stakeholders, community and public); and community (population characteristics, geography, political participation, social capital) contexts need to be considered.

Figure 3. Context influencing the goals, processes and outcomes of public engagement



5.4.1 Rigorous methods

Much has been discussed already about the need for more rigorous methods in approaching the evaluation of public engagement, whether the methods used are drawn from positivist or interpretivist research traditions. The opportunities to employ quasi-experimental designs, time series analyses or before-after comparison are rare in public engagement evaluation, but our review indicates that these types of studies can be implemented and should be considered where feasible (Timotijevic and Raats, 2007; Abelson et al. 2003; Forest et al. 2003; Abelson et al. 2007). Opportunities for evaluation are also presented when interactive public engagement initiatives are being carried out in multiple settings and communities, as they often are in order to gather the input of a large segment of the population. For example, the convening of citizens' juries in six Canadian cities by Einsiedel (2002) and the production of 16 theatre performances in 3 sites by Cox et al. (2009) are real-world opportunities to use common evaluation tools across multiple sites, which allow for comparative and site-specific evaluation using common evaluation tools while tailoring the evaluation to specific contexts.

The need to contextualize public engagement evaluation instruments to health settings is also required. Because most of the public engagement evaluation frameworks have been drawn from outside the health field, there is a need to test their applicability to various health contexts. This type of work began recently in Ontario with the LHINs. Jabbar and Abelson (2009) developed a framework for effective community engagement in Ontario, which was compared to other public engagement frameworks. Using a participatory, mixed-methods process called “concept mapping,” LHIN staff generated a list of 64 statements that represented their views about what constituted effective community engagement. Participants then collapsed these statements into six categories to capture the major elements of the effective community engagement framework: i) collaboration, ii) accessibility, iii) accountability, iv) education, v) principles, and vi) organizational capacity. This framework was found to overlap with existing public engagement frameworks with two important caveats. First, applications of public engagement collaborative partnerships with service providers and organizations were seen as integral to effective LHIN community engagement strategies, but these are not a feature of existing public engagement frameworks, which tend to come from outside the health literature. Second, “organizational capacity” was also prioritized, which, again, has not been a significant feature of existing frameworks, though it is now commonly identified in public engagement studies in the health field as critical to the successful implementation of engagement strategies.

Among the highest priority needs are methods for measuring the influence of public engagement on organizational decision-making and policy. The studies we reviewed have, for the most part, used short-term influence and proxy measures such as public debate (Cox et al. 2009) and perceived impact (Einsiedel, 2002; Timotijevic and Raats, 2007; Abelson et al. 2007; Gregory et al. 2008). More sophisticated work in this area is needed. The knowledge translation literature may be a promising source for adapting uptake and knowledge utilization frameworks to the public engagement field.

5.5.3 Innovative Research – Practice Partnerships

Each of the previous sections has pointed to a reliance on public engagement practice to advance the theory and methods of public engagement evaluation. Researchers rely on health system managers, policy-makers and their organizations to provide the “laboratories” for their public engagement evaluation work. In return, managers and policy-makers are in a position to gain the expertise and tools needed to improve their public engagement practice and to measure its benefits. We call for the development of innovative research-practice partnerships throughout the country that would promote this type of learning. Some of these already exist within organizations, including the Vancouver Coastal Health Authority and the former Calgary Regional Health Authority. Others have been established more recently, such as our own links to the Medical Advisory Secretariat and the Ontario Health Technology Advisory Committee, the Commissaire à la Santé et au Bien-Être in Quebec, and several Ontario LHINs.

6 CONCLUSION

Current interest in public engagement among Canadian health system managers and policy-makers needs to be matched by clear thinking from all interested parties (researchers, managers and policy-makers) about the terminology, goals, theoretical properties and benefits of public engagement. Continued ambiguity in this area, while serving political and academic interests, threatens meaningful progress towards informing practice and effectively involving the public in the development of healthcare policies and programs. Our synthesis has identified some promising recent developments on this front with recommendations for action to facilitate progress in this area.

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Appendix 1: Search Strategy and Results

SOURCE	EMPIRICAL VS CONCEPTUAL	SEARCH TERMS				EFFECTIVENESS/ FRAMEWORK	DATE	NUMBER OF RECORDS	NUMBER OF RECORDS AFTER 'FIND DUPLICATES'
		PUBLIC	ENGAGEMENT	HEALTHCARE POLICIES AND PROGRAMS					
Ovid/Medline	Empirical	consumer participation [MH] focus groups public opinion deliberation (came up in several sources in the search)		public policy [MH] policy making [MH] health policy [MH] organizational policy [MH] program development [MH] government programs [MH]	evaluation studies [MH] program evaluation [MH] pilot studies cost-analysis	June 21 and June 22nd, 2009	123	123	
	Conceptual	consumer participation [MH]		public policy [MH] policy making [MH] health policy [MH] organizational policy [MH] program development [MH] government programs [MH]	frame* model		123	123	
ABI/Inform	Empirical	public citizen community	involvement engagement participation	health care policy	effectiv* success* evaluat* assess*	July 12, 2009	5	5	
	Conceptual	public citizen community	involvement engagement participation	health care policy	frame* model				
Social Science Index	(doesn't have thesaurus terms)	public citizenship	engagement participation	public policy health care policy health policy organizational policy program development	effective* evaluat* assess*	July 2, 2009	51	51	
		public consumer	participation engagement	healthcare policy public policy organizational policy	effective* evaluate* assess*	July 12, 2009	2	2	
CSA Worldwide Political Science Abstracts		public citizen community	engagement participation involvement	health policy health care policy organizational policy	effectiv* evaluat* assess*	July 2, 2009	106	106	

SOURCE	EMPIRICAL VS CONCEPTUAL	SEARCH TERMS				DATE	NUMBER OF RECORDS	NUMBER OF RECORDS AFTER 'FIND DUPLICATES'
		PUBLIC	ENGAGEMENT	HEALTHCARE POLICIES AND PROGRAMS	EFFECTIVENESS/ FRAMEWORK			
Sociological Abstracts		citizen community	community involvement citizen participation political participation councils democracy cooperation	health care policy decision making policy making healthcare services health planning	organizational effectiveness evaluation risk assessment program evaluation	June 23, 2009	55	55
PsycINFO		public citizenship	participation involvement engagement public opinion decision-making (decision theory)	healthcare services healthcare delivery policy making	program evaluation evaluation	June 23, 2009	86	86
GENERAL SCIENCES INDEX								
CINHAL	Database doesn't have thesaurus terms	Public citizen	participation engagement	health care policy health policy policy making organizational policy	evaluate* effective* assess*	July 4, 2009	4	4
EconLit		public citizen	participation engagement	healthcare policy policymaking organizational policy	effective* evaluate* assess*	July 5, 2009	31	31
OVID/Health Star		public consumer	engagement opinion participation	healthcare policy health policy policymaking program development	effectiveness	July 5, 2009	38	38

Appendix 2: Grey Literature Search Strategy

Search Terms:

Public		Participation		Health care		Evaluate
Citizen	+	Engagement	+	Health policy	+	Assess
Community		Involvement		Public policy		
				Program		

Databases searched:

1. Google Scholar (advanced search using above key words and phrases)
2. Selected Canadian website search:
 - Health Canada: www.hc-sc-gc.ca/english
 - Provincial governments: e.g. <http://www.gov.on.ca>
 - Health Council of Canada: <http://www.healthcouncilcanada.ca/en/>
 - Canadian Policy Research Networks: <http://www.cprn.org>
 - Institute for Public Policy Research: <http://www.ippr.org.uk>
 - International Association for Public Participation: <http://www/iap2.org>
 - Tamarack: <http://tamarackcommunity.ca/>
 - Public Participation Campaign: <http://www.participate.org/>

Appendix 3: Descriptive Summary of Interactive Public Engagement Review Article Content

	ABELSON ET AL. (2003)	ABELSON AND GAUVIN (2006)	CRAWFORD ET AL. (2002)	MITTON ET AL. (2009)	NILSEN ET AL. (2009)
Type of Review	Systematic	Synthesis	Systematic	Scoping	Cochrane
Publication Source	Social Science and Medicine	Canadian Policy Research Networks	BMJ	Health Policy	Cochrane Library
Timeframe of Review	1996-2000	2000-2005	1966 to 2000	1981-2006	Up to 2006
Scope/Research questions	<p>i) Review of empirical studies of public participation, consultation and practice;</p> <p>ii) Theory and conceptual frameworks for design and evaluation of public participation</p>	<p>i) Review of public participation evaluation frameworks;</p> <p>ii) Impacts of public participation on policy, participants and decision makers</p>	To examine the effects of involving patients in the planning and development of health care	To review the empirical, conceptual and theoretical literature pertaining to public engagement in priority setting and resource allocation	To determine the effectiveness of consumer involvement and compare different methods of involvement in developing healthcare policy and research, clinical practice guidelines, and patient information material
Documents reviewed	Published empirical, conceptual and theoretical	Published and grey empirical, conceptual and theoretical	Published and grey empirical	Published empirical, conceptual and theoretical	Published empirical
Health/Non-health	Health and non-health	Health and non-health	Health	Health and non-health	Health
How 'public' is defined	Individual citizens	Individual citizens	Patients, patient representatives or potential patients	Public as individual citizens, members of organized groups or as patients or consumers	Consumers implicitly defined as patients and/or citizens
How involvement is defined	Public deliberation (i.e., includes an information, discussion and deliberation component)	Public deliberation (i.e., includes an information, discussion and deliberation component)	"Active participation in planning, monitoring, and development of health services for patients, patient representatives, and the wider public as potential patients" (pg. 1263)	Public engagement used as an umbrella term to encompass a broad range of activities	Participation, consumer views, consumer influence, involvement process
Outcome measures of success or effectiveness	Representation, procedural rules, information, outcomes/decisions	Context evaluation (sociopolitical, community, issue, organizational, decision making); Process evaluation (representativeness, quality of deliberation, procedural rules, implementation). Outcome evaluation (public policy, decision-makers, participants and general public)	Effects on patients who participate, changes to information given to patients, changes to existing services, development of new services, use of services, satisfaction among patients, health or quality of life for patients	Success according to original authors	Participation/response rates, consumer views elicited, consumer influence on decisions, healthcare outcomes or resource utilization, satisfaction with the involvement process, impact on the participating consumers, costs

Conclusions about success/ effectiveness of public involvement	ABELSON ET AL. (2003)	ABELSON AND GAUVIN (2006)	CRAWFORD ET AL. (2002)	MITTON ET AL. (2009)	NILSEN ET AL. (2009)
	<p>Lack of rigorous evaluation of public involvement, greater emphasis on evaluation is needed.</p> <p>The meaning of effective and successful public participation methods needs to be further examined.</p>	<p>Agreement that common evaluation criteria are needed and may be achieved by bringing together major stakeholders (i.e. scholars, practitioners, citizens, policymakers).</p> <p><i>Design of PE:</i> Choice of PE method should be shaped by issue and decision-making contexts.</p> <p><i>Impacts of PE:</i> Deliberative PE methods produce increased levels of interest and knowledge of public issues; improved capacity for future public involvement; increased propensity for social bond formation; and improved trust of fellow citizens.</p> <p>Precise conditions under which PE impacts policy are unknown.</p> <p>The presence of responsive agencies, motivated participants, high-quality deliberation and modest participant control over the PE process are factors associated with broad acceptance of decision outcomes.</p>	<p>Few studies have examined the effects of involving patients in the planning and development of health care.</p> <p>Involving patients in planning and delivering health services contributes to changes in service provision.</p> <p>The precise effects of their involvement on the quality and effectiveness of service provision are unknown.</p>	<p>Lack of rigorous evaluation of public engagement prevents conclusions from being drawn about which methods are more effective than others.</p> <p>The context for the use of public input must be considered before such approaches are adopted in priority setting and resource allocation.</p>	<p>Moderate quality evidence to support consumer involvement in the development of patient information material.</p> <p>Low-quality evidence that telephone and face-to-face meetings are better methods than mailed surveys for setting priorities for community health goals.</p> <p>More comparative studies of the effects of consumer involvement in healthcare decisions are needed.</p>

Appendix 4: Descriptive Summary of Interactive Public Engagement Research (Published, empirical studies)

CITATION	COUNTRY	PUBLIC ENGAGEMENT METHOD(S)	DECISION CONTEXT	POPULATION(S) INVOLVED	RECRUITMENT AND SELECTION
PUBLISHED EMPIRICAL					
Abelson et al. (2003) ¹	Canada (Two local health agencies in a small Ontario community of 90,000 residents)	Deliberative: Citizens panel (3 types: mail, telephone, face-to-face)	Input to local health goal priority setting	Members of community organizations with local residency status (n=46) – Mail: n=17 – Phone: n=16 – Face-to-face: n=13	– Stratified random sampling – Study participants were recruited from a list of 176 community organizations (each organization identified one representative) that represent: i) Health care organizations responsible for delivery or management of health services; ii) Health-related organizations not involved in direct service delivery; iii) Well-being organizations involved in broader social and community-wide issues
Abelson et al. (2007)	Canada (Five regional health authorities in Alberta, Saskatchewan, Ontario, Quebec and Nova Scotia)	Deliberative: 1-day (6-h) face-to-face meeting at each of the 5 research sites	Input to regional health authority planning and resource allocation decisions	Most senior volunteer member (or equivalent) of each invited participant organization with local residency status (in 5 communities including rural, urban and Francophone settings) n=99	– Stratified random sampling – Study participants were recruited from local community organizations that represent: i) Health care organizations responsible for delivery or management of health services; ii) Health-related organizations not involved in direct service delivery; iii) Well-being organizations involved in broader social and community-wide issues
Cox et al. (2009)	Canada (3 cities: Vancouver, Toronto and Montreal)	Deliberative: Theatre and post-performance (3 sites, 16 performances)	Input to policy development regarding pre-implantation genetic diagnosis	Local citizens with an interest in preimplantation genetic diagnosis (participants spoke English and French) n=741 (16 performances)	– Self-selection – Study participants were recruited through website, posters, listings in local entertainment magazines, community newspapers, email and phone invitations to journalists, personal and professional contacts, non-profit organizations, advocacy groups, selected university departments, public relations offices, health policy and/or medical researchers
Einsiedel (2002)	Canada (6 cities: Halifax, Quebec City, Toronto, Saskatoon, Vancouver, and Yellowknife)	Deliberative: Citizens jury that represents an “expert panel”	Input to policy development and regulation on clinical trials regarding xeno-transplantation	Local residents of the consultation sites (English and French speaking, as well as Aboriginals) n=107	– Random selection of 2500 residents in the consultation site – Respondents were then selected based on demographic criteria to ensure balance

1 The same public engagement method was evaluated in a ‘twin’ study carried out in Charlevoix, Quebec and yielded comparable findings. See Forest, P-G, Gauvin, F-P, Martin, E, Perrault, C, Abelson J, Eyles, J. Une expérience de consultation publique délibérative dans Charlevoix. Recherches Sociographiques, 2004 ; XLV(1):77-104.

CITATION	COUNTRY	PUBLIC ENGAGEMENT METHOD(S)	DECISION CONTEXT	POPULATION(S) INVOLVED	RECRUITMENT AND SELECTION
Gregory et al. (2008)	Australia (Western)	Deliberative: multiple techniques (e.g., citizens' juries, consensus conferences, deliberative surveys, televotes, consensus forums, multi-criteria analysis conferences, and 21st century town meetings)	Input to local health policy development	Local citizens and stakeholders <ul style="list-style-type: none"> - Citizens' jury (n=16 to 22) - Deliberative survey (n=200) - Consensus forum (n=60 to 150) - 21st century dialogue/town meeting (n=50 to 1000s) 	<ul style="list-style-type: none"> - Random selection of participated conducted by the Western Australia Electoral Commission - Recruitment formula where 1/3 participants are those who responded to invitations to a random sample of residents, 1/3 are those who responded to invitations to a broad range of relevant stakeholders, and 1/3 participants who responded to broadly placed advertisements
Menon and Stafinski (2008)	Canada (Capital Health Region in Alberta)	Deliberative: Citizens jury (3 days)	Input to priority setting for health technology assessment	Local residents from rural and urban communities n=16	<ul style="list-style-type: none"> - Letters of invitation to participate after telephone screening were mailed to 1600 randomly selected residents of Capital Health Region - Purposive and random sampling to select 16 jurors with demographic and socioeconomic profile representative of the region
Minkler et al. (2006)	U.S. (New Castle, Illinois)	Community-based participatory research (CBPR) partnerships (door-to-door survey)	Input to local policy development and program planning for health promotion and healthy public policy	Research partnership between faculty members at IU School of Nursing and the Healthy Cities Committee (HCC) <ul style="list-style-type: none"> - Distribution of surveys to 1000 households - Study participants n=496 	<ul style="list-style-type: none"> - Door-to-door survey using non-probability quota sampling based on voting precincts
Quantz (2001)	Canada (Region 4 Aboriginal Community Health Council, Calgary)	Aboriginal community participation strategies including: membership in the council, open-regular meetings, consultations, links and partnerships, education and awareness, traditional meeting process	Input to Aboriginal communities' health care delivery and health policy development	<ul style="list-style-type: none"> - Stakeholders (Aboriginal Health Council members, and the Calgary Regional Health Authority); - Aboriginal groups within Calgary's Aboriginal communities 	<ul style="list-style-type: none"> - Self-selected participation in community involvement strategies

CITATION	COUNTRY	PUBLIC ENGAGEMENT METHOD(S)	DECISION CONTEXT	POPULATION(S) INVOLVED	RECRUITMENT AND SELECTION
Sitiza et al. (2006)	U.K.	Collaborative improvement groups (bi-monthly meetings in 34 cancer networks)	Input to cancer service policy and delivery	<ul style="list-style-type: none"> - "Partnership" included NHS patients, managers, health professionals within the network management structures; - Each group is composed of about 20 persons (2/3 service users, 1/3 NHS) 	<ul style="list-style-type: none"> - Selection of members of the Cancer Partnership Project (CPP) was not specified, but likely non-random and self-selected
South et al. (2005)	U.K. (Bradford)	Community involvement strategies (i.e. consultations) by the Bradford Health Action Zone and the Building Communities Partnership (local statutory/ voluntary partnership)	Input to health service planning and decision-making	Service users and local communities	<ul style="list-style-type: none"> - Not specified, likely non-random and self-selected
Thurston et al. (2005)	Canada (Calgary)	Not specific to a particular PE method. Involved case studies of five public participation initiatives in the Calgary Health Region 2 and a survey of community agencies. Committee meetings and community consultations were observed	Input into local health policy development and decision-making	Interviews and focus groups with the following 5 case studies 1) Grace Women's Health Services; 2) Aboriginal Health Council (AHC); 3) Family Liaison council (FLC); 4) Health Advisory Council (HAC); 5) Diversity Initiative	<ul style="list-style-type: none"> - Description of the selection of key informants for interviews and focus groups in the 5 case studies were not specified. Data collection techniques also involved review of historical and current documents (i.e. minutes of public participation initiative meetings and planning documents) and observation.
Timotijevic and Raats (2007)	U.K.	Deliberative: i) Citizens' workshop (1 day) and Citizens' jury (2-5 days)	Input to food policy development (food retailing)	'Hard to reach' older adults (groups of 12 to 20 citizens)	<ul style="list-style-type: none"> - Not specified, likely non-random and self-selected

CITATION	COUNTRY	PUBLIC ENGAGEMENT METHOD(S)	DECISION CONTEXT	POPULATION(S) INVOLVED	RECRUITMENT AND SELECTION
UNPUBLISHED EMPIRICAL					
MacKinnon et al (2007)	Canada	Deliberative: i) Romanow Commission on the Future of Health Care in Canada ii) Citizens' Dialogue on Sharing Public Funds commissioned by the Advisory Panel on Fiscal Imbalance	Input to policies of health care (priorities and values) and fiscal imbalance (how such problems should be addressed)	i) Romanow Commission: Citizens dialogue (n=489), ChoiceWork online consultation (n=17546) ii) Citizens' Dialogue on Sharing Public Funds: Randomly selected Canadians (n=93) across five regions (Halifax, Montreal, Toronto, Edmonton and Vancouver), and one national session in Ottawa (n=21)	i) Romanow Commission: - Participants in the ChoiceWork consultations were self-selected. The workbook was put online on the Commission website and "members of the public" was free to access and complete. - Participants in the citizen's dialogue were randomly selected and representative of the Canadian population ii) Citizens' Dialogue on Sharing Funds: Participants were randomly selected based on random digit dialing, efforts were directed to ensure demographic representativeness (minorities, Aboriginals, people with disabilities, urban/rural mix)
MassLBP (2009)	Canada (Northwest, Central and Southeast local health integration networks in Ontario)	Deliberative: Citizens' Workshops on Engagement and Health.	Input to Ontario's LHINs in the development of engagement strategies and evaluation protocols	Local residents the three LHINs (n=64) - Northwest (n=30) - Central (n=18) - Southeast (n=16)	- 3,500 letters of invitations were sent to randomly selected households in South East, Central and North West Ontario (rural and urban) - Final selection of participants

Appendix 5: Evaluative Summary of Interactive Public Engagement Research (Published and grey literature studies)

CITATION	EVALUATION FRAMEWORK/APPROACH	SPECIFIC TO TYPE OF PE MECHANISM?	EVALUATION CRITERIA/ MEASURE	"SUCCESS" OR "EFFECTIVENESS" DEFINED?	FINDINGS RE: EFFECTIVENESS
EMPIRICAL LITERATURE					
Abelson et al. (2003)	No.	Yes, specific to deliberative methods	<i>Outcome:</i> Deliberation has an impact on participant views (specifically, priorities for local action around identified health problems and determinants of health rankings).	No.	Deliberative processes can influence participant views. As more deliberation is introduced, the magnitude of these changes increases. However, deliberation is less likely to change more dominant views (e.g. top rankings, highest priorities, etc.) and with increased deliberation comes the opportunity for these views to become more rather than less entrenched.
Abelson et al. (2007)	Focus on trying to isolate the key contextual variables that determine successful implementation of a common public engagement mechanism.	Yes, specific to deliberative methods	<i>Context:</i> Documentation of multiple contextual variables including decision making, community/ population; socio-political; organizational commitment <i>Process:</i> Participant assessments of procedural elements and meeting follow-up <i>Outcome:</i> reported use of PE in organizational decision making; participant assessments of perceived impact on decision making	Effectiveness defined implicitly through the use of a standard approach to deliberation tested in different settings	A number of contextual variables contribute to more (or less) successful implementation (e.g., the types of issues and decisions for which public input is sought). Sufficient organizational resources and commitment to the goals of the public participation process are also required. Attention to these contextual attributes and their influence on the design and outcomes of public participation processes is as important as choosing the "right" public participation mechanism.
Cox et al. (2009)	Evaluate the use of theatre as an innovative method of public engagement in health policy development through the comparison of two strategies for post- performance audience discussion: 1) large audience; and 2) focus groups.	Yes, specific to the use of theatre and post-performance dialogue as a PE method	<i>Process:</i> Size and diversity of audience; engagement of a 'significant' number of audience members in post-performance dialogue; <i>Outcome:</i> Generating informed, thoughtful discussion useful to participants as well as policy makers.	Theatre as an effective form of PE is defined as "engaging 'citizens of diverse perspectives, emotionally and cognitively, in a manner that promotes their informed opinions on the policy issue under consideration'" (Nisker, Cox, et al., 2006; Nisker, Martin, et al., 2006: 269).	The use of theatre and post-performance discussion facilitates three-way communication (i.e., between citizens, government and researchers). Communication emphasizes participants' mutual roles in questioning and co-constructing knowledge through the shared experience of the play and subsequent dialogue. Theatre stimulates participatory, critical and empathic forms of engagement wherein audience members are not passive recipients of information. Greater clarity is needed with regard to citizens' (as well as specific stakeholders, policy makers' and sponsors') desired outcomes to assess the effectiveness of various public engagement strategies.

CITATION	EVALUATION FRAMEWORK/APPROACH	SPECIFIC TO TYPE OF PE MECHANISM?	EVALUATION CRITERIA/ MEASURE	"SUCCESS" OR "EFFECTIVENESS" DEFINED?	FINDINGS RE: EFFECTIVENESS
Einsiedel (2002)	The evaluation framework is inspired by Habermas' rules for fair and competent discourse, which call for equitable opportunities for contributing to the discussion and commitment to finding common ground. Evaluation criteria are derived from this framework.	Could be applied to any deliberative PE process	From Table 1 in article (p.320) <i>Institutional/Organizational:</i> Independence; Transparency; Resource allocation; Task definition; Timeliness <i>Process:</i> Representativeness, resource accessibility, deliberation <i>Outcome:</i> Participant learning, public debate, participant satisfaction, policy influence	Effectiveness of PE is implied in the elaboration of the evaluation criteria described in previous column (e.g., fair and competent process)	Citizen fora were generally effective in terms of institutional/organizational criteria, process dimensions, as well as outcomes. Institutional/organizational attributes included independence, transparency, resource allocation, task definition, and timeliness. With process dimensions, some modifications may be warranted to ensure better representativeness and fuller deliberation opportunities. The citizen fora, modeled on citizens' juries, provide an environment for social learning. Evidence of institutional learning and reflection needs to be examined further over the longer term.
Gregory et al. (2008)	No.	Yes, specific to deliberative PE processes.	<i>Outcome:</i> Participant satisfaction, policy influence	Effective PE includes consideration of participant assessments, representativeness, policy influence, and long-term outcomes such as social capital and political efficacy.	Deliberative engagement processes can be successfully implemented by government and can be used to guide policy. Techniques can be adapted to suit the context and issues experienced by the Department of Planning and Infrastructure, and the skills required to conduct deliberative processes can be fostered amongst departmental staff. Deliberative engagement processes require extensive commitment at all levels of the organization and relevant policy levels.
Menon & Stafinski (2008)	No.	Yes, specific to deliberative PE processes.	<i>Outcome:</i> Participant assessments of the 'trustworthiness' of the jury session results including: - Type and presentation of information - Nature of and time allotted to discussion - Amount of learning	No.	Citizens' juries offer a feasible approach to involving the public in setting local HTA priorities. The citizen jury was evaluated for fairness and competence through external reviews of deliberations from previously conducted juries, and with existing international criteria established by healthcare decision-makers and HTA producers in different jurisdictions around the world. The results demonstrated that jurors had equal opportunity to participate in the process and express their views. They became actively involved in debates, were able to recall details presented to them over the jury's time period and developed a sense of community.

CITATION	EVALUATION FRAMEWORK/APPROACH	SPECIFIC TO TYPE OF PE MECHANISM?	EVALUATION CRITERIA/ MEASURE	"SUCCESS" OR "EFFECTIVENESS" DEFINED?	FINDINGS RE: EFFECTIVENESS
Minkler et al. (2006)	Yes, framework for successful community collaboration (for sustainable partnerships) proposed	Yes, specific to community-based partnerships as a mechanism of engagement	<p><i>Process:</i> Community mobilization, capacity building, putting research skills in the hands of local community members</p> <p><i>Outcomes:</i> Partnership's contribution to specific changes</p>	<p>Benchmarks for successful collaboration for community-based efforts and sustainable partnerships:</p> <ul style="list-style-type: none"> - Has mobilized residents who are committed to sustain efforts to improve the community, - Is sustaining its efforts at community improvement through policy and systems change at the local, regional and state level, - Is institutionalizing its effective strategies, activities or programs - Is successfully raising funds and/or incorporating to sustain core functioning and - Is functioning as a learning community, using evaluation finding to make needed revisions. 	<p>Outcomes of a Community Based Participatory Research (CBPR) collaboration should be followed over long period so that changes along a variety of dimensions may be observed. The longer time frame may enable a more careful teasing apart of the extent to which outcomes may be related to the project itself and/or be at least in part a function of other contextual changes (e.g. increase national attention to health). Two important sustainability indicators include the extent to which collaboration is institutionalizing its effective strategies, activities or programs and fundraising to promote sustainability. In the case study examined there was evidence of partnership sustainability (e.g. regular monthly meetings and publications of a quarterly newsletter). Analyzing the partnership's contribution to specific changes (e.g. policy changes) is important for sustainable partnerships. CBPR can play a role in catalyzing sustainable change when a strong and dynamic community partner is willing to continue to work for change long after the formal partnership has ended.</p>
Quantz (2001)	No	Could be applied to any deliberative PE process	<p><i>Process:</i> appropriate participation for those who do not have experience; representativeness of Aboriginals in the council (e.g. membership in the council and inclusion of all Aboriginal groups)</p> <p><i>Outcome:</i> identifying community needs, community awareness, time of individual, benefits to Aboriginal community</p>	<p>Success of the Aboriginal health Council's activities to improve health and access to services for Aboriginal groups is implied through</p> <ol style="list-style-type: none"> 1) the direct involvement of Aboriginals in the Council through membership; and 2) the Council's affiliation with the Calgary Regional Health Authority (CRHA). 	<p>Traditional meeting process and the development of the CRHA's Aboriginal Health Program has the potential to impact public involvement in Regional Health Authority decision-making. This approach can reflect the daily lives, comfort level and experience of the target community.</p> <p>Challenges with PE among Aboriginal groups include: inconsistent member attendance, increasing community awareness, identifying community needs, involving the reserve population and time restraints. Benefits of PE among Aboriginals include: increase in confidence, an opportunity to increase their knowledge about health services and the recognition that comes with the role of a Council member.</p>

CITATION	EVALUATION FRAMEWORK/APPROACH	SPECIFIC TO TYPE OF PE MECHANISM?	EVALUATION CRITERIA/ MEASURE	"SUCCESS" OR "EFFECTIVENESS" DEFINED?	FINDINGS RE: EFFECTIVENESS
Stizia et al. (2006)	Yes, conceptual framework of the three purposes of user involvement (democratic, consumerist and patient expert approach) according to Crawford and colleagues (2003).	Yes, specific to the evaluation of a particular service network.	<i>Outcomes:</i> Impacts of cancer partnership activities on local cancer services; Effects of involvement on individual members, both service users and NHS staff	No, although general observations are made about the achievements of the partnership initiative.	Partnership groups represent a useful Patient and Public Involvement (PPI) model, but more attention should be paid to the complexities of PPI and timescales required for meaningful cultural change. These partnerships made a credible contribution to local NHS decision making, and undertook a wide range of useful activities that various stakeholders agreed had a positive impact upon services. PPI is a long-term undertaking that will require substantial changes in both NHS systems and culture to fulfil the potential envisioned by the government. Service users need to see these changes happening and making tangible differences to local services if their involvement is to be sustained.
South et al. (2005)	The Active Partners benchmarks, produced by communities and organisations, was used as a starting point for developing a measurement framework for the self-assessment tool for health planning and service delivery organisations	Could be used by a broad range of community-based health planning and service delivery organizations.	Self-assessment tool is focused on organizational learning and identifying areas for improvement rather than on a broad framework of process and outcome measures.	Not defined.	A self-assessment tool was developed to be used by organizations to assess their progress and identify areas for improvement in community involvement. A scoring system assesses evidence of a strategic approach to community involvement, good practice throughout the organization, and a range of opportunities and support. Piloting of the tool revealed that it facilitated assessment of the strengths and weaknesses of organizational practices.

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Thurston et al. (2005)	The theoretical framework proposed for public participation in a health region includes: (i) the public participation initiative (e.g. technique used, the public involved, profile and credibility of an initiative); (ii) the policy-making process within the health region (e.g. decision-making as the outcome of public participation); (iii) social context; (iv) policy community, (v) health of the population as the ultimate outcome of public participation	Yes, specific to PE methods	<p><i>Social Context:</i> impact of broader social systems (i.e. symbolic, regulatory, political, and economic) on public participation. A major change or event in any of these social institutions or social systems can have an effect on a public participation initiative, either directly on the initiative and/or on the policy community and/or the political space it faces</p> <p><i>Process:</i> PE technique used, and the participants involved</p> <p><i>Outcome:</i> two types of policy decisions, governance and operational, should be included when designing and assessing the impact of participation initiatives on policy.</p>	No, but discussion of the external factors that may be critical to the success of a public participation technique and the outcomes of public participation. Also, A major change or event in any social institutions or social systems can have an effect on a public participation initiative, either directly on the initiative and/or on the policy community and/or the political space it faces	<p>First, in order to evaluate the effectiveness of public participation initiatives, it is important that an evaluator can be clear about what a particular participation initiative includes. Second, there is a need to clarify the intended outcomes of a participation initiative (i.e. what it is trying to effect). This requires, third, that the mechanisms through which public participation are intended to improve population health be specified so that the processes can then be monitored. Fourth, when effects can be expected to appear this need to be considered.</p> <p>The policy making process: The effect of a public participation initiative on governance or operational policy statements may be more difficult to capture for the evaluator than the impact on a policy decision. This is one reason why it is important to look over an extended period of time when evaluating the effectiveness of public participation. Within this framework then it is necessary to be clear on a number of possible outcomes when assessing public participation effectiveness, and to differentiate formal from informal policies, and decisions from actions.</p>
Timotijevic and Raats (2007)	No explicit framework identified but overall approach to process and outcome evaluation is informed by a comprehensive review of the relevant frameworks described elsewhere.	Yes, specific to deliberative PE.	<p><i>Process:</i> Representation, independence, trustworthiness, credibility, clarity and transparency, access to resources, group dynamics, efficacy of the process, fairness (of process);</p> <p><i>Outcomes:</i> Participant-related (e.g., change in knowledge and views, identification with group, and satisfaction), task-related (e.g., extent to which objectives matched final conclusions and were satisfactory; perception of impact on policy)</p>	Effectiveness of PE is implied in the identification of the process and outcome criteria described in the previous column.	<p>The properties of methods alone, such as availability of extra information, exert little impact on both satisfaction with the process and the actual task outcomes.</p> <p>Group debate is an important contributor to perceived satisfaction with the process and the subjective outcomes of the event. Process satisfaction is not contemporaneous with the perceived impact of participation, such as its perceived influence of policy decision-making.</p> <p>The participation methodology most suited for policy should be evaluated against the wider context of policy development, including the type of topic, the group approached, the history of the issue and the perceived power dynamics.</p>

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NON-EMPIRICAL LITERATURE					
Abelson et al. (2007)	Yes, framework clearly distinguishes specific roles for the public, and where the public may engage in different tasks. The framework offers a menu of choices for policy makers contemplating changes to public involvement, as well as a model that can be used to characterize and analyze different approaches across jurisdictions.	Not specific to a particular public engagement mechanism but specific to health technology assessment and related decision making.	Health technology assessments should consider: health policy functions (priority setting tasks, criteria, development tasks, and technology assessment tasks); Public involvement models (direct representation, ad hoc public involvement, institutionalized public involvement); and Public accountability mechanisms (through answerability, through citizen engagement, through sanction or appeals)	No	Organizational goals in public engagement and accountability should pay attention to how to bring 'the public' into public coverage decisions and the HTA that supports these decisions. Careful design of public engagement requires organizational resources (e.g., dedicated and Qualified personnel to design, implement and link public involvement input to decision-making)
Boydell & Rugkasa (2007)	Yes, conceptual model proposed for describing the indicators assessing the progress and impact of partnerships	Yes, specific to community partnership mechanisms of engagement.	This paper discusses the evaluation of partnership impact by presenting a conceptual model that describes how effective partnerships may impact on the determinants of health and inequalities in health. Indicators for use in assessing progress are proposed. <i>Indicators include:</i> connections (relationships formed with other partners); learning (through participations in dialogue with people and other agencies); action, and impact	Yes, authors describe that success may be measured according to the extent to which progress is realized, and the impact of partnerships on the determinants of health and inequalities. Partnerships can use the indicators (connections, learning, action and impact) to monitor progress. Success of partnerships as a change mechanism depends on a range of contextual issues, many of which are beyond the control of partnership members	<i>Internal constraints</i> (conflict between partners and the time-consuming nature of collaborative work) and external constraints (changing and conflicting policies, available resources and political climate) can impact partnership effectiveness

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Downs and Larson (2007)	The authors argue for multi-stakeholder capacity-building and learning for empowerment (MuSCL) – that fosters social learning and strengthens social capital. The MuSCL process has three main features: (1) participatory, systems-based assessment of health challenges and responses; (2) selection among intervention alternatives that makes tradeoffs transparent; (3) a support system of capacity building to sustain adaptive interventions.	Yes, specific to community and stakeholder partnerships and participatory approaches	Four stages of an adaptive learning process for stakeholder capacity building: a) assessment and modeling, b) planning, c) implementation, d) and monitoring	Successful results from social learning, effective leadership and effective communication can be achieved. Effective leaders are able to exploit culturally accepted networks to stimulate collective action for special interest of some stakeholders	Stakeholders need to undertake an assessment of the relative sustainability of interventions. The goals for sustainability involve cost-effective and efficient interventions. Assessments of interventions can be guided by various approaches: 1) A systems-based perspective allows us to model what is driving the risks and vulnerabilities in a given context, and act strategically to control drivers and prevent disease; 2) A model of the economic system tends to reflect power relations and help explain them, and places health in the context of the stock and flows of wealth, different types of capital, goods and services; and 3) identifying priority health problems through a vulnerability approach to assessment (e.g. vulnerability to disease and risk exposure)
Lasker and Weiss (2003)	Community health governance (CHG) used to operationally define what a successful collaborative problem solving process is, and to identify particular characteristics that collaborative processes need to have to strengthen community problem solving.	Yes, specific to community participation and participatory-based approaches	<i>Context:</i> contextual impacts on community collaboration: politics of interest groups, eroding sense of community, limited involvement of community residents <i>Process:</i> community competency (the ability of community members to collaborate effectively in identifying problems and needs) and civic infrastructure (to refer to the formal and informal processes and networks by which communities make decisions and solve problems) <i>Outcome:</i> To strengthen their capacity to solve problems that affect the health and well-being of their residents, communities need to achieve three proximal outcomes: 1) individual empowerment, 2) bridging social ties, and 3) synergy.	Effectiveness of community collaboration implied in the elaboration of the evaluation criteria for proximal outcomes described in previous column. Can think of the proximal outcomes in the model as the mechanisms by which successful collaborative processes address the shortcomings in community leadership and management influence the success of a community collaboration by determining who is involved in the process, how participants are involved, and the scope of the process. These process characteristics, in turn, determine the extent to which a collaboration can achieve the three proximal outcomes in the model—individual problem solving empowerment, bridging social ties and synergy	The CHG model hypothesizes that participants need to be involved in special ways to achieve these outcomes. Attention needs to be paid to: (1) feasibility, (2) influence and control (e.g. participant influence in the collaborative process), and (3) group dynamics. The insights that the CHG model provides suggest specific ways that the participants and funders of community collaborations might be able to strengthen their efforts. CHG can be used as a model for effective community collaborations and partnership to enhance the effectiveness and efficiency of achieving challenging health objectives. The multidisciplinary nature of work poses challenges to evaluation of community collaboration, and there are no standard benchmarks by which to evaluate the effectiveness of the process.

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Learnmonth et al. (2009)	An evaluation framework was not specified. The aim of this review is to assess the reasons why the performance management of public involvement in health care failed in the U.K. and to critique managerially defined concepts of public involvement effectiveness.	Yes, specific to deliberative PE process	No evaluation criteria specified.	Discussion of the challenges of successful public involvement. Public involvement constrained by structural changes including changes in government policy for public involvement that have occurred. The way in which participants participated 'effectively' in the eyes of health managers, relied upon narrow and ultimately self-defeating assumptions about the nature of what constitutes 'effectiveness' for public involvement.	Less focus on those conventional, managerially defined notions of effectiveness that are now pretty much taken for granted within public services. Attempts to make mechanisms of public involvement more effective have been unsatisfactory to policymakers, and the authors attribute this to the application of standard health-care performance management techniques. Managing the performance of volunteers who are expected to represent ordinary people is necessarily to draw them further into institutional frameworks – frameworks that prescribe and control members (voluntary) activities. Performance management can also alienate ordinary citizens who want to make a contribution.
Murphy (2005)	No evaluation framework proposed, but draws on a theory of deliberation proposed by Canadian political philosopher, Charles Taylor. The theory offers a context by which citizens may articulate and share values that underpin stated health-care priorities.	Yes, specific to PE deliberation process	No	Effective citizen deliberation processes are influenced by citizen values pertaining to their community. Citizens may reorient health-care priorities in order to reduce health inequalities within their communities. Therefore, the impacts of deliberation in changing citizen views on a particular health issues such as health inequalities is shaped by values embedded in community practices	Citizens evaluate their multiple motivations or intent for participation. In making strong evaluations, citizens may come to perceive the need to set health-care priorities that offer all community members the opportunity to experience self-mastery in their lives. Taylor's theoretical framework helps to understand citizen choices and decisions in a deliberation. Citizens should evaluate their own values in setting healthcare priorities, and their subjective experiences in the context of community practices.

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Potvin et al (2003)	A proposed implementation model that conceptualises community programmes as negotiated spaces in which internal and external resources are converted into services and activities; and provides applied solutions to the problems associated with the implementation of participatory community interventions and research.	No	This paper proposes four implementation principles that are key to the success of community participatory intervention and research. (1) the integration of community people and researchers as equal partners in every phase of the project, (2) the structural and functional integration of the intervention and evaluation research components, (3) having a flexible agenda responsive to demands from the broader environment, and (4) the creation of a project that represents learning opportunities for all those involved.	Success was discussed through the establishment of an equal partnership between community groups and academic researchers.	The establishment of a working equal partnership was the cornerstone from which the other principles could be elaborated. Partnership formed between equal partners. Therefore, this facilitated the integration of intervention and research, which appear now as being fully dependent on each other.
Tritter and McCallum (2006)	This paper critically assesses Arnstein's writing in relation to user involvement in health. The author's critique Arnstein's model for solely emphasizing power in citizen participation. Rather than a ladder-based model (hierarchy), they propose a different analogy to aid understanding of how user involvement systems should be created (e.g. the mosaic).	Not specific to a PE mechanism	Process: empowerment at the level of the healthcare system, the community, the organization and the individual; representativeness; shift from current categorization of public and patient involvement to patient and citizen involvement (e.g. user involvement); multiple ladders of user involvement (i.e. different categorizes of user) and the incorporation of diversity of knowledge and expertise of health professionals and lay people.	Not defined, but discussed in the context of the process criteria in the prior column. Emphasis placed on diversity of individuals and range of expertise, and particular attention to the goal of participation for the user	A completed mosaic creates a picture that is the product of the complex and dynamic relationship between individual and groups. Effective user involvement must be founded on connections to a multiplicity of individuals and groups and the integration of one-off and more continuous involvement. A linear, hierarchical model of involvement – Arnstein's ladder – fails to capture the dynamic and evolutionary nature of user involvement. Building a successful user involvement system requires connecting with diverse individuals and groups at local, organisational, and national levels. One approach might be to invite all identifiable community groups and individuals interested in health. Evaluation must also explore users' satisfaction with the processes and measures of involvement activities on decisions about treatment, service development, and research. Without clear evidence that involvement is linked to change, there is little chance that individual users or groups will remain engaged.

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GREY LITERATURE					
Ardal (2006)	The components of a comprehensive evaluation framework includes formative and summative evaluation (prospective), ongoing monitoring, as well as formative and summative evaluation that are retrospective in nature.	Developed for general health programs, including all community engagement strategies: community consultation, stakeholder consultation/ involvement and engagement.	Suggested or examples of measurable indicators: <i>Process:</i> staff supply, volunteer supply, program knowledge base, service utilization, accessibility of services, staff time, inquiries, resources distributed, client satisfaction <i>Outcome:</i> changes in behaviour, morbidity/ mortality, client resilience	Principles of effectiveness (pg 15) were: i) engage early enough to make a difference, ii) resource it properly, iii) be prepared to pay attention to the results; iv) monitor and evaluate its effectiveness.	Good communication fosters enlightenment and trust, and is a crucial element in community engagement processes. Evaluation should be comprehensive (formative, summative and on-going evaluation), and involve stakeholders.
Coyne and Cox (2004)	Yes, the outcome measurement framework was presented as a cyclical process that involves identifying the inputs, activities, outputs, short term, intermediate term and long term outcomes.	Developed for community capacity building, which includes public participation processes	<i>Outcome:</i> time, sphere of influence, control, context, learning and improvement and relationships.	No.	<ul style="list-style-type: none"> - Outcome measurement is an important component of community capacity building' as it allows an examination of how the program is doing and its effect on the community (what they are changing). - Outcome measurement may strengthen a community or organization's capacity.
Gauvin and Abelson (2006)	References evaluation frameworks developed by others.	N/A	Discusses the importance of establishing clear criteria and key conditions for success could be used as criteria.	Seven conditions of success are described based on the work of Rowe & Frewer and Forest et al. (2000; 2004): Representativeness, independence, early involvement, influencing the policy decisions, providing information, resource accessibility, and structured decision-making.	<ul style="list-style-type: none"> - There is lack of agreement between policy-makers, decision-makers, scholars, taxpayers, patients, and the general public about what constitutes a successful public involvement process. Thus, a public involvement program should include the its underlying goals and what is expected of the public and the sponsoring organization. - There is a lack of good quality evidence about public involvement process and outcome. The most often cited key conditions of successful public participation are based on the work of Rowe and Frewer (2000; 2004).

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Health Canada (2000)	The evaluation framework belongs to one of the six steps of the planning checklist (pg. 22). Within the evaluation process, three steps were described: i) evaluate and report; ii) learn from experience; iii) disseminate best practices, lessons learned.	Developed for all public consultation techniques.	No.	Unclear. However, a common theme is trust.	<ul style="list-style-type: none"> - The Canadian public wants an "ongoing and meaningful role" in policy and program decisions. - The federal government is currently experiencing a shift from traditional consultation to deliberative processes, and thus requires changes within the system to accommodate the shift. - An open process of engagement is suggested—whereby citizens are involved in the planning and execution of the engagement processes
Lenihan (2008)	None. An evaluation framework was not described.	N/A	N/A	Unclear. However, some common themes are trust, well-being, self-sufficiency, sustainable communities	<ul style="list-style-type: none"> - Public engagement is considered an emerging and essential condition of "effective governance" in New Brunswick. - Conventional consultations are inadequate to solve complex problems. Citizen engagement will enable citizens to be involved in "decision making, planning and action". - The appropriateness of PE methods for different subgroups requires further investigation. - Strong leadership, both bottom-up and top-down, is needed for public engagement to succeed.
Lenihan (2009)	Evaluation is described as one of the four stages of an engagement process (views, deliberation, and action). However, few details are discussed about how one can evaluate.	Not specific to a particular public engagement mechanism.	Evaluation depends on PE goals: i) Process goals: open, transparent, accountable, inclusive, fair, and community responsive. ii) Substance goals: 'better decisions', 'better policies'	<ul style="list-style-type: none"> - A PE process may be considered a success if it allowed the public to "reframe the discussion in ways that would lead to a more coherent view of the issues and solutions". - Lived experience is considered the "touchstone" of a successful dialogue. 	<ul style="list-style-type: none"> - An open process of engagement is suggested—whereby participants are involved in setting the indicators, benchmarks and goals in evaluating the performance of their action plan. - Process evaluation is an important criterion for ensuring transparent, accountable and responsive outcome.

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MacKinnon, et al. (2007)	None. An evaluation framework was not described.	N/A	<p>Impact of the public engagement initiatives was assessed separately for the case studies:</p> <p>a) Romanow commission: Outcome: i) how public consultations influenced the commission report and recommendations, ii) the impact of the Commission report on health policy governance and iii) the impact of the Commission report on other consultative processes in Canada.</p> <p>b) Advisory panel on fiscal imbalance: Process: validity of the consultation exercise and confidence in the results; Outcome: impact on participants based on the results of the participant dialogue evaluation form, and the dialogues' impact on the panel report and recommendations.</p>	<p>Unclear. However, conditions for successful PE include: i) participants agreeing that there is breadth of perspective and balance; ii) trust among the participants; iii) strong, effective and credible facilitator; iv) leadership and support from the government.</p>	<ul style="list-style-type: none"> - Citizens want to be involved in public policy making. - Citizens want their contributions to influence policy outcomes. - Ordinary citizens have the capacity and sophistication to meaningfully tackle complex policy issues. - Citizen engagement can aid federal and provincial policy makers in making complex public policy choices.

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MassLBP, 2009	<p>Two evaluation frameworks were presented.</p> <p>i) General evaluation criteria by John Gastil. It includes 3 main criteria:</p> <ul style="list-style-type: none"> a) design integrity, b) sound deliberation and judgement, and c) secondary benefits. <p>ii) "Scorecard for evaluating engagement", which is based on results of the Citizens' Workshops on Engagement and Health.</p>	<p>The first framework by Gastil was intended for any public engagement mechanisms. The scorecard was intended to guide Ontario's LHIN public engagement activities. Evaluation criteria by Gastil (2009, pg 29-30):</p> <ul style="list-style-type: none"> - Process: i) Design integrity (unbiased framing, process quality, representative), ii) sound deliberation and judgement (manifest disagreement, supermajorities, informed and coherent judgements, influential conclusions/ actions, influential recommendations, effective, coordinated action) - Outcome: Secondary benefits (transforming public attitudes and habits, changing public officials' attitudes/behaviour, altering strategic political choices) 	<p>The first framework by Gastil was intended for any public engagement mechanisms. The scorecard was intended to guide Ontario's LHIN public engagement activities. Evaluation criteria by Gastil (2009, pg 29-30):</p> <ul style="list-style-type: none"> - Process: i) Design integrity (unbiased framing, process quality, representative), ii) sound deliberation and judgement (manifest disagreement, supermajorities, informed and coherent judgements, influential conclusions/ actions, influential recommendations, effective, coordinated action) - Outcome: Secondary benefits (transforming public attitudes and habits, changing public officials' attitudes/behaviour, altering strategic political choices) 	<p>Effectiveness is described as "the extent to which public engagement achieves the goals that such a process strives to achieve" (pg. 21)</p>	<p>Results from the Citizens' Workshops on Engagement and Health suggest that five goals are essential to attain a culture of engagement:</p> <ul style="list-style-type: none"> i) Value public input ii) Clarity of purpose iii) Well-defined roles iv) Accountability v) Responsiveness and good communication. <p>Each of these goals includes a number of principles, recommendations and sample indicators (pg. 97).</p>

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Vancouver Coastal Health, 2009	Yes. An outcome measurement framework was described. This includes the intended outputs as well as indicators to evaluate short term, intermediate and long term outcomes.	The evaluation framework is developed specifically for VCH's community engagement activities, including public consultations and advisory bodies	<p>Outcome:</p> <ul style="list-style-type: none"> - Outputs: number of issues identified, number of dialogue sessions - Short term outcomes: consultations to inform VCH decision making, VCH is informed of community partners' concerns. - Intermediate outcomes: VCH leadership, management and staff integrate public involvement in service planning and delivery. - Long-term outcome: VCH supports healthy lives in healthy communities by ongoing involvement of the public it serves. 	Unclear. No explicit discussion of what constitutes a successful or effective PE activity.	<p>Community engagement is beneficial in a number of ways (pg. 14):</p> <ul style="list-style-type: none"> i) "Two-way interaction process between Vancouver Coastal Health and its communities" ii) Enable communities to participate and have a role in the planning and decision-making of health care policies iii) Community engagement includes a wide variety of activities (consultations, community development, community capacity building) that are suitable for various subgroups (i.e. marginalized groups) and needs

Appendix 6: Descriptive Summary of Grey Literature Reports

CITATION	BRIEF SUMMARY OF REPORT
Ardal, 2006	Documents were selected modules of the Health Planner's Toolkit.
Coyne and Cox, 2004	This document outlines the steps for designing and evaluating community capacity building activities sponsored by the Sharon Martin Community Health Trust Fund (SMART), within the Vancouver Coastal Health Authority.
Gauvin and Abelson, 2006	This report provides an overview on public involvement. It is divided into four major sections: need for public involvement, typology of public involvement, defining successful public involvement and public involvement within the Canadian health system.
Health Canada, 2000	The document provides details about Health Canada's commitment and vision for public involvement.
Lenihan, 2008	This report details New Brunswick's Public Engagement Initiative.
Lenihan, 2009	This document highlights the need and importance of public involvement with a focus on New Brunswick examples.
MacKinnon et al. 2007	The report summarizes two public consultation examples (Romanow Commission on the Future of Health Care in Canada and the Citizens' Dialogue on Sharing Public Funds commissioned by the Advisory Panel on Fiscal Imbalance).
MassLBP, 2009	The report includes focuses on evaluating deliberative engagement, with a special focus on an account of three Citizens' workshops, and the development of an engagement scorecard for Ontario's LHINs.
Vancouver Coastal Health, 2009	The report describes a framework to describe and understand community engagement (CE) activities initiated by Vancouver Coastal Health (VCH). This includes a discussion of VCH's vision for community engagement, guiding principles, the spectrum of participation, and steps for using CE.