



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

A GUIDE TO COMMUNITY ENGAGEMENT FRAMEWORKS FOR ACTION ON THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY



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The National Collaborating Centre for Determinants of Health is hosted by St. Francis Xavier University.

Please cite information contained in the document as follows:

National Collaborating Centre for Determinants of Health. (2013). *A Guide to Community Engagement Frameworks for Action on the Social Determinants of Health and Health Equity*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.

ISBN: 978-1-926823-58-4

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Determinants of Health (NCCDH).

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada. This document is available in its entirety in electronic format (PDF) on the National Collaborating Centre for Determinants of Health website at: www.nccdhd.ca

La version française est également disponible au : www.ccnds.ca sous le titre *Guide sur les cadres d'engagement communautaire favorisant l'action sur les déterminants sociaux de la santé et l'équité en santé*

ACKNOWLEDGEMENTS

This paper was authored by Caitlin Etherington, Independent Consultant and Sume Ndumbe-Eyoh, Knowledge Translation Specialist, National Collaborating Centre for Determinants of Health.

Hannah Moffatt and Pemma Muzumdar provided feedback to earlier drafts. Linda Duffett-Leger, University of New Brunswick, Nursing and Marcela Tapia, Ottawa Public Health provided external review.

ABOUT THE NATIONAL COLLABORATING CENTRE FOR DETERMINANTS OF HEALTH

The National Collaborating Centre for Determinants of Health is one of six National Collaborating Centres (NCCs) for Public Health in Canada. Established in 2005 and funded by the Public Health Agency of Canada, the NCCs produce information to help public health professionals improve their response to public health threats, chronic disease and injury,

infectious diseases, and health inequities. The National Collaborating Centre for Determinants of Health focuses on the social and economic factors that influence the health of Canadians. The Centre translates and shares information and evidence with public health organizations and practitioners to influence interrelated determinants and advance health equity.

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INTRODUCTION

Public health organizations across Canada are adopting community engagement as a central strategy and supporting community participation as a core competency for public health practice.¹ It is a cornerstone of community-focused public health and a key approach to improve health equity through action on the social determinants of health (SDH).^{2,3}

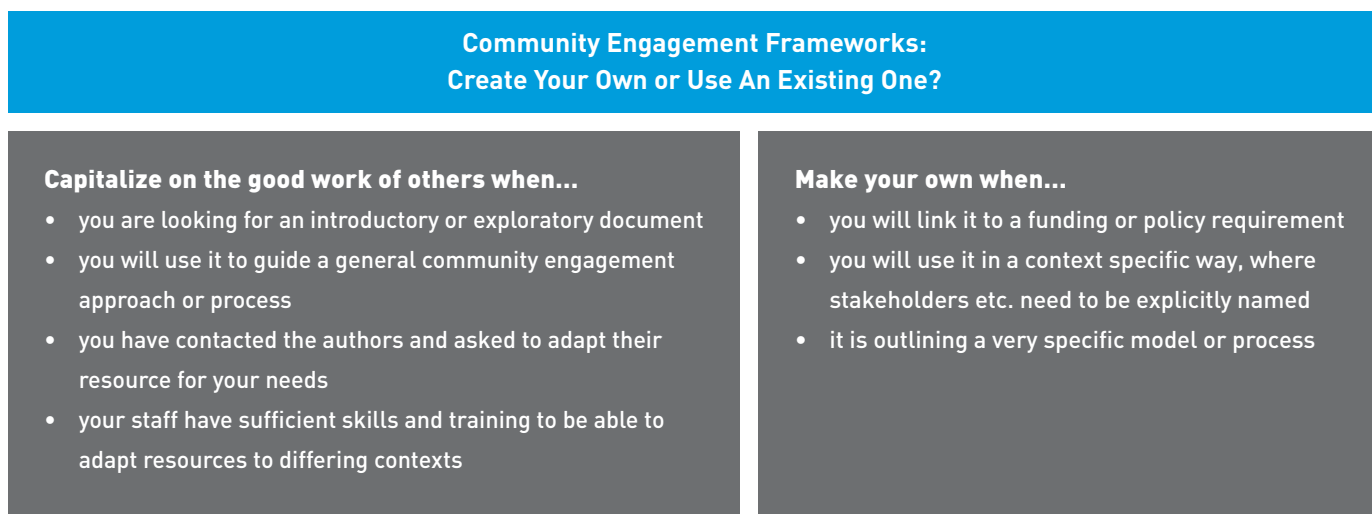
Community engagement is increasing in value and community members have a growing expectation that they will be consulted on decisions that affect them. Current evidence suggests that community engagement can improve user satisfaction, lead to more appropriate programs and increase access to community strengths and resources.⁴ Emerging research is demonstrating how community engagement can contribute to improved health outcomes, better financial performance and strengthened community identity.⁵ While the case for community engagement is being established, the actual practice remains unclear and even intimidating to many public health practitioners.

With the importance of responding to local context when engaging communities, there is an understandable inclination to develop a tailored community engagement framework. This starting point has led to a number of guiding documents with similar principles, strategies and tools. Figure 1 provides guidance on whether or not to create your own framework.

“... There are a whole host of “how to guides” that can provide information on how to involve people in various programs. However, I would certainly urge caution when choosing because, depending on what one wishes to achieve, it is almost always more valuable to have a process of engagement that is embedded in communities rather than applied to communities.”

Greg Halseth
Canada Research Chair in Rural and Small Town Studies,
Director, Community Development Institute
University of Northern British Columbia

FIGURE 1. COMMUNITY ENGAGEMENT FRAMEWORKS: CREATE YOUR OWN OR USE AN EXISTING ONE?



HOW TO USE THIS RESOURCE

This document is intended as a reference guide for public health practitioners, who need support in adopting or revising a community engagement strategy with health equity and social determinants of health (SDH) components. It is designed to make it easy for any project to be matched to a relevant framework.

The main section of this document lists the 16 frameworks identified through our search and analysis. All are applicable to general Canadian public health initiatives with the exception of the first two, which are more focused thematically but have strong health equity and SDH components. As well as a link to their online location, a summary is provided of each document, which will help readers to identify the most relevant and useful frameworks for their organization or project.

We hope this will help to make community engagement a less intimidating process and to create a relationship with frameworks where they are used as fluid tools. Community engagement works best when it is responsive to the needs of the community and that no document can establish what the most strategic combination of activities is for any given context. The emphasis should be on the specific project rather than on the framework that guides it.

In developing this guide we took a sample of frameworks rather than a comprehensive list. The frameworks in the reference section below reflect two findings from our analysis:

1. There are a large number of health-focused community engagement frameworks with useful tools and strategies, as well as information on the principles and values, barriers and risks, success factors and historical and political context of community engagement.
2. There are fewer community engagement frameworks that both are generally applicable to Canadian public health and that specifically and meaningfully discuss health equity and SDH. Saying this, we recognize that community engagement has, to varying degrees, an implicit relevance to health equity and SDH, as an essential strategy to these approaches.

The included frameworks represent the spectrum to which health equity and the SDH are emphasized. The question is how explicitly is this link made and to what degree is it necessary to modify to ensure that values and perspectives of equity and social justice are reflected in the strategies used. Each framework summary offers a sense of what to expect within each document.

DEFINITIONS

Here is a glossary for terms as they are used in this document:

Community engagement:

“Community engagement is a process, not a program. It is the participation of members of a community in assessing, planning, implementing, and evaluating solutions to problems that affect them. As such, community engagement involves interpersonal trust, communication, and collaboration. Such engagement, or participation, should focus on, and result from, the needs, expectations, and desires of a community’s members.”⁶ Similar terms: community participation, community mobilization, collective engagement, collective participation, public participation, public mobilization, public engagement, citizen participation, citizen mobilization and citizen engagement

Community engagement framework:

A written document which supports and guides community engagement initiatives, including – to varying degrees – both theoretical/conceptual and practical, “how-to” components.

Health equity:

Health equity exists when all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance.⁷

Social determinants of health:

The “social determinants of health” (SDH) refer to the range of interacting social and economic conditions that influence our health and well-being, the circumstances in which people are born, grow up, live, work and age.⁸

METHODOLOGY

Literature Search

We conducted iterative searches in English and French to identify health-focused community engagement frameworks. This search was not designed to be comprehensive but rather to capture a broad sample. It did not have exclusion criteria based on year of publication. Our search consisted of the following stages:

1. First a grey literature search was conducted in November 2012, as part of a review of reviews on community engagement.⁹ This search identified 61 documents (see Appendix 1 for a list of the searched sites).
2. A second search was conducted in February and March 2013, to augment the initial search and ensure we adequately captured Canadian frameworks. The keywords “community engagement” and “public health” were used in Google search, along with “Canada” and then each province and territory. A search was conducted for French language frameworks using the terms “l’engagement communautaire, santé publique”. In addition, we used the term “community engagement” to search websites of organizations known for either public health or community engagement.^{10,12} This search identified an additional 33 documents.

We conducted a final “community engagement” search of public health organizations websites, which we thought were likely to have existing frameworks but had not already been identified (e.g. Toronto, Calgary and Montreal). We also contacted colleagues at the National Collaborating Center for Aboriginal Health and at the National Collaborating Centre for Healthy Public Policy. This final search resulted in an additional six documents for a 100, in total.

Findings

One principal researcher with a colleague for consultation conducted the analysis, a process we deemed sufficient to meet the goal of providing a qualitative snapshot of frameworks rather than a rigorously objective analysis.

The initial 100 documents were first divided into four main categories based on their content and primary intended use. These broke down into 45 “frameworks”, 40 “case studies” and 15 “research documents”. As stated in the definition section above, we defined frameworks as written documents which support and guide community engagement initiatives, including – to varying degrees – both theoretical/conceptual and practical, “how-to” components. As this guide focuses on frameworks, we only proceeded with further analysis of these documents.

All identified frameworks were then analyzed based on the following two subjective criteria:

- a) *Applicability to general Canadian public health work*, meaning regardless of where a framework was developed its content is broad enough to be applied to a variety of Canadian initiatives or organizations. Frameworks that were situated within a specific country, health system, or issue area in a way that made them cumbersome to apply broadly were excluded based on this criteria.
- b) *Explicit consideration to health equity and the social determinants of health (SDH)*, referring to the frequency of relevant concepts (e.g. equity, inclusion, social justice, marginalized populations) as well as the depth in which they were represented and explored. One of the following ratings were applied to each framework:

Minimal	– almost no explicit representation
Moderate	– sporadically represented
Strong	– a thematic focus, present throughout the document and/or inclusion of a dedicated section

Documents that were found to be both broadly applicable to public health and moderately or strongly representative of health equity and the SDH were then further analyzed and summarized for inclusion in the quick reference guide. From the initial 45 frameworks 16 met these criteria.

This represents

- fourteen that were judged to be both applicable to general Canadian public health work and either strongly or moderately representative of health equity and SDH.
- two that were more focused, and; therefore, less applicable to general public health, but strong enough in their representation of health equity and the SDH that they are also included.

CONCLUSION

Community engagement processes should unfold differently every time they are used. Existing frameworks can help guide the evolution of community engagement activities and they can ensure that critical considerations about health equity and the social determinants of health (SDH) are consistently and meaningfully being utilized. Frameworks provide structures that support projects to take shape based on their unique context, specific goals and underlying values.

This guide aims to support this process. Our analysis of a broad spectrum of community engagement frameworks has identified 16 documents with a variety of foci and strengths. The brief analysis we have provided of each will help public health organizations to identify the documents most relevant to their health equity and SDH community engagement initiatives.

SUMMARY OF INCLUDED FRAMEWORKS

This section provides a description of the 16 included frameworks based on the analysis described above. Table 1 below describes the dimensions analyzed for all of the included frameworks.

TABLE 1: DIMENSIONS USED TO DESCRIBE INCLUDED FRAMEWORKS

TITLE OF DOCUMENT	
ORGANIZATION	Organization that authored or commissioned document
URL	Location of document on the internet
AREA(S) OF FOCUS	Where relevant, the specific focus of the document – can be geographical or topical (e.g. evaluation, chronic disease)
RELEVANCE TO SDOH AND HEALTH EQUITY	Rated as either “Moderate” (sporadically represented) or “Strong” (one of the documents areas of focus, present throughout the document and/or inclusion of a dedicated section)
INTENDED USE	Summary of how authors intend for document to be used
PRINCIPLES/VALUES	Principles or values of community engagement <u>as identified by authors in the framework</u>
TOOLS/GUIDES	Identified tools and guides related to community engagement (i.e. checklists, hints & tips etc.)
STRATEGIES	<ul style="list-style-type: none"> Identified strategies or methods related to community engagement (e.g. focus groups, community committees etc.) Whether strategies are linked to goals Whether traditional or emerging strategies are identified – where emerging techniques “permit a more thorough exploration of stakeholder values, views, concerns, and interests”¹³ (e.g. appreciative inquiry, e-participation)
BARRIERS/RISKS	Identified barriers and risks to community engagement
SUCCESS FACTORS	Identified success factors for community engagement
EVALUATION	Identified points related to evaluation of community engagement
OTHER COMMENTS	Other pertinent points not mentioned above

1. A DIALOGUE OF EQUALS: THE PACESETTERS PROGRAMME COMMUNITY ENGAGEMENT GUIDE¹⁴

ORGANIZATION:	National Health Service (UK)
URL:	www.engage.hscni.net/library/Dialogue%20of%20Equals%20-%20The%20Pacesetters%20Programme%20Community%20Engagement%20Guide.pdf
AREA(S) OF FOCUS:	United Kingdom
RELEVANCE TO SDOH AND HEALTH EQUITY:	Strong
INTENDED USE:	To guide community engagement with “groups who are seldom heard or who are described by some as being “hard to reach””. Commissioned to support a National Health Service (NHS) program that partners with “communities who experience health inequalities arising from discrimination.”
PRINCIPLES/VALUES:	<ul style="list-style-type: none">• To create a “dialogue of equals,” professionals will need to understand how to engage emotionally as well as intellectually• Responsiveness to communities served• Continuous dialogue and the development of a good working relationship• Individuals and local communities who are properly informed and are empowered to talk as equals• Health professionals who genuinely understand the needs and circumstances of different communities, and are prepared to recognize their experience and expertise
TOOLS/GUIDES:	<ul style="list-style-type: none">• Developing a community engagement strategy• Understanding the difference between patient need and community aspirations• Hints and tips for addressing ethnic minority audiences
STRATEGIES:	Traditional community engagement strategies are identified in passing throughout the document
BARRIERS/RISKS:	Focus of the entire document is on addressing the barriers and risks to engaging “seldom included” communities.
SUCCESS FACTORS:	The focus of entire document is enablers to successfully engaging “seldom included” communities. Success factors are explicitly identified in relation to outreach work.
EVALUATION:	Brief section encouraging participatory evaluation techniques.
OTHER COMMENTS:	This document offers concrete recommendations and a strong general overview to engaging “seldom included” or marginalized community members. Strategies and processes are not outlined in any detail.

2. COMMUNITY ENGAGEMENT: A NECESSARY CONDITION FOR SELF-DETERMINATION AND INDIVIDUAL FUNDING¹⁵

ORGANIZATION:	Center on Human Policy, Syracuse University for the Research and Training Center on Community Living
URL:	http://thechp.syr.edu/wp-content/uploads/2013/02/ComEng.pdf
AREA(S) OF FOCUS:	People with disabilities Systemic and policy change
RELEVANCE TO SDOH AND HEALTH EQUITY:	Strong
INTENDED USE:	To guide organizations and individuals who want to change government and community policies and culture to better meet the needs of people with disabilities.
PRINCIPLES/VALUES:	Not explicitly mentioned
TOOLS/GUIDES:	Offers two models of community engagement <ul style="list-style-type: none">• Organizing relationships• Shifting the circuits of culture
STRATEGIES:	Strategies are tailored to engagement of people with disabilities. They include: <ul style="list-style-type: none">• Create more family groups• Support leadership from among people with disabilities• Tell more powerful stories• Develop more ways to gather and disseminate information• Offer formal learning opportunities
BARRIERS/RISKS:	Not mentioned
SUCCESS FACTORS:	Not mentioned
EVALUATION:	Not mentioned
OTHER COMMENTS:	This document is an example of community engagement that focuses on the social determinants of health for people living with disabilities. It is written from a grassroots perspective of how to engage others around a shared specific goal.

3. BUILDING COMMUNITY CAPACITY, CHAPTER 6 IN GUIDING FACILITATION IN THE CANADIAN CONTEXT¹⁶

ORGANIZATION:	Department of Health and Community Services, Government of Newfoundland and Labrador
URL:	www.gnb.ca/0053/phc/pdf/Facilitation%20Guide%20-%20English.pdf
AREA(S) OF FOCUS:	Newfoundland and Labrador
RELEVANCE TO SDOH AND HEALTH EQUITY:	Strong
INTENDED USE:	To provide a brief overview of high-level concepts related to community capacity building, including engagement.
PRINCIPLES/VALUES:	Not explicitly mentioned
TOOLS/GUIDES:	<ul style="list-style-type: none">• International Association for Public Participation’s Public Participation Spectrum• Community empowerment model• Four levels of partnership – necessary elements• Four levels of partnership – sustaining the relationship
STRATEGIES:	Not mentioned
BARRIERS/RISKS:	Not mentioned
SUCCESS FACTORS:	There is a brief “lessons learned” section based on experiences in one case study.
EVALUATION:	Not mentioned
OTHER COMMENTS:	This is mostly a high-level document (e.g. looking at broad concepts rather than nuts and bolts). There is an emphasis on primary care and on exploring the role of the facilitator.

4. HANDBOOK ON CITIZEN ENGAGEMENT: BEYOND CONSULTATION¹³

ORGANIZATION:	Canadian Policy Research Network
URL:	www.cprn.org/documents/49583_EN.pdf
AREA(S) OF FOCUS:	General citizen engagement by government, not health specific
RELEVANCE TO SDOH AND HEALTH EQUITY:	Strong
INTENDED USE:	To provide an overview of citizen engagement, including concepts, political and historical context, and strategies, and supply resources to deepen knowledge on specific subjects. Target audience is government.
PRINCIPLES/VALUES:	Not explicitly mentioned
TOOLS/GUIDES:	<ul style="list-style-type: none">• International Association for Public Participation's Public Participation Spectrum• Institutionalizing citizen engagement• Engaging Aboriginal communities• Key conditions for success• Roles and responsibilities to consider• Practical tips from people with experience in citizen engagement practice
STRATEGIES:	<ul style="list-style-type: none">• Identifies both traditional and emergent strategies linking strategies to strengths, limitations, examples and resources• Links strategies to goals in a detailed table entitled Framework for Selection of Engagement Techniques• Detailed section exploring online engagement
BARRIERS/RISKS:	Brief section on barriers and potential solutions. Barriers are organized into categories of exclusion and include: cross-cutting barriers, economic, ethno-cultural and newly-arrived Canadians, stereotyping age, ability, and gender.
SUCCESS FACTORS:	Includes brief section on success factors related to designing, implementing and evaluating community engagement processes as well as providing feedback to stakeholders.
EVALUATION:	Identifies some key success factors and elements of good evaluation practice: defining what is to be evaluated; building evaluation into dialogue process; involving participants; developing indicators; and balancing learning and outcome orientations.
OTHER COMMENTS:	This is a comprehensive document, focusing on government-led citizen engagement. This includes information on the institutionalization of citizen engagement and working with Aboriginal communities.

5. COMMUNITY PARTICIPATION IN LOCAL HEALTH AND COMMUNITY DEVELOPMENT¹⁷

ORGANIZATION:	World Health Organization (European Sustainable Development and Health Series)
URL:	www.euro.who.int/__data/assets/pdf_file/0013/101065/E78652.pdf
AREA(S) OF FOCUS:	International context, emphasis on Europe WHO European Healthy Cities Network
RELEVANCE TO SDOH AND HEALTH EQUITY:	Strong
INTENDED USE:	To provide a comprehensive introduction to the concepts and context of health-focused community participation, applicable globally. To provide common techniques and methods.
PRINCIPLES/VALUES:	<ul style="list-style-type: none">• Not mentioned with respect to community participation• Briefly identified with respect to one specific strategy (rapid participatory appraisal)
TOOLS/GUIDES:	<ul style="list-style-type: none">• A ladder of community participation: degree of participation, participants action and illustrative modes for achieving it• The wheel of participation• Categories and types of community action for health• Community Participation, a toolbox: techniques, methods, case studies and contacts (includes multiple tools)
STRATEGIES:	<ul style="list-style-type: none">• Emphasis on emergent strategies and includes case studies• Identifies community participation strategies at every phase of a project (assessing needs and assets, agreeing on a vision, generating ideas and plans for action, enabling action, and monitoring and evaluation)
BARRIERS/RISKS:	Strategies for avoiding common pitfalls are explored. This includes involving the “real” community, securing commitment to a long-term process, ensuring the practice is empowering rather than manipulative, and avoiding unrealistic expectations.
SUCCESS FACTORS:	Includes sections on The importance of a strategic approach and Preparing the ground: Preconditions – the latter identifies commitment, openness to change, competencies, and resources.
EVALUATION:	There is a detailed section that explains two techniques – the story-dialogue method and community indicators, and ties them to case studies.
OTHER COMMENTS:	This is a comprehensive document for emergent community participation strategies that provides case studies with on-the-ground examples. It is particularly relevant for large-scale, community-wide projects.

6. CONNECTING THE DOTS: A HANDBOOK FOR CHRONIC DISEASE PREVENTION THROUGH COMMUNITY ENGAGEMENT¹⁸

ORGANIZATION:	Health Nexus
URL:	http://en.healthnexus.ca/sites/en.healthnexus.ca/files/resources/ctd_handbook.pdf
AREA(S) OF FOCUS:	Chronic disease prevention
RELEVANCE TO SDOH AND HEALTH EQUITY:	Strong
INTENDED USE:	Provides a detailed account of Connecting the Dots, a specific, intersectoral community engagement process. It is directed at health professionals and community groups working together on chronic disease prevention.
PRINCIPLES/VALUES:	Brief section identifying the values of health promotion (rather than community engagement): <ul style="list-style-type: none">• Holistic view of health• Social justice and equity• Power sharing and respect• Social inclusion• Empowerment• Evidence-based practice• Collaboration
TOOLS/GUIDES:	<ul style="list-style-type: none">• The Facilitator's Role• Network Analysis and Development
STRATEGIES:	Strategies in the connecting the dots process are: a multi-sectoral planning committee, an event, and follow-up. These are described in detail.
BARRIERS/RISKS:	Not mentioned
SUCCESS FACTORS:	Not mentioned
EVALUATION:	Brief section that identifies key questions to ask when planning an evaluation (e.g. "What do you want to know about what you are doing?" and "How will you know this?" etc.) as well as some practical key actions (e.g. identify objectives, building "pre" survey questions into registration form etc.)
OTHER COMMENTS:	Although this document outlines a very specific process, both the strategies and concepts can be applied to other topics and types of engagement processes. It incorporates thinking about the social determinants of health and offers concrete case studies. Available in both English and French.

7. POLICY CHALLENGE PAPER: EFFECTIVE AND RESPONSIVE COMMUNITY ENGAGEMENT¹⁹

ORGANIZATION:	The Wellesley Institute
URL:	www.wellesleyinstitute.com/files/Policy%20Challenge%20paper%20community%20engagement%20(2).pdf
AREA(S) OF FOCUS:	Local Health Integration Networks (LHINs) in Ontario
RELEVANCE TO SDOH AND HEALTH EQUITY:	Strong
INTENDED USE:	To provide LHINs and other health planners in Ontario with a planning checklist for developing responsive and effective community engagement.
PRINCIPLES/VALUES:	Not explicitly mentioned
TOOLS/GUIDES:	<ul style="list-style-type: none">• Action Plan for Community-Driven Planning and Priority Setting
STRATEGIES:	<ul style="list-style-type: none">• Emergent and traditional strategies are mentioned as examples throughout the document• Strategies are not systematically linked to goals
BARRIERS/RISKS:	Not mentioned
SUCCESS FACTORS:	The focus of this paper is outlining “critical success factors.”
EVALUATION:	Brief section identifying some potential concrete objectives and related indicators for good community engagement including: participation reflecting diversity of community; innovative forums that tap into communities’ needs and views; views and needs of most marginalized are included; useable information is provided; and results in planning and priorities that reflects community.
OTHER COMMENTS:	Although this document is targeted very specifically to LHINs and the health system in Ontario, the recommendations it offers are practical and applicable beyond this context.

8. COMMUNITY ENGAGEMENT AND COMMUNICATION: THE HEALTH PLANNER'S TOOLKIT⁴

ORGANIZATION:	Government of Ontario, Ontario Ministry of Health and Long-Term Care
URL:	www.health.gov.on.ca/transformation/providers/information/resources/health_planner/module_5.pdf
AREA(S) OF FOCUS:	Ontario, program planning
RELEVANCE TO SDOH AND HEALTH EQUITY:	Moderate
INTENDED USE:	To provide background and acquaint readers with community engagement concepts. To guide users through the process of planning, implementing and evaluation of community engagement initiatives.
PRINCIPLES/VALUES:	<ul style="list-style-type: none">• Effectiveness• Inclusion• Clarity• Respect
TOOLS/GUIDES:	<ul style="list-style-type: none">• Arnstein's Ladder of Citizen Participation• Steps within community engagement• Tools to engage individuals and groups• Developing a communication plan
STRATEGIES:	<ul style="list-style-type: none">• Both traditional and emergent goals are mentioned• Divided into those targeting individuals and groups• Not linked to goals but to other factors ("value for asking complex questions", "opportunity for multi-stakeholder interaction" etc.)
BARRIERS/RISKS:	Detailed section on tensions within community engagement.
SUCCESS FACTORS:	Outlines when community engagement should be used highlighting both the need for engagement and the capacity to act on engagement outputs.
EVALUATION:	Brief guide to evaluating communication as well as appendices with indicators from case studies in Australia and Scotland (Health Planner's Toolkit also includes a module (#7) dedicated specifically to evaluation that includes information relevant to community engagement).
OTHER COMMENTS:	This document provides a balance of practical tools and background information (e.g. defining community, tensions within engagement etc.), as well as case studies and real life advice. It draws on many sources and is one part of a seven module Health Planner's Toolkit.

9. PRIMER ON PUBLIC INVOLVEMENT²⁰

ORGANIZATION:	Health Council of Canada
URL:	www.healthcouncilcanada.ca/rpt_det.php?id=152
AREA(S) OF FOCUS:	Canada
RELEVANCE TO SDOH AND HEALTH EQUITY:	Moderate
INTENDED USE:	To provide a medium level of detail about the main concepts and context of public involvement in Canada. To provide a limited introduction to strategies and other tools.
PRINCIPLES/VALUES:	Not explicitly mentioned
TOOLS/GUIDES:	<ul style="list-style-type: none">• Arnstein’s Ladder of Citizen Participation• Three levels of involvement• From raw opinion to public judgment• A typology of public involvement methods
STRATEGIES:	<ul style="list-style-type: none">• Both traditional and emergent strategies are briefly mentioned• Strengths, weaknesses, examples and references are provided for each strategy
BARRIERS/RISKS:	Limitations section related to public communication, consultation and participation.
SUCCESS FACTORS:	Key conditions for success that identifies representativeness, independence, early involvement, influencing the policy decisions, providing information, resource accessibility and structured decision making.
EVALUATION:	No explicit section on evaluation.
OTHER COMMENTS:	This document provides a historical overview of community engagement in health care in Canada and exploration of community engagement concepts. List of strategies and tools is useful but not comprehensive.

10. HEALTH CANADA POLICY TOOLKIT FOR PUBLIC INVOLVEMENT IN DECISION MAKING²¹

ORGANIZATION:	Health Canada
URL:	www.hc-sc.gc.ca/ahc-asc/alt_formats/pacrb-dgapcr/pdf/public-consult/2000decision-eng.pdf
AREA(S) OF FOCUS:	Canada, involving the public in policy
RELEVANCE TO SDOH AND HEALTH EQUITY:	Moderate
INTENDED USE:	<ul style="list-style-type: none">• To provide in-depth information about general concepts and the historical and political contexts of public involvement.• To provide in-depth descriptions of various strategies.
PRINCIPLES/VALUES:	<ul style="list-style-type: none">• Commitment• Decision making• Providing quality service• Improve knowledge and understanding• Hearing the views of Canadians and providing timely feedback• Reflecting the diversity of Canadians' values and needs• Transparency• Accessibility• Coordination• Learning opportunities in support of employees' responsibility and accountability
TOOLS/GUIDES:	<ul style="list-style-type: none">• Health Canada's Public Involvement Continuum• Inform, Consult or Engage?• Operating Rules• Planning Process Overview• Planning Checklist• Who Should be Involved?• Matching Action to Needs• Lessons learned• Terminology guide
STRATEGIES:	<ul style="list-style-type: none">• Many strategies described in detail including logistics, cost implications and descriptions of when it is most useful• Both traditional and emergent strategies are included• Case studies explore some strategies further
BARRIERS/RISKS:	Described for each strategy.
SUCCESS FACTORS:	Brief section on "key success factors" related to each stage of community engagement projects – preparation, design, implementation, synthesis, feedback and follow-up, and evaluation.
EVALUATION:	No explicit section on evaluation.
OTHER COMMENTS:	This is a thorough document with an extensive list of strategies, each explained in great detail. It situates community engagement in a historical and political context as well as within Health Canada's policy environment.

11. EPIC: ENGAGING PEOPLE. IMPROVING CARE (WEBSITE)²²

ORGANIZATION:	Local Health Integration Network Collaborative (LHINC)
URL:	www.epicontario.ca/
AREA(S) OF FOCUS:	Ontario
RELEVANCE TO SDOH AND HEALTH EQUITY:	Moderate
INTENDED USE:	To provide an accessible, organized collection of resources on community engagement for health.
PRINCIPLES/VALUES:	<ul style="list-style-type: none">• Effectiveness• Clarity• Inclusion• Respect
TOOLS/GUIDES:	<ul style="list-style-type: none">• Defining the community engagement goal• Identifying and framing the issue• Deciding which stakeholders to engage• Choosing the right techniques and tools• Building internal support• Customizing community engagement to fit your context• Addressing expectations and potential conflicts• Following-up with stakeholders
STRATEGIES:	Provides links to 25 comprehensive community engagement strategies.
BARRIERS/RISKS:	Section, with links to resources, that lists potential tensions including control, the process for selecting priorities, balancing individual and community interests, power, influence and voice etc.
SUCCESS FACTORS:	Not explicitly mentioned
EVALUATION:	Provides a brief summary of indicators from Communities Scotland as well as links to other resources.
OTHER COMMENTS:	This is an easy to navigate website with brief overviews of many community engagement concepts as well as links to a number of resources.

12. ENGAGING WITH IMPACT: TARGETS AND INDICATORS FOR SUCCESSFUL COMMUNITY ENGAGEMENT BY ONTARIO'S LOCAL HEALTH INTEGRATION NETWORKS²³

ORGANIZATION:	Ontario Ministry of Health and Long Term Care, Health System Strategy Division
URL:	www.masslbp.com/download/engaging.pdf
AREA(S) OF FOCUS:	<ul style="list-style-type: none">• Ontario Local Health Integration Networks (LHINs)• Evaluation
RELEVANCE TO SDOH AND HEALTH EQUITY:	Moderate
INTENDED USE:	To provide background and tools that focus on the evaluation of community engagement. Proposes a series of recommendations and indicators that can be used to assess performance and develop a culture of engagement.
PRINCIPLES/VALUES:	<ul style="list-style-type: none">• Accountability• Commitment• Representative• Openness• Responsive• Task appropriate• Informative• Accessible• Good communication
TOOLS/GUIDES:	A Scorecard for Evaluating Engagement
STRATEGIES:	Evaluation strategies are identified within articles and case studies.
BARRIERS/RISKS:	Case studies address challenges to evaluating engagement.
SUCCESS FACTORS:	Five big-picture recommendations are listed that are specific to the LHIN context, and also applicable to any systemic incorporation of community engagement.
EVALUATION:	Focus of document
OTHER COMMENTS:	Includes five articles written by field experts in Canada and the UK.

13. COMMUNITY ENGAGEMENT FRAMEWORK²⁴

ORGANIZATION:	Vancouver Coastal Health
URL:	www.vch.ca/media/CE%20Booklet%202009.pdf
AREA(S) OF FOCUS:	Vancouver Coastal Health (VCH)
RELEVANCE TO SDOH AND HEALTH EQUITY:	Moderate
INTENDED USE:	To provide a quick overview of the general concepts and processes of community engagement. Also promotes the services offered by the community engagement team within VCH.
PRINCIPLES/VALUES:	<ul style="list-style-type: none">• Considering the patient’s journey in its entirety• Everyone is a stakeholder• Diverse voices contribute to better decisions• Bringing diverse and marginalized voices into the planning process and allow for consideration of perspectives that would not otherwise be understood• Communication is a two-way street• Engagement stimulates the growth of healthy communities• Targeting engagement directly to affected clients and their families/loved ones• Help dissenting voices within communities work through their differences• Open and transparent information-sharing about VCH decision-making• To engage community leaders as partners• Integrity, trust and credibility• Completing the circle of engagement
TOOLS/GUIDES:	<ul style="list-style-type: none">• The Spectrum of Participation• How to Use Community Engagement to Improve People-Centered Quality of Care
STRATEGIES:	Not mentioned
BARRIERS/RISKS:	Not mentioned
SUCCESS FACTORS:	Not mentioned
EVALUATION:	Not mentioned
OTHER COMMENTS:	As well as a framework, this is a communication document outlining the mandate and approach of the community engagement team at VCH.

14. GOOD PRACTICE GUIDE TO COMMUNITY PARTICIPATION²⁵

ORGANIZATION:	Inner City Organizations Network/North West Inner City Network, Ireland
URL:	www.iconnetwork.ie/download/pdf/1130586_report.pdf
AREA(S) OF FOCUS:	General community engagement– not health focused
RELEVANCE TO SDOH AND HEALTH EQUITY:	Moderate (although there is no focus on health, there is a strong emphasis on social inclusion)
INTENDED USE:	To provide detailed, practical community engagement support for participants and organizers in Dublin’s inner city and beyond.
PRINCIPLES/VALUES:	Not explicitly mentioned
TOOLS/GUIDES:	<ul style="list-style-type: none">• Levels of participation: ‘Arnstein’s Ladder’• How to promote community participation• Checklist for a meeting organizer• Evaluating participation at meetings using the “Evaluation Wheel”
STRATEGIES:	<ul style="list-style-type: none">• Focus on community meetings and committees• No explicit links made between strategies and goals
BARRIERS/RISKS:	Discusses overcoming barriers to community engagement (e.g. poor feedback to participants, use of jargon, distrust and conflict, lack of resources, tokenism, resistance of people in power to let some of it go, working with specific groups etc.).
SUCCESS FACTORS:	Detailed section on getting the most out of community participation – with guides to: joining a committee; set up a residents group; keeping your group open; setting up a group to deal with a particular issue; representing your community; attending formal meetings; and what to do after a meeting.
EVALUATION:	Detailed section on “measuring success” that looks at: are people attending; are issues being dealt with; levels of influence and impact; and other specific aspects of community participation.
OTHER COMMENTS:	This document is grounded in both a literature search and primary research with people who are involved in community engagement. It is very practical and written for both participants and organizers.

15. LHIN COMMUNITY ENGAGEMENT GUIDELINES AND TOOLKIT²⁶

ORGANIZATION:	Ontario Ministry of Health and Long-Term Care
URL:	www.nelhin.on.ca/WorkArea/showcontent.aspx?id=9826
AREA(S) OF FOCUS:	Local Health Integration Networks (LHINs), Ontario
RELEVANCE TO SDOH AND HEALTH EQUITY:	Moderate
INTENDED USE:	To provide LHINs with standard and required worksheets and templates to assist in planning community engagement activities – part of an attempt to promote consistency across the province.
PRINCIPLES/VALUES:	<ul style="list-style-type: none">• Careful Planning and Preparation• Inclusion and Demographic Diversity• Collaboration and Shared Purpose• Openness and Learning• Transparency and Trust• Impact and Action• Sustained Engagement• Participatory Culture
TOOLS/GUIDES:	<ul style="list-style-type: none">• Annual Community Engagement Strategy Worksheet Community / Stakeholder Assessment Worksheet• Community Engagement Planning Worksheet – small project• Community Engagement Planning Worksheet – large project• LHIN Community Engagement Performance Indicators
STRATEGIES:	<ul style="list-style-type: none">• Emergent and traditional strategies are briefly identified• Strategies are linked to goals
BARRIERS/RISKS:	Not mentioned
SUCCESS FACTORS:	Not mentioned
EVALUATION:	An evaluation worksheet with performance indicators is provided – guides planners to monitor and evaluate processes, outcomes and impacts.
OTHER COMMENTS:	This practical document is specifically tailored for LHINs; however, the tools provided could be easily adapted.

16. TOOLKIT TO HEALTHIER COMMUNITIES – INFLUENCING HEALTHY PUBLIC POLICIES²⁷

ORGANIZATION:	Ontario Chronic Disease Prevention Alliance
URL:	www.ocdpa.on.ca/sites/default/files/publications/OCDPAHCToolkit_Final_ENG.pdf
AREA(S) OF FOCUS:	Supporting community to influence policy
RELEVANCE TO SDOH AND HEALTH EQUITY:	Moderate
INTENDED USE:	To provide in-depth guidance to anyone who wants to advance policy or encourage policy change at the local level.
PRINCIPLES/VALUES:	Establish healthy community policies to create supportive, inclusive environments in public facilities to improve community services and the built environment.
TOOLS/GUIDES:	<ul style="list-style-type: none">• A step-by-step outline of the policy development process• Practical worksheets to help groups move through the steps• Helpful tips for each step• Policy ideas to help identify potential future policies• A glossary of terms• Web links for further information/support
STRATEGIES:	<ul style="list-style-type: none">• Related to influencing policy• These strategies assume an pre-established degree of community engagement
BARRIERS/RISKS:	Not mentioned
SUCCESS FACTORS:	Not mentioned
EVALUATION:	Not mentioned
OTHER COMMENTS:	The focus of this document is on influencing policy. It is included here because successful community engagement is often dependent upon moving towards concrete, meaningful outcomes such as policy change. Therefore, the ideas and tools offered will be critical for many community engagement initiatives.

APPENDIX 1

Source Websites of Initial Search

Belgian Health Care Knowledge Centre

www.kce.fgov.be/index_en.aspx?SGREF=5212

Department of Health and Aging, Australia

www.health.gov.au/internet/main/publishing.nsf/Content/health-publicat.htm

Evidence in Health and Social Care

www.evidence.nhs.uk/

Health Service Executive, Ireland

www.hse.ie/en/Publications/

Institute for Clinical Evaluative Services

www.ices.on.ca/index.html

Institute of Health Economics

www.ihe.ca/

Intute

www.intute.ac.uk/

Joseph Rowntree Foundation

www.jrf.org.uk/

Manitoba Centre for Health Policy

<http://umanitoba.ca/medicine/units/mchp/>

NHS Healthcare Improvement Scotland

www.nhshealthquality.org/nhsqis/1816.140.144.html

Saskatchewan Health Quality Council

<http://hqc.sk.ca/>

Trip (Turning Research Into Practice) Database

www.tripdatabase.com/index.html

UBC Centre for Health Services and Policy Research

www.chspr.ubc.ca/

World Health Organization Health Evidence Network

www.euro.who.int/HEN

APPENDIX 2

Frameworks not included in the quick reference guide

2011-12 Toronto Central LHIN community engagement plan. Toronto: Toronto Central LHIN; 2011 April. 35 p. Available from: www.torontocentrallhin.on.ca/uploadedFiles/Home_Page/Get_Involved/Public%20CE%20plan%20-%2011-12%20FINAL.pdf

A framework for community engagement & local health planning. Ontario: Central East Local Health Integration Network; 2006 June. 30 p. Available from: www.central-easthin.on.ca/uploadedFiles/Home_Page/Integrated_Health_Service_Plan/Framework.pdf

Annual community engagement plan 2011-2012. Kitchener (ON): Ontario Local Health Integration Network; 2011 June 24. 14 p. Available from: www.waterloowellingtonhin.on.ca/uploadedFiles/Public_Community/Community_Members/2011-12-Annual-CE-Plan.pdf

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Chu B, O'Brien J. Engaging health care users, a framework for healthy individuals and communities. Chicago: American Hospital Association; 2013 Jan. 53 p. Available from: www.aha.org/research/cor/engaging/index.shtml

Community engagement framework. Australia: Australia Government Department of Health and Aging NICNAS. 2 p. Available from: www.nicnas.gov.au

Community engagement framework. BC: Interior Health; 2010 Oct. 19 p. Available from: www.interiorhealth.ca/AboutUs/GetInvolved/Documents/IH%20Community%20Engagement%20Framework.pdf

Community engagement framework. Manitoba: Manitoba Family Services and Housing; 2008 May. 48 p. Available from: www.gov.mb.ca/fs/ce/pubs/community_engagement_framework_May08.pdf

Community engagement framework. Ontario: Champlain Local Health Integration Network; 2006. 14 p. Available from: www.champlainhin.on.ca/WorkArea/showcontent.aspx?id=1706

Community engagement framework. Surrey (BC): Fraser Health Authority; 2009 June. 16 p. Available from: <http://fraserhealth.ca/media/Community%20Engagement%20Framework.pdf>

Community engagement handbook for Queensland Health District Health Council members. Queensland: The State of Queensland, Queensland Health; 2002 Oct. 49 p. Available from: www.healthissuescentre.org.au/documents/items/2008/04/204586-upload-00001.pdf

Community engagement in the new NSW planning system. Sydney (NSW): Department of Planning; 2003 Feb. 160/80 p. Available from: www.communitybuilders.nsw.gov.au/community_engagement_handbook_part_1.pdf

Community Engagement Strategy Development Committee, report to the Bluewater Health Board of Directors. Ontario: Bluewater Health; 2010 January. 34 p. Available from: www.bluewaterhealth.ca/documents/136/CE%20Strategy%20Development%20Committee%20Report%20to%20Board%20-%20January%20%202010.pdf

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