



CIHR IRSC



CIHR'S Citizen Engagement Handbook



Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Canada



CIHR'S Citizen Engagement Handbook

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Chapter 1: Introduction

1.1 How this Handbook Can Help

This Handbook has been developed as a companion guide to CIHR's Framework for Citizen Engagement and is designed for CIHR staff leading or supporting CE activities. It incorporates CIHR's vision for engaging citizens (as outlined in the CE Framework) and introduces best practices, approaches, and methods that can be applied for effective engagement activities. **Please note that professional development training in citizen engagement will augment the knowledge that may be gained from using this handbook.** A standard of excellence already exists for CE expertise (both nationally and internationally), but CIHR does not currently have the capacity to match that expertise with in-house training alone. As such, a number of training programs are available nationally and internationally that are highly recommended for CIHR staff. These training programs are described in Chapter 8. The Partnerships and Citizen Engagement (PCE) Branch may also develop a tailored course through the CIHR learning program. Please note, however, that the use of professional consultants is strongly encouraged for larger-scale CE activities, particularly in the development of strategic plans and priorities, guidelines, and policies.

What this Handbook *can* do, however, is introduce CIHR staff to the breadth of considerations to take into account as they plan their own CE activities. Lessons learned from national and international organizations have been considered in the creation of this Handbook, and the tips and suggested approaches contained in its chapters have been tailored to suit CIHR's needs and mandate. Furthermore, as noted above, CIHR truly does have a foundation of CE that developed naturally. The activities that the Institutes and a variety of branches have undertaken over the years highlight potential approaches for other staff members to use in their own CE endeavours (please see the CE Framework appendices for a complete listing of past CE activities). In addition, this Handbook showcases a handful of CIHR's experiences and best practices through the CE Case Studies (see Section 1.5).



"Where traditional tools, such as opinion polls, measure 'top of the head' public views, deliberative public engagement provides policy- and decision-makers with much richer data on public attitudes and values, offers opportunities to more fully explore why people feel the way they do, and allows the time to develop ideas, options, and priorities with the public. For the public participants, the experience provides opportunities to share and develop their views with each other and directly with experts and decision-makers."

- *Deliberative Public Engagement: Nine Principles* (Involve, UK) <http://www.involve.org.uk/assets/Publications/Deliberative-public-engagement-nine-principles.pdf>

How to Use the Handbook

The chapters of this Handbook are divided according to the four focus areas that were established in the CE Framework—with the addition of a tailored Decision Tree Model (Chapter 2), a discussion about the key elements of the planning process (Chapter 3), and a Planning Resources chapter (Chapter 8) to help CIHR staff develop CE plans.

Please note that CIHR employees should read the CE Framework and Chapters 1-3 of this Handbook before proceeding to the chapter that addresses their current CE needs and activities.

Chapter 2: The Citizen Engagement Decision Tree Model

This chapter is designed to take CIHR staff through layered stages of choosing an appropriate CE approach. Its components (which include the Decision Tree Questions, the CE Approaches Matrix, and the Summary Table of CE Approaches) build on one another to help staff members clarify their objectives, consider potential activities, and begin to plan their approach.

Chapter 3: Developing Your Citizen Engagement Plan

This chapter builds on the information provided in Chapter 2. Once the appropriate CE approach has been chosen, this chapter will help CIHR staff to consider the key elements of the CE planning process, including ways to be as inclusive in CE recruitment as possible.

Chapter 4: Enhancing Citizen Representation on CIHR's Boards and Committees (Focus Area 1)

This chapter outlines the current roles that citizens have on CIHR's governance boards and committees. Challenges to including citizens in settings that are predominantly made up of researchers are discussed, and best practices for orientation and training are drawn from the experiences of some of CIHR's current volunteers.

Chapter 5: Engaging Citizens in Informing Strategic Plans, Priorities, Policies, and Guidelines (Focus Area 2)

This chapter focuses on the ways in which Institutes and CIHR Corporate can engage citizens during the development of strategic plans, priorities, policies, and guidelines. To illustrate how the CE Decision Tree Model can be used to assist with plans for this type of engagement, a fictional example takes the reader through the necessary stages of planning to include citizens in the development of strategic priorities.

Chapter 6: Research Priority Setting and Integrated Knowledge Translation (Focus Area 3)

This chapter focuses on the CIHR funding tools that have an Integrated Knowledge Translation and/or a Community-Based Research component. The ways in which citizens can be included in the research priority-setting process are also discussed.

Chapter 7: Knowledge Dissemination and Public Outreach (Focus Area 4)

This chapter provides the reader with a brief introduction to knowledge dissemination and the ways in which citizens can be engaged to help develop plans for dissemination and appropriate communication materials.

Chapter 8: Citizen Engagement Planning Resources

This chapter contains information about evaluating CE activities, finding a reliable CE expert to help you with your CE plans, and training opportunities that CE professionals provide on a regular basis.

1.2 What is Citizen Engagement?

Citizen Engagement (CE) is the *meaningful involvement* of individual citizens in policy or program development. To put it simply, citizens are “engaged” when they play an active role in defining issues, considering solutions, and identifying resources or priorities for action. This “meaningful involvement” can take place at a variety of stages in the research, planning, or implementation phases of a project, but the key to CE is to listen to citizens’ voices and to use their feedback effectively. For the Canadian Institutes of Health Research (CIHR), CE activities, regardless of their scope, benefit from an approach involving an earnest desire to receive, understand, and take into account the values, perspectives, experiential knowledge, and priorities of Canadians. CIHR’s new strategic plan, Health Research Roadmap (2009-2014) promotes the engagement of citizens in the health research and the knowledge translation processes as an important area of focus for CIHR. The CE Framework, included under strategic direction #3 of the new strategic plan, discusses how CIHR intends to move forward in realizing a more systematic, ongoing integration of citizens’ input in priority setting, governance, and funding programs.



“Citizen Engagement is premised on the belief that people should have and want to have a say in the decisions that affect their lives.”

- Handbook on Citizen Engagement: Beyond Consultation (Canadian Policy Research Networks 2008)

CE activities can range from the inclusion of citizen representatives on steering committees to the development of partnerships with targeted community groups that address a problem or promote change. There is no “one size fits all” prescription for CE, and the needs of different organizations, scenarios, or audiences may lead to unique engagement practices and experiences. Above all, however, including the voices of citizens in an organization’s planning, decision-making, implementation, or evaluation processes requires two-way communication that underscores the *value* of what those new voices bring. Input should not be sought for input’s sake; instead, communication should be interactive in order to generate *informed participation*¹ from citizens, which may confirm the direction of a particular program, or may lead to the inclusion of creative approaches to reach a shared goal.

1.3 The Development of CIHR's Framework for Citizen Engagement

The concept of CE has been gaining greater attention both nationally and internationally. While the principles of CE have been embraced by a number of organizations within the broad spectrum of health and wellness, of note are CIHR's counterparts in Australia, the United Kingdom, and the United States; these funding agencies have developed CE programs and are currently developing best practices for CE in the context of health research funding. In Canada's federal Health Portfolio, the need to include citizens in the programs that use *public funds* (i.e., taxes) has also been recognized; both the Public Health Agency of Canada and Health Canada have implemented frameworks and programs that support CE activities.

CIHR has a solid foundation of CE that has developed naturally. In 2007, CIHR's Knowledge Translation Portfolio identified CE as a priority and as a vehicle to enhance CIHR's ability to achieve the knowledge translation imperative of its mandate.² Citizens can provide valuable input into decisions about research priorities and practices. Including their points of view in the decision-making process not only ensures that CIHR's priorities are aligned with the concerns and values of Canadians, but also provides the opportunity for *mutual learning*, which can help improve the scientific literacy of our citizens.



"CIHR values the engagement of citizens in governance, research priority setting, developing its strategic plans and strategic directions, and as an effective means of improving the relevance and translation of research into practice and policy. Ultimately, this will contribute to improving citizens' quality of life, more effective health services and products, and a strengthened Canadian health care system."

- CIHR's Framework for Citizen Engagement, Value Statement

CIHR's Framework for Citizen Engagement (CE Framework) was designed to assist CIHR in establishing a more systematic way of engaging citizens. Instead of having CE activities take place across the organization (to varying degrees) in isolation, the Framework provides the basis for building on the knowledge and experience that already exists at CIHR, and establishes organizational goals and values for deepening CE in its health research activities. While CIHR may be lagging behind in implementing CE programs (compared with organizations such as Australia's National Health and Medical Research Council, the United Kingdom's Medical Research Council, and the United States' National Institutes of Health), it is now embracing the opportunity to learn from international models of CE and to provide leadership for CE in the Canadian context.

Please note: Readers (CIHR staff) will gain the most benefit from this Handbook by familiarizing themselves with the CE Framework to orient themselves with the concepts, principles, focus areas, and strategic directions for CE at CIHR.

The CE Framework was developed through two main activities: 1) an environmental scan of CE activities and programs used by national and international health organizations (research funders and regional health authorities); and 2) a survey of CIHR's Institutes and relevant branches, the Public Health Agency of Canada, and Health Canada that asked participants to outline their current and past CE activities (or plans). All of the CIHR activities and initiatives noted in the surveys were categorized into five "levels," based on previous work that Health Canada had done to establish the "Five Levels of Public Involvement."³ The categories increase in scope, complexity, and degree of public involvement with each ascending level. The levels are as follows: 1) inform and educate, 2) gather information, 3) discuss, 4) engage, and 5) partner. Please refer to the CE Framework (Section 1.1, page 11) for more details.

An impressive number of CE activities and initiatives were captured in the survey. Analysis of the resulting inventory revealed that most of CIHR's CE activities involve consultations with targeted audiences of people who are personally affected by the decisions being made (such as patients and health consumers) and voluntary sector organizations (who represent patients, advocates, and members of the public). Given CIHR's mandate, these results are not surprising, but the survey also revealed that the majority of CIHR's CE activities fall into the lower levels of engagement, ranging mostly from Levels 1 through 3. Together, the CE Framework and this Handbook will help CIHR staff members build on the considerable, although variable, CE activities that the organization has already implemented, and will also facilitate CIHR's movement into the higher levels of engagement, as defined by Health Canada.

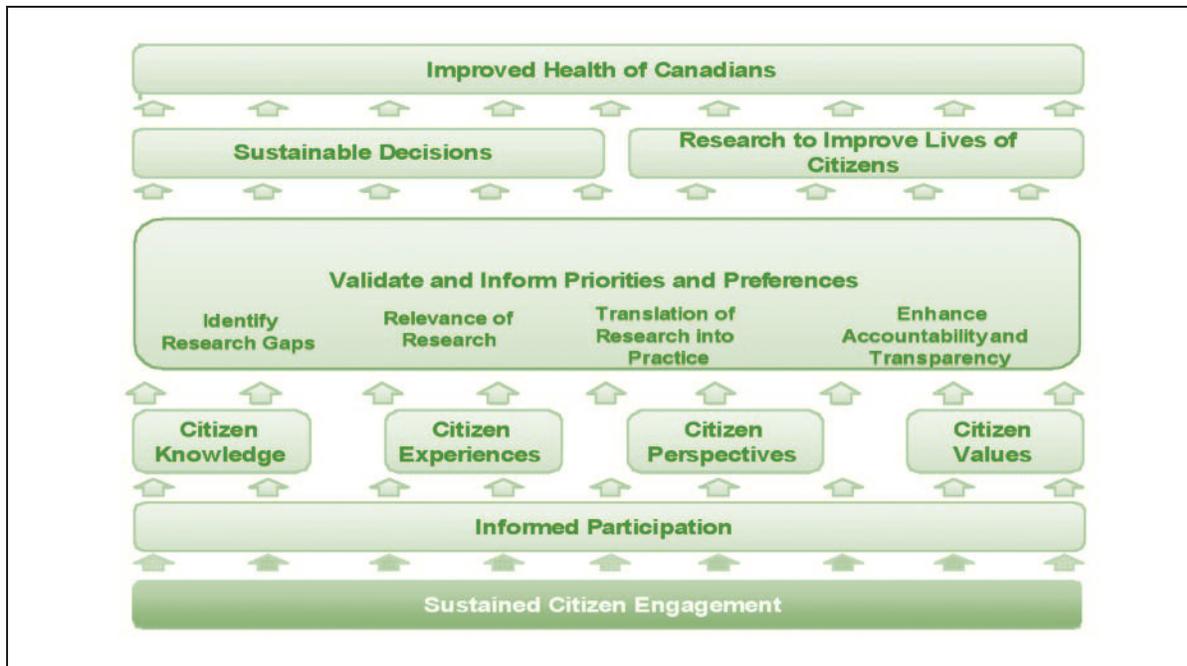
The draft CE Framework underwent extensive consultation, both internally and externally, over a one-year period in order to ensure that CIHR was both realistic in its expectations and prepared to support the goals and objectives outlined in the document. In March 2009, the CE Framework was endorsed by CIHR's senior management.

1.4 Key Concepts and Guiding Principles

At the heart of this Handbook (and the CE Framework) is the belief that engaging citizens in the work of CIHR will lead to improved health outcomes for Canadians and strengthen knowledge translation, which is central to CIHR's overall mandate. In addition, however, is the notion that CIHR will reap its own benefits from gathering the thoughts and opinions of a variety of public audiences. These ideas are depicted in Figure 1.

Figure 1: The Benefits of Sustained Citizen Engagement

This model is meant to be read from bottom to top. With a foundation of sustained citizen engagement, CIHR will be able to work with citizens (through informed participation) to gather their knowledge, experiences, perspectives, and values. This information allows us to ensure that our priorities are aligned with the expectations of Canadians, which then enables us to fund relevant research that addresses gaps and can be translated into practice, ultimately benefitting the health of Canadians.



As a federal entity, CIHR uses taxpayer dollars to fund health research and to run the organization. CE activities allow CIHR to be accountable to those taxpayers by educating them in the ways health research and funding work, but also by inviting their feedback and valuing their input. At the same time, CIHR has the opportunity to contribute to the improvement of health science literacy in Canada. Engaging citizens in the operations and decision-making processes of CIHR provides the organization with the perfect venue for disseminating information about health sciences and the impact that research has on the health of Canadians.

CIHR's Guiding Principles for Citizen Engagement

The following guiding principles from the CE Framework should underpin all of CIHR's CE activities. A rationale and recommended criteria for each of the guiding principles is provided in Appendix 1 of this handbook to demonstrate how CIHR staff can adhere to them in their own work.

- Working with citizens will **add value** to the program or project.
- **Mutual learning/understanding** will build trust and credibility.
- **Openness** will enhance transparency and accountability.
- CIHR will be **inclusive** in its approach to citizen engagement.
- Citizens will be **supported** to ensure their full participation.

The Focus Areas of the Framework

The CE Framework outlined four main focus areas, which are also reflected in the chapters of this Handbook:

- **Citizen representation on CIHR's boards and committees**
 - Citizen participation on CIHR committees and boards should be enhanced and can encompass both advisory and decision-making roles; these roles provide mechanisms for transparency and collaborative decision making.
- **Corporate and Institute strategic plans, priorities, policies, and guidelines**
 - Citizens can provide valuable input into the development and direction of new initiatives and priorities. A wide range of approaches exists (and should be used) to solicit citizen participation throughout the development process.
- **Research priority setting and integrated knowledge translation**
 - As a health research funder, CIHR should embrace the opportunity to design funding tools that encourage researchers to engage with citizens to establish the research questions.
- **Knowledge dissemination and public outreach**
 - CIHR can enhance its current efforts to communicate the benefits of health research by including citizens and voluntary sector organizations in the decision-making processes that lead to the selection of communication materials.

These focus areas (highlighted in Figure 2) were chosen based on the scan of CIHR CE activities and through extensive internal consultation with senior staff from Institutes and branches; they are grounded in the needs and capabilities of the organization. For activities that fall into any of these categories, careful consideration of the goals and rationale for engagement should be paired with close attention to the best type of interaction to suit the situation.

Figure 2: The Four Areas of Focus



1.5 Case Studies in this Handbook

Case studies are included in chapters 4 through 7 to illustrate best practices, challenges, and the use of strategic design questions in the planning phase of a CE activity. These studies are drawn from the real-life experiences of some of CIHR's programs and initiatives (and in one case, a CIHR-funded researcher), and, while they showcase CIHR's existing strengths, they offer guidance and building blocks for future CIHR CE activities.

Case Study 1: CIHR's Community Reviewers Program

This study is part of Chapter 4. It outlines the evolution of the Community Reviewers Program and describes best practices for orientation and training in a committee/board context.

Case Study 2: The Development of the Institute of Gender and Health's Strategic Plan

This study is part of Chapter 5. It describes the extensive consultation process that the Institute of Gender and Health (IGH) undertook to develop its latest Strategic Plan and outlines IGH's approaches and lessons learned.

Case Study 3: CIHR's HIV/AIDS Community-Based Research Program

This study is part of Chapter 6. It outlines the ways in which community members have been engaged to set and evaluate the research priorities of the CIHR HIV/AIDS Community-Based Research Program.

Case Study 4: The Kahnawake Schools Diabetes Prevention Project

This study is part of Chapter 7. It describes the Kahnawake Schools Diabetes Prevention Project, which involved a long-standing community-university partnership between researchers and the Mohawk community of Kahnawake. In this case, the community members helped interpret research results and also helped shape the messaging about the project that went out to the community.

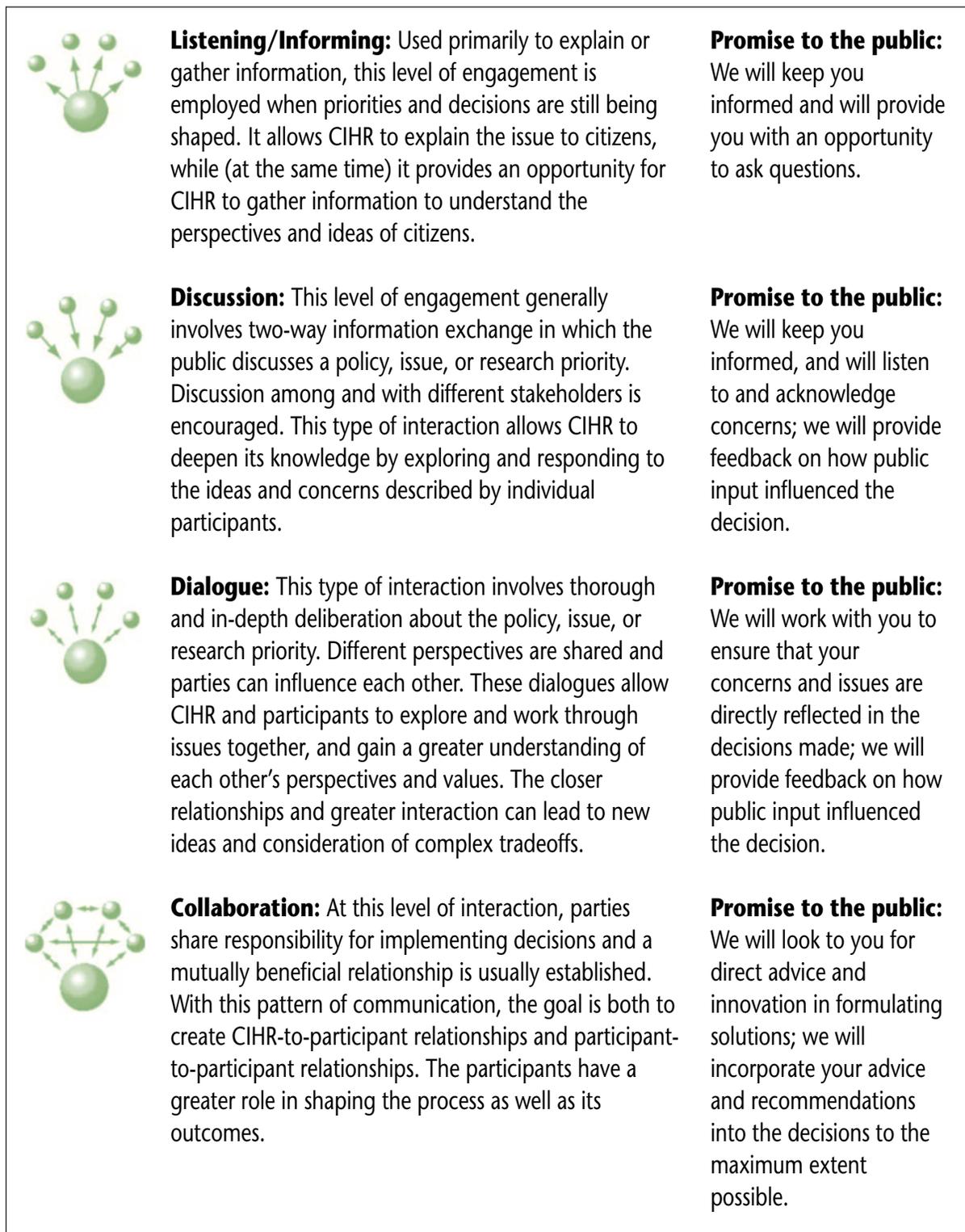
Case Study 5: The CIHR Synapse Program

This study is also part of Chapter 7. It outlines the ways in which CIHR has engaged representatives of the general public to help shape an education program targeting youth.

1.6 CIHR's Continuum of Engagement

As noted above, the CE Framework originally introduced *five* levels of engagement, based on Health Canada's "Five Levels of Public Involvement." For CIHR's purposes moving forward, however, these levels have been condensed into *four* main categories (described below in Figure 3). These levels still relate to Health Canada's continuum, but they have also been adapted to reflect the Public Participation Spectrum developed by the International Association for Public Participation (IAP2).⁴

Figure 3: CIHR's Continuum of Engagement



In this new four-tiered model of engagement, the original levels 1 and 2 (Inform and Educate, and Gather Information, respectively) have been combined into one level. This adaptation makes sense for CIHR, particularly because a number of the activities captured in the CE survey results for the Framework straddled those two categories. Otherwise, the remaining categories from the CE Framework correspond directly to the categories in CIHR's tailored "Continuum of Engagement": *Discuss* relates to *Discussion*, *Engage* relates to *Dialogue*, and *Partner* relates to *Collaboration*. These categories relate to the level of impact that the public can have in a decision-making process.

The concepts and information found in the IAP2 Public Participation Toolkit are widely referenced in this Handbook as they represent international standards of CE best practices. The modification of the original levels of engagement also allows CIHR to map the objectives of the CE Framework and individual CE activity needs to the Summary Table of CE Approaches (found in Chapter 2), which is based largely on work done by IAP2.

1.7 Next Steps

This Handbook will exist as a "living document" and will be updated periodically as new best practices for CE are developed, and as CIHR's level of engagement with Canadians increases. The Partnerships and Citizen Engagement (PCE) Branch will also be developing a shared drive of CE resources for CIHR staff and tailored learning sessions. Any questions about CE and CIHR should be directed to the PCE Branch at pce.pec@cihr-irsc.gc.ca.

Endnotes

¹ Informed participation is an enriched knowledge-gathering process that aims to produce meaningful dialogue. It creates a climate of respect, in which participants can feel confident that their opinions, perspectives, and ideas actually matter. (Definition taken from Ascentum's philosophy: <http://www.ascentum.ca/>).

² CIHR's mandate is to "excel, according to internationally accepted standards of scientific excellence, in the creation of new knowledge and its translation into improved health for Canadians, more effective health services and products, and a strengthened Canadian health-care system."

³ http://www.hc-sc.gc.ca/ahc-asc/pubs/_public-consult/2000decision/pol-continuum-eng.php

⁴ IAP2 is a highly regarded association of members who seek to promote and improve the practice of public participation in relation to individuals, governments, institutions, and other entities that affect the public interest. IAP2 is distinguished for its certification program for training public involvement practitioners; it also organizes and conducts activities that include the promotion of a results-oriented research agenda and the use of research to support educational and advocacy goals. For more information, visit <http://www.iap2.org/>

Chapter 2: The Citizen Engagement Decision Tree Model

Constructing a citizen engagement (CE) plan can be overwhelming. Where to start? What should your plan include? Who can help? Finding the right people and gathering their input can seem like a Herculean task; however, this Handbook has broken down the CE planning process into manageable pieces that will enable you to construct your plan with confidence.

Based on the best available guidelines from professional CE practitioners, this chapter presents a Decision Tree Model that will help you decide on the best CE approaches for your situation and needs. This Decision Tree Model serves as a decision-making tool and is tailored for CIHR's CE activities to ensure that they are designed with rigour and according to the best available knowledge for developing CE processes. Overall, this chapter will help you to clarify your CE objectives and will enable you to visualize your own tailored CE activity.

2.1 How to Use the Decision Tree Model

The Decision Tree Model actually comprises several "stages" (or sections) to lead you through a number of key steps in choosing an appropriate CE approach. The checklist/questionnaire with 5 questions found in section 2.2 maps onto the approach matrix (section 2.3) for each component of the CE continuum of engagement (section 1.4).

The CE Decision Tree Questions (Section 2.2)

The CE Decision Tree asks the essential questions about involving citizens in our work: **why, when, who, what, and how**. This section is not designed to identify one specific CE approach or technique; instead, it will lead to a number of options that can be explored through Section 2.3.

The CE Approaches Matrix (Section 2.3)

The CE Approaches Matrix uses the answers gathered from Section 2.2 to lead you to a variety of potential CE approaches that are grounded in CIHR's Continuum of Engagement (see Chapter 1, page 8).

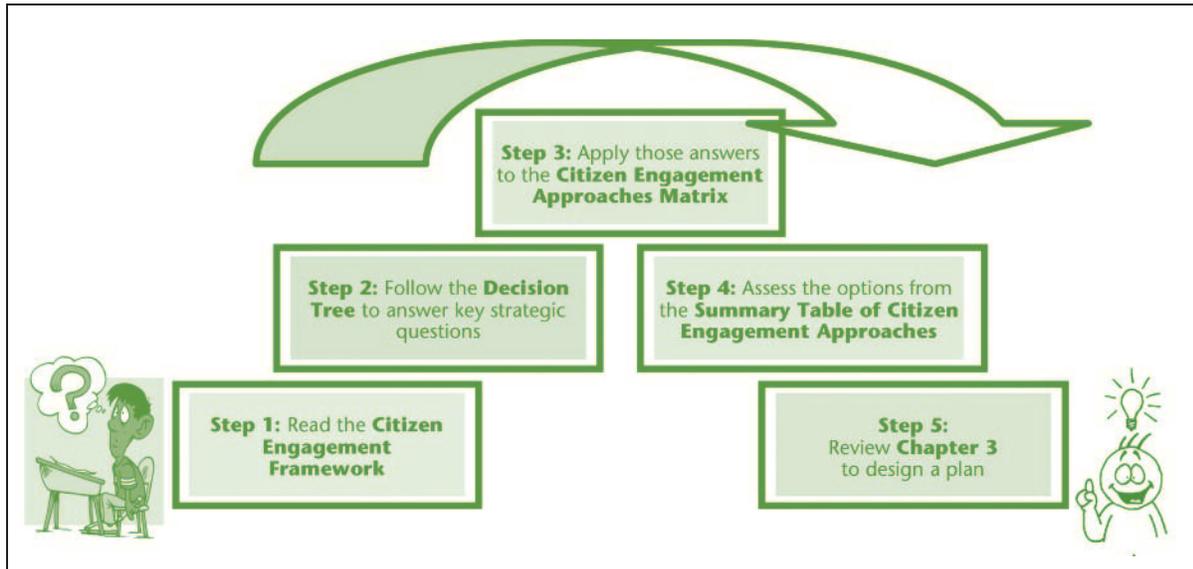
The Summary Table of CE Approaches (Section 2.4)

In this section, each CE approach listed in Section 2.3 is outlined in a table format, adapted, with permission, from the International Association for Public Participation (IAP2) Toolkit. The Table includes a high-level description of each CE approach, along with tips for use and an outline of the benefits and potential risks associated with each technique.

The model will help you choose the best CE approach for your situation. Once you have an idea of what your best options are, move on to Chapter 3 before constructing your plan.

The Decision Tree Model sections have been designed to build on one another, leading you from initial contemplations about CE through to potential activities, which will then need a CE plan (the steps are summarized in Figure 4 below).

Figure 4: How to Use the Decision Tree Model



It is important to start with Section 2.2 and work your way through sections 2.3 and 2.4 in chronological order; the answers derived from one section will provide the basis for answers in the subsequent sections.

2.2 The Citizen Engagement Decision Tree Questions

These strategic design questions will lead you through the key considerations that form the basis of a CE plan. Answer the questions in the order that they are presented. A checklist is provided at the end of this section to record your answers.

Question 1: Why should citizens be involved in this initiative?

Many reasons exist for engaging citizens. To help CIHR staff think through their own reasons for CE, the following list of reason “categories” has been developed, based on consultations with Ascentum Incorporated.⁵ Please note that these categories map directly onto the CE Approaches Matrix (and a CE activity may be based on any combination of these reasons).

Reasons for engaging citizens can be to:

- understand values
- hear diverse perspectives
- gather experiential knowledge (“experiential check in”)

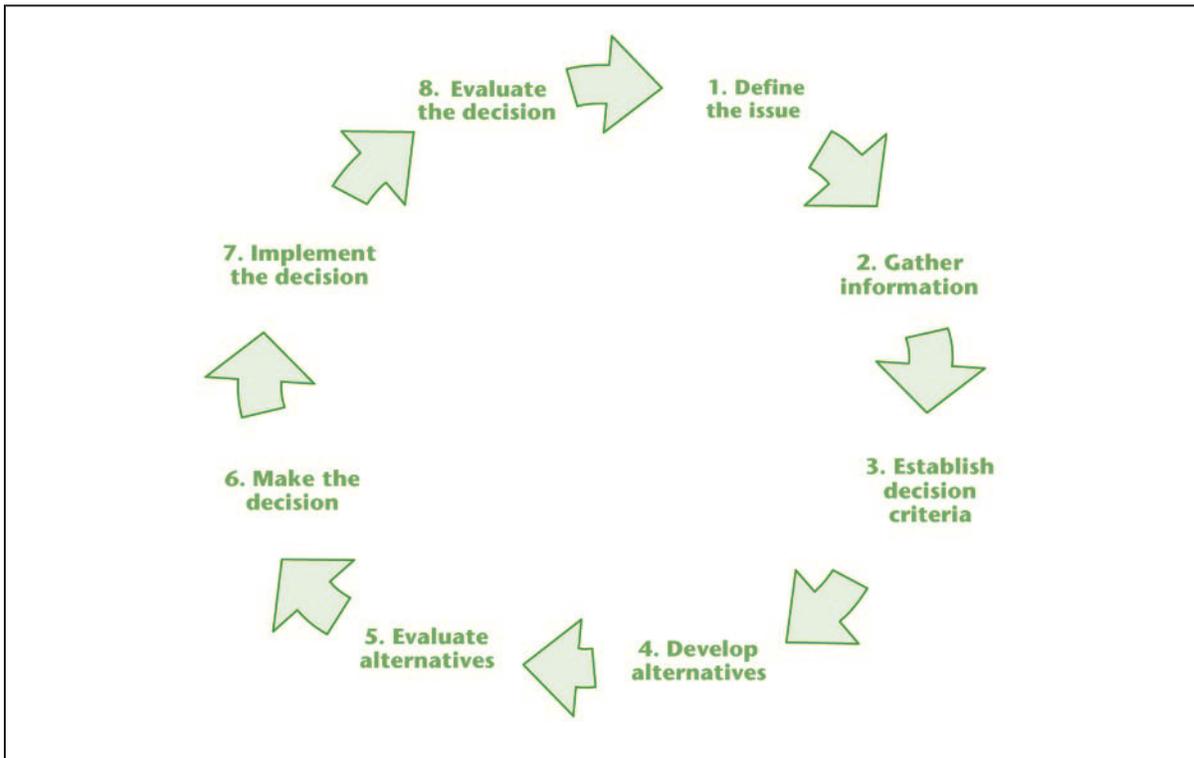
- access untapped knowledge
- assist with risk management
- inform evaluation
- inform prioritization
- address public demand
- address historical injustices (redressing issues from previously disenfranchised or minority groups)

Many of these reasons stem from ethical, health, social, and political considerations for the inclusion of citizens in the development of new strategic plans priorities, guidelines, or policies.

Question 2: When is citizen input needed?

Citizens (individuals or organized groups) can be included in multiple stages of the decision-making lifecycle (see Figure 5 below). For example, during the development of a specific strategic plan or guideline, there may be a need for citizen input to define the issue, to make a decision, or to evaluate the decision. The potential exists to engage citizens at *any* stage of the decision-making lifecycle, and there may be occasions that call for citizen input at *every* stage.

Figure 5: The Decision-Making Lifecycle



This generalized cycle has been developed to illustrate the wealth of opportunity that exists for including citizens in CIHR's priority setting and in the development of strategic plans, policies, or guidelines. The table below (Table 1) outlines some of the ways that Canadians can be included at each stage of the process.

Table 1: Including Citizens in the Decision-Making Lifecycle

Decision-Making Stage	Citizens can be engaged to...
1. Define the issue	<ul style="list-style-type: none"> Recognize the problem/identify risk Analyze the context Begin to characterize the issue Agree on an issue statement
2. Gather information	<ul style="list-style-type: none"> Provide data (qualitative or quantitative, including personal stories, ideas, survey results, formal responses)
3. Establish decision criteria	<ul style="list-style-type: none"> Clarify values and goals Clarify the normative, moral commitments Describe the desired results Develop indicators
4. Develop alternatives	<ul style="list-style-type: none"> Focus on goals Develop a range of alternatives Think broadly and outside of established norms
5. Evaluate alternatives	<ul style="list-style-type: none"> Analyze options Use tools to evaluate alternatives Understand potential impacts and tradeoffs Recommend preferred options
6. Make the decision	<ul style="list-style-type: none"> Make a decision or decide on options Communicate the decision (within a community, etc.)
7. Implement the decision	<ul style="list-style-type: none"> Understand success factors Assess (community) capacity to implement the decision Assign roles and responsibilities Develop an evaluation framework, criteria, and indicators
8. Evaluate the decision	<ul style="list-style-type: none"> Collect data Evaluate against objectives, identified indicators, and shared learning Recommend any changes required

Question 3: Who should be engaged?

Target audiences need to be identified before any kind of CE initiative is launched. Who will be affected by the issue, direction, or decision? Who is involved, interested, or able to influence?

The CE Framework established a CE Typology for CIHR (see Section 2.1.1 of the Framework, page 16). The four main categories of this typology are as follows:

- **Affected individuals** (personal)—those citizens who are directly affected by a decision, but are not affiliated with an organized group;
- **Individuals from the General Public** (personal)—those people who are personally interested and wish to contribute;
- **Primary Groups** (organized)—groups that *represent* citizens who are directly affected by a decision; and
- **Secondary Groups** (organized)—groups that have potential to reach both primary groups and individuals.

Identifying your target audience is an important step in the development of a CE plan. CIHR's Partnerships and Citizen Engagement (PCE) Branch is available to provide you with advice and insight. In addition, keep in mind that voluntary health organizations, advocacy groups, community groups, and decision-makers can help identify CE participants or can help promote the CE activity to target audiences.

Question 4: What type of contribution are we asking citizens to make?

The following broad categories suggest types of contributions that citizens can provide and will determine whether the approach will be one of informing, discussion, dialogue or collaboration.

- **explore ideas**—Canadians bring new ideas and perspectives to allow CIHR to consider diverse viewpoints in the decision-making process;
- **validate ideas**—Canadians and CIHR examine proposed research directions or issues in order to assess their applicability and fit with their experiences and “on-the-ground” reality;
- **suggest ideas**—CIHR gathers new and innovative ideas, approaches, or solutions from a broad range of Canadian perspectives (with a strong focus on practicality and shared problems or challenges); and
- **reconcile ideas and values**—CIHR engages Canadians in a discussion to reconcile or prioritize competing ideas or values (with an emphasis on weighing the advantages, disadvantages, preferences, and tradeoffs to select the *best* aspects of alternative approaches).

For example, if ethical guidelines have been drafted on research involving children and the guidelines committee has established that it would like to validate and reconcile ideas and values with citizens, mapping these as key design criteria on the CE Approaches Matrix will suggest the approaches that can best capture these contributions. More than one of these contribution types may be needed to meet the objectives of a given CE activity.

Question 5: How will we interact with citizens to achieve our objectives?

CIHR's Continuum of Engagement, or types of interaction for CE, was introduced in Chapter 1 (page 8). The continuum consists of four “levels,” which map directly onto the CE Approaches Matrix:

- Listening/Informing
- Discussion
- Dialogue
- Collaboration

Choosing the appropriate type of interaction for a given CE activity requires an assessment of the complexity of the issue. What degree of controversy, conflict, or trust already exists around the policy, priority, guideline, or strategic plan being developed? What commitments have been made about the level of influence that citizens will have on decision making (or what impact will the engagement have on the decision)? Typically, the level of engagement should increase with the complexity and scope of the project, level of public interest, conflict, or controversy. For example, as a general guideline, the greater the potential impact on interested parties, the higher the level of involvement required.⁶

Taken together, questions 1–5 are meant to help you to consider the initial needs and objectives that will shape the overall CE plan. CIHR's CE principles and the data needs driving your activity will also influence your plans.

Questions 1–5 will be mapped onto the CE Approaches Matrix (Section 2.3), using the Key Strategic Design Questions Checklist on page 23.

Key Strategic Design Questions Checklist

1. Reasons for CE	Check ✓	3. Target Audiences	Check ✓
understand values		affected individuals	
hear diverse perspectives		individuals from general public	
experiential check in		primary groups	
access untapped knowledge		secondary groups	
risk management			
evaluation			
prioritization			
public demand			
historical injustices			
2. Input in Decision Lifecycle		4. Contributions of Citizens	
define the issue		explore ideas	
gather information		validate ideas	
establish decision criteria		suggest ideas	
develop alternatives		reconcile ideas and values	
evaluate alternatives			
make decision			
implement decision			
evaluate decision			
		5. Type of Interaction	
		listening	
		discussion	
		dialogue	
		collaboration	

To use this checklist, simply go through all the CE Decision Questions and check (✓) the appropriate box that matches your answer(s). For example, if one of your reasons for engaging citizens is to address historical injustices, check the appropriate box to indicate your choice. Check all the relevant boxes.

Once you have completed the checklist, you will be able to map your answers onto the CE Approaches Matrix (Section 2.3).

This checklist is available (separately) as a tool in the Citizen Engagement shared drive of resource materials.

2.3 The Citizen Engagement Approaches Matrix

The CE Approaches Matrix has been developed to suit the needs of CIHR. Using the answers to the CE Decision Tree Questions, the Matrix leads the user to *approaches* that may be appropriate for specific CE goals. Detailed descriptions of each activity listed in the Matrix are provided in the Summary Table of CE Approaches (Section 2.4).

How to Use the CE Approaches Matrix

Mapping your answers from Section 2.2 onto the Matrix requires a few simple steps:

Step One: Identifying the Type of Interaction

The Matrix is divided into four categories: 1) Listening/Informing, 2) Discussion, 3) Dialogue, and 4) Collaboration. These categories match the “types of interaction” from **Question 5 of Section 2.2**. Locate the appropriate table(s) on the Matrix below (e.g., “Approaches for Discussion”).

Step Two: Matching Answers

The sections of each table in the Matrix link with the questions from Section 2.2. Match your answers from Section 2.2 to the Matrix with a highlighter. For example, if we wanted to *understand values* and *address historical injustices* through a Listening/Informing type of interaction, you would highlight the checks (✓) in the Reasons for Engagement section of the Approaches for Listening/Informing table as shown in Example 1 below:

Example 1: Approaches for Listening/Informing

Why?	Reasons for Engagement	Discussion papers with comments	Key informant interviews	Focus groups	Surveys	Public hearings
	Understand values	✓	✓			
	Hear diverse perspectives	✓	✓			
	Experiential check in	✓	✓			
	Access untapped knowledge					
	Risk management	✓				
	Evaluation	✓			✓	
	Prioritization	✓	✓	✓	✓	
	Public demand					✓
	Historical injustices		✓	✓	✓	

Complete each section of the appropriate table(s).

Step Three: Evaluating the Activity

Once you have finished matching your answers from Section 2.2, evaluate which activities align best with your answers.

Let's continue with the example from Step Two. We have already established that the reasons for engagement are to *understand values* and to *address historical injustices*. Let's also assume that we are at the *gathering information* stage of the decision-making process, that we want to engage *affected individuals* and *primary groups*, and that we're hoping to *validate ideas* that we've already discussed. In this scenario, **Key Informant Interviews** is the best choice because all of our answers align in the activity column, as noted below:

Why?	Reasons for engagement	Discussion papers with comments	Key informant interviews	Focus groups	Surveys	Public hearings
	Understand values	✓	✓			
	Hear diverse perspectives	✓	✓			
	Experiential check in	✓	✓			
	Access untapped knowledge					
	Risk management	✓				
	Evaluation	✓			✓	
	Prioritization	✓	✓	✓	✓	
	Public demand					✓
	Historical injustices			✓	✓	✓
When?	Decision-making stage					
	Defining the issue		✓	✓		
	Gathering information		✓	✓	✓	✓
	Establishing decision criteria		✓			
	Developing alternatives		✓	✓		
	Evaluating alternatives	✓		✓	✓	✓
	Making the decision					
	Implementing the decision		✓			✓
	Evaluating the decision	✓		✓	✓	✓
Who?	Identify target audience					
	Primary groups	✓	✓			
	Secondary groups				✓	✓
	Affected individuals		✓			✓
	General public			✓	✓	✓
What?	Type of contribution					
	Explore ideas	✓	✓	✓		✓
	Validate ideas	✓	✓	✓	✓	
	Suggest ideas		✓	✓		✓
	Reconcile ideas and values					

If your answers from Section 2.2 fail to line up completely with a single CE approach, choose the CE approach that matches *most* of your criteria. As you develop your CE plan, the CE approach(es) may be adapted to suit your needs.

As you go through this exercise, you may notice that some rows within the Matrix are blank. For example, in the Listening/Informing matrix, there are no activities checked for the “making the decision” option in the “Decision-making Stage” category. This blank row indicates that Listening/Informing is not the best type of involvement for such an advanced stage in the decision-making lifecycle. If your answers correspond to a blank row, then you need to make a commitment to a different level of involvement. This will ensure that you are receiving the type of input required and will enable participants to have more influence in the discussions.

The full Matrix (Table 2) is provided below, one page per category. Each of the charts is also available separately on the Citizen Engagement shared drive of resources. Once you have identified the appropriate activities for your CE goals, proceed to Section 2.4 to learn more about what each approach can entail.

Note: There is no Matrix dedicated to “Collaboration.” Two CE approaches for that type of involvement are introduced on page 26, and both are suitable for situations requiring collaboration. The Decision Tree Questions exercise will help you to think through your CE needs, but you won’t need to “map” your answers if you have chosen “Collaboration” as your type of involvement.

Table 2: The Citizen Engagement Approaches Matrix

Approaches for Listening/Informing

Why?	Reasons for engagement	Discussion papers with comments	Key informant interviews	Focus groups	Surveys	Public hearings
	Understand values	✓	✓			
	Hear diverse perspectives	✓	✓			
	Experiential check in	✓	✓			
	Access untapped knowledge					
	Risk management	✓				
	Evaluation	✓			✓	
	Prioritization (strategic)	✓	✓	✓	✓	
	Public demand					✓
	Historical injustices		✓	✓	✓	
When?	Decision-making stage					
	Defining the issue		✓	✓		
	Gathering information		✓	✓	✓	✓
	Establishing decision criteria		✓			
	Developing alternatives		✓	✓		
	Evaluating alternatives	✓		✓	✓	✓
	Making the decision					
	Implementing the decision		✓			✓
	Evaluating the decision	✓		✓	✓	✓
Who?	Identify target audience					
	Primary groups	✓	✓			
	Secondary groups				✓	✓
	Affected individuals		✓			✓
	General public			✓	✓	✓
What?	Type of contribution					
	Explore ideas	✓	✓	✓		✓
	Validate ideas	✓	✓	✓	✓	
	Suggest ideas		✓	✓		✓
	Reconcile ideas and values					

Table 2: The Citizen Engagement Approaches Matrix

Approaches for Discussion

Why?	Reasons for engagement	Bilaterals	Expert panels	Townhalls (meetings)	Consultation workbooks
	Understand values		✓		
	Hear diverse perspectives		✓		
	Experiential check in		✓		
	Access untapped knowledge		✓		
	Risk management	✓			
	Evaluation		✓		
	Prioritization	✓	✓		
	Public demand	✓		✓	✓
	Historical injustices	✓			
When?	Decision-making stage				
	Defining the issue				
	Gathering information			✓	✓
	Establishing decision criteria	✓	✓		
	Developing alternatives		✓	✓	
	Evaluating alternatives	✓	✓		✓
	Making the decision				
	Implementing the decision	✓		✓	
	Evaluating the decision		✓		✓
Who?	Identify target audience				
	Primary groups	✓	✓		
	Secondary groups	✓			✓
	Affected individuals			✓	✓
	General public				✓
What?	Type of contribution				
	Explore ideas	✓	✓	✓	✓
	Validate ideas	✓	✓	✓	
	Suggest ideas	✓	✓	✓	✓
	Reconcile ideas and values		✓		

Table 2: The Citizen Engagement Approaches Matrix

Approaches for Dialogue

Why?	Reasons for engagement	Round tables	Open space technology	World cafes	Study circles	Deliberative dialogues	Deliberative polls	Online discussion boards	Charrettes	Citizen juries	Consensus conferences
	Understand values			✓	✓	✓	✓			✓	✓
	Hear diverse perspectives			✓	✓	✓				✓	✓
	Experiential check in			✓	✓	✓				✓	✓
	Access untapped knowledge			✓	✓	✓	✓			✓	✓
	Risk management		✓						✓	✓	
	Evaluation	✓			✓			✓			✓
	Prioritization		✓	✓		✓		✓		✓	✓
	Public demand		✓			✓			✓		
	Historical injustices	✓	✓		✓			✓	✓	✓	
When?	Decision-making stage										
	Defining the issue		✓		✓						
	Gathering information	✓	✓		✓			✓			✓
	Establishing decision criteria	✓		✓				✓			✓
	Developing alternatives	✓		✓		✓	✓	✓	✓	✓	✓
	Evaluating alternatives			✓		✓	✓		✓	✓	✓
	Making the decision	✓				✓	✓		✓		✓
	Implementing the decision	✓									
	Evaluating the decision										
Who?	Identify target audience										
	Primary groups	✓		✓	✓				✓		✓
	Secondary groups		✓	✓	✓						✓
	Affected individuals			✓	✓	✓	✓		✓		✓
	General public			✓	✓	✓	✓	✓		✓	
What?	Type of contribution										
	Explore ideas		✓	✓	✓	✓		✓	✓		✓
	Validate ideas		✓				✓	✓			✓
	Suggest ideas	✓	✓	✓	✓	✓		✓	✓		✓
	Reconcile ideas and values	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

The Citizen Engagement Approaches Matrix

Approaches for Collaboration

Approaches for Collaboration are a little bit different than the CE approaches for Listening/Informing, Discussion, or Dialogue. With this level of engagement, citizens participate in the analysis of issues, contribute to the development of alternatives, and influence recommendations, decisions, and outcomes directly. As Carolyn J. Lukensmeyer and Lars Hasselblad Torres explains in *Public Deliberation: A Manager's Guide to Citizen Engagement*, collaboration “explicitly recognizes that successful policy will result when impacted groups, experts, policy-makers, and the public share power in policy development and implementation.” This level of engagement consists of processes that build capacity for long-lasting cooperation among groups and decision-makers.⁷ With collaboration, then, the goal is to create both CIHR-to-participant relationships and participant-to-participant relationships that are mutually beneficial.

There are two main CE approaches for collaboration: 1) advisory groups, and 2) task forces. There is no matrix for collaboration because both of these approaches are appropriate for activities at the higher end of the engagement spectrum. These approaches are described in detail in the Section 2.4.

CIHR has some excellent examples of collaboration in the “inventory” of CE activities that was captured for the development of the CE Framework. These activities range from membership opportunities for citizens on CIHR’s committees to volunteer opportunities on task forces as part of an Institute Advisory Board sub-committee. (See Table 1 of Appendix 1 in the CE Framework or the case studies in chapters 4 and 6 of this Handbook for more information.)

2.4 Summary Table of Citizen Engagement Approaches

In this section, high-level descriptions of all the activities listed in the CE Approaches Matrix are provided in a table format. Some of these descriptions have been adapted, with permission, from the IAP2 Toolbox for Public Participation (to see the complete IAP2 Toolbox, visit http://iap2.affiniscap.com/associations/4748/files/06Dec_Toolbox.pdf); they are also available separately on the Citizen Engagement shared drive of resources.

Once again, the tables have been built around CIHR’s Continuum of Engagement, noted in Chapter 1 (see page 8). With the results of the CE Approaches Matrix exercise, these tables will provide tips for using a given CE approach and an outline of the benefits and potential risks associated with each one. Simply find the approaches that were recommended for your situation through the CE Approaches Matrix, and use the information in the table(s) to guide the development of your CE plan. See Chapter 3 for more information on developing a CE plan.

Approaches for Listening / Informing

LISTENING / INFORMING



Primarily to explain and gather information; priorities and decisions are still being shaped. It allows CIHR to explain the issue while gathering information to understand the perspectives and ideas of each citizen.

Technique	Think it Through	What can go Right?	What can go wrong?
<p>Discussion papers / documents for comments</p> <p>A discussion document is intended to stimulate debate and launch a process of consultation.</p> <p>A commonly used approach in the Canadian federal context. See http://www.consultingcanadians.gc.ca/cpcPubHome.jsp?lang=en.</p>	<p>If comments are required from a specific target audience, it may be necessary to buy and or assemble an up-to-date mailing list.</p> <p>Ensure adequate time is given for audiences to respond once the document is posted or distributed.</p>	<p>The format of discussion documents is often structured to present the various issues with relevant background information, accompanying recommendations, and discussion sections to stimulate informed input from participants.</p>	<p>If distribution or posting of the document does not reach targeted audiences or does not provide sufficient time for input, it may result in limited feedback.</p>
<p>Key informant interviews*</p> <p>One-to-one meetings with stakeholders to gain information for developing or refining public involvement and consensus-building programs.</p>	<p>Where feasible, interviews should be conducted in person, particularly when considering candidates for citizens committees.</p>	<p>Provide opportunity for in-depth information exchange in non-threatening forum.</p> <p>Provide opportunity to obtain feedback from all stakeholders.</p> <p>Can be used to evaluate potential citizen committee members.</p>	<p>Scheduling multiple interviews can be time consuming.</p>
<p>Focus groups *</p> <p>Message testing forum with randomly selected members of target audience. Can also be used to obtain input on planning decisions.</p>	<p>Conduct at least two sessions for a given target.</p> <p>Use a skilled focus group facilitator to conduct the session.</p>	<p>Provide opportunity to test key messages prior to implementing program.</p> <p>Work best for a select target audience.</p>	<p>Relatively expensive if conducted in a focus group testing facility.</p> <p>May require payment to participants.</p>
<p>Telephone/mail surveys or polls*</p> <p>Random sampling of population by telephone or mail to gain specific information for statistical validation.</p>	<p>Make sure you need statistically valid results before making the investment.</p> <p>Survey/questionnaire should be professionally developed and administered to avoid bias.</p> <p>Most suitable for general attitudinal surveys.</p>	<p>Provide input from individuals who would be unlikely to attend meetings.</p> <p>Provide input from cross-section of public, not just those on a mailing list.</p> <p>Telephone surveys have a higher response rate than mail-in surveys.</p>	<p>Significant budget is required to produce a statistically valid survey, administer it, analyze the data, and produce a report.</p>

* Adapted from the *IAP2 Toolbox for Public Participation* (© 2006 International Association for Public Participation, www.iap2.org)

Approaches for Listening / Informing



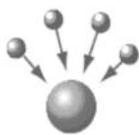
LISTENING / INFORMING

Primarily to explain and gather information; priorities and decisions are still being shaped. It allows CIHR to explain the issue while gathering information to understand the perspectives and ideas of each citizen.

Technique	Think it Through	What can go Right?	What can go wrong?
<p>Internet surveys/polls Web-based response polls or Internet surveys.</p> <p>To understand the opinions or preferences of interested parties.</p> <p>To learn about changes or trends in public opinions.</p>	<p>Be precise in how you set up the website.</p> <p>Chat rooms or discussion places can generate more input than you can look at.</p>	<p>Opportunity to access individuals not on mailing lists or who are unlikely to attend meetings.</p> <p>Individuals can complete and submit survey at their leisure.</p> <p>Low cost to produce and administer.</p> <p>Response rate higher than other survey forms.</p> <p>No additional data entry is required and results can be analyzed immediately.</p>	<p>Generally not statistically valid results.</p> <p>Can be labour intensive to look at all the responses.</p> <p>Cannot control the geographic reach of the poll.</p> <p>Results can be easily skewed (e.g., risk of campaigns from activist or organized groups).</p> <p>Expertise may be required to design and post online surveys.</p>
<p>Public hearings Formal meetings with scheduled presentations offered.</p> <p>Typically, members of the public individually state opinions/positions that are recorded.</p>	<p>May be required by sponsor and/or legal requirement.</p>	<p>Provide opportunity for public to speak without rebuttal.</p>	<p>Does not foster constructive dialogue.</p> <p>Can perpetuate an "us vs. them" feeling.</p>

Approaches for Discussion

DISCUSSION



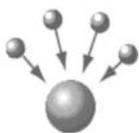
Two-way information exchange in which the public discusses a policy, issue, or research priority. Discussion among and with different stakeholders is encouraged. This type of interaction allows CIHR to deepen its knowledge by exploring and responding to the ideas and concerns described by individual participants.

Technique	Think it Through	What can go Right?	What can go wrong?
<p>Bilaterals Generally comprise one-on-one meetings between two groups that may represent organizations, sectors, regions, or nations.</p> <p>Involve groups with an interest in the proceedings, which may include multiple bilateral meetings with various groups.</p>	<p>Conduct briefings for stakeholders on relevant information well in advance.</p> <p>Proceed by setting an agenda in order to inform all of their roles and responsibilities.</p> <p>Parameters and scope of the meetings need to be defined beforehand in order to manage expectations.</p>	<p>Allow the main decision-making body to ensure that views are represented and understood.</p> <p>Useful as a formal process to determine the nature of a problem and identify common ground among the parties involved.</p> <p>Serve to provide opinions, interests, values, and objectives to the policy development process or implementation phase.</p>	<p>Possibility exists that process would not be inclusive enough, and would fail to adequately address the concerns of various stakeholders.</p> <p>The process may be seen as predetermined and used to achieve political “buy-in” and support rather than to share ideas and information.</p>
<p>Expert panels * Public meeting designed in “Meet the Press” format, with panel interviews of experts with different perspectives.</p> <p>Can also be conducted with a neutral moderator asking questions of panel members.</p>	<p>Provide opportunity for participation by general public following the panel.</p> <p>Have a neutral moderator.</p> <p>Agree on ground rules in advance.</p> <p>Possibly encourage local organizations to sponsor rather than challenge.</p>	<p>Encourage education of the media.</p> <p>Present opportunity for balanced discussion of key issues.</p> <p>Provide opportunity to dispel scientific misinformation.</p>	<p>Require substantial preparation and organization.</p> <p>May enhance public concerns by increasing visibility of issues.</p>
<p>Townhall meetings * A group meeting format where people come together as equals to share concerns.</p>	<p>Townhall meetings are often hosted by elected officials to elicit input from constituents.</p> <p>There are cultural and political differences in the understanding of the term “townhall meeting.” It may be interpreted differently.</p>	<p>Views are openly expressed.</p> <p>Officials hear from their constituents in an open forum.</p>	<p>The meeting escalates out of control because emotions are high.</p> <p>Facilitators are not able to establish an open and neutral environment for all views to be shared.</p>

* Adapted from the IAP2 Toolbox for Public Participation (© 2006 International Association for Public Participation, www.iap2.org)

Approaches for Discussion

DISCUSSION



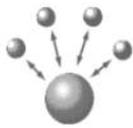
Two-way information exchange in which the public **discusses a policy, issue, or research priority. Discussion among and with different stakeholders is encouraged. This type of interaction allows CIHR** to deepen its knowledge by exploring and responding to the ideas and concerns described by individual participants.

Technique	Think it Through	What can go Right?	What can go wrong?
<p>Consultation workbook A publication, produced in print, electronic form, or both, that provides contextual information and invites users to suggest solutions to a set of problems or challenges.</p> <p>Depending on the issues to be addressed and the scope and depth of input required, a workbook can be distributed as a stand-alone public involvement tool or as one part of a larger consultative or deliberative exercise.</p>	<p>Need to limit open-ended questions; otherwise, the project will require substantial analytical resources to review the high level of qualitative analysis.</p> <p>Content and questions need to be fully integrated.</p> <p>Useful when there is a need to state a problem or challenge, particularly if different aspects of the issue require careful consideration or specific knowledge.</p>	<p>Highly scalable tool that is informative and participative.</p> <p>Provides objective information in a structured format.</p> <p>Can provide participant with the option to access supporting information and data within the workbook, without having to leave the tool or the website to get additional information.</p>	<p>May generate unanticipated responses from citizens or stakeholders if it is distributed far and wide as a stand-alone resource. This may or may not be a welcome result, depending on the purpose and design of the overall discussion process.</p>

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Approaches for Dialogue

DIALOGUE



Thorough and in-depth deliberation about the policy, issue, or research priority. Different perspectives are shared and parties can influence each other. These dialogues allow CIHR and participants to explore and work through issues together, and gain a greater understanding of each other's perspectives. The closer relationships and greater interaction can identify new ideas and consider complex tradeoffs.

Technique	Think it Through	What can go Right?	What can go wrong?
<p>Round tables Meetings, usually around a table, to examine an issue through discussion by all participants.</p> <p>Round tables are often breakout groups, focusing on one or more topics related to the entire issue or project.</p>	<p>When you want to focus on thorough discussion of an issue.</p> <p>Ensure that a skilled facilitator manages each round-table discussion.</p> <p>Consider volunteer facilitators to reduce costs.</p> <p>Record input from each session on flip charts.</p> <p>Present discussion summaries when the larger group reconvenes.</p>	<p>Facilitator can solicit in-depth feedback about issues, concerns, preferences.</p> <p>Free discussion and diverse opinions are encouraged.</p> <p>Each participant is a stakeholder, so the issue is debated from many sides.</p> <p>Level of comfort among the public may increase in smaller setting.</p> <p>Facilitator helps to ensure more equitable participation.</p>	<p>Cost of hiring professional facilitators can be prohibitive.</p>
<p>Open space technology * Participants offer topics and others participate according to interest.</p>	<p>Important to have a powerful theme or vision statement to generate topics.</p> <p>Need flexible facilities to accommodate numerous groups of different sizes.</p> <p>Ground rules and procedures must be carefully explained for success.</p>	<p>Provides structure for giving people the opportunity and responsibility to create a valuable product or experience.</p> <p>Includes immediate summary of discussion.</p>	<p>Most important issues could get lost in the shuffle.</p> <p>Can be difficult to get accurate reporting of results.</p>

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Approaches for Dialogue

DIALOGUE



Thorough and in-depth deliberation about the policy, issue, or research priority. Different perspectives are shared and parties can influence each other. These dialogues allow CIHR and participants to explore and work through issues together, and gain a greater understanding of each other's perspectives. The closer relationships and greater interaction can identify new ideas and consider complex tradeoffs.

Technique	Think it Through	What can go Right?	What can go wrong?
<p>World cafes * A meeting process featuring a series of simultaneous conversations in response to predetermined questions.</p> <p>Participants change tables during the process and focus on identifying common ground in response to each question.</p>	<p>Room set-up is important. The room should feel conducive to a conversation and not as institutional as the standard meeting format.</p> <p>Allow for people to work in small groups without staff facilitators.</p> <p>Think through how to bring closure to the series of conversations.</p>	<p>Participants feel a stronger connection to the full group because they have talked to people at different tables.</p> <p>Good questions help people move from raising concerns to learning new views and co-creating solutions.</p>	<p>Participants resist moving from table to table.</p> <p>Reporting results at the end becomes awkward or tedious for a large group.</p> <p>The questions evoke the same responses.</p>
<p>Study circles * A highly participatory process for involving numerous small groups in making differences in their communities.</p>	<p>Study circles work best if multiple groups work at the same time in different locations and then come together to share.</p> <p>Typically structured around a study circle guide.</p>	<p>Large numbers of people are involved without having them all meet at the same time and place.</p> <p>A diverse group of people agrees on opportunities for action to create social change.</p>	<p>Participants may find that the results are hard to assess and may feel that the process didn't lead to concrete action.</p> <p>It may be difficult to reach and engage some segments of the community.</p>
<p>Deliberative dialogues * A systematic dialogic process that brings people together as a group to make choices about difficult, complex public issues where there is a lot of uncertainty about solutions and a high likelihood of people polarizing on the issue.</p> <p>The goal of deliberation is to find where there is common ground for action.</p>	<p>Considerable upfront planning and preparation may be needed.</p> <p>The deliberation revolves around three or four options described in an Issue or Options booklet.</p> <p>Process should be facilitated by a trained moderator.</p> <p>Deliberation should occur in a relatively small group of about 8 to 20 people. A larger public may need to break into several forums, requiring more moderators.</p>	<p>Participants openly share different perspectives and end up with a broader view on an issue.</p> <p>A diverse group identifies the area of common ground, within which decision-makers can make policies and plans.</p>	<p>Participants may not truly reflect different perspectives.</p> <p>Participants are not willing to openly discuss areas of conflict.</p>

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Approaches for Dialogue

DIALOGUE



Thorough and in-depth deliberation about the policy, issue, or research priority. Different perspectives are shared and parties can influence each other. These dialogues allow CIHR and participants to explore and work through issues together, and gain a greater understanding of each other's perspectives. The closer relationships and greater interaction can identify new ideas and consider complex tradeoffs.

Technique	Think it Through	What can go Right?	What can go wrong?
<p>Deliberative polls * Measure informed opinion on an issue.</p> <p>For more information: The Center for Deliberative Democracy http://cdd.stanford.edu</p>	<p>Do not expect or encourage participants to develop a shared view.</p> <p>Hire a facilitator experienced in this technique.</p>	<p>Can tell decision-makers what the public would think if they had more time and information.</p> <p>Exposure to different backgrounds, arguments, and views.</p>	<p>Resource intensive.</p> <p>Often held in conjunction with television companies.</p> <p>Two- to three-day meeting.</p>
<p>Online discussion boards Discussion boards or newsgroups are electronic forums where questions or ideas can be posted and responded by interested persons.</p>	<p>Have become increasingly sophisticated with traceable threads, auto-summaries, and community moderation.</p> <p>Often dedicated resources are needed to either approve or review all posts made to a discussion board.</p>	<p>They allow interaction to take place at the convenience of the participant and new topics can be created as soon as they are needed.</p> <p>It is a valuable resource that allows users to engage in group discussions.</p>	<p>Moderation becomes an issue in any discussion forum, but becomes even more of a challenge in the government context.</p> <p>Generating sustained interest is a challenge that can be overcome with high-profile moderators.</p> <p>Results are sometimes difficult to analyze and require qualitative synthesis. There is also an intimidation factor for participants when there are hundreds or thousands of posts to weed through and consume.</p>
<p>Charrettes * Intensive sessions where participants design project features.</p>	<p>Best used to foster creative ideas.</p> <p>Be clear about how results will be used.</p>	<p>Promote joint problem solving and creative thinking.</p>	<p>Participants may not be seen as representative of the larger public.</p>

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Approaches for Dialogue

DIALOGUE



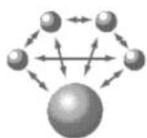
Thorough and in-depth deliberation about the policy, issue, or research priority. Different perspectives are shared and parties can influence each other. These dialogues allow CIHR and participants to explore and work through issues together, and gain a greater understanding of each other's perspectives. The closer relationships and greater interaction can identify new ideas and consider complex tradeoffs.

Technique	Think it Through	What can go Right?	What can go wrong?
<p>Citizens juries * Small group of ordinary citizens empanelled to learn about an issue, cross-examine witnesses, and make a recommendation.</p> <p>Always non-binding with no legal standing.</p> <p>For more information: Citizens Jury® The Jefferson Center www.jefferson-center.org</p>	<p>Requires skilled moderator.</p> <p>Commissioning body must follow recommendations or explain why.</p> <p>Be clear about how results will be used.</p>	<p>Great opportunity to develop deep understanding of an issue.</p> <p>Public can identify with the "ordinary" citizens.</p> <p>Pinpoint fatal flaws or gauge public reaction.</p>	<p>Resource intensive.</p>
<p>Consensus conferences A group of citizens with varied backgrounds meets to discuss issues of a scientific and or technical nature.</p> <p>Consists of two stages: 1) meetings with experts, discussions, and work toward consensus (involves a small group of people). 2) conference during which main observations and conclusions are presented to the media and general public.</p>	<p>The organization of the consensus conference must be prepared properly to ensure that conditions for an open, balanced, and constructive debate are met.</p> <p>The process will lose all credibility if it is viewed as biased or partial in any way. For this reason, the process should be carried out by an independent facilitator.</p> <p>Initial task is to recruit an advisory committee of 8 to 10 members. This committee will oversee the entire process, ensuring its independence and integrity.</p>	<p>Process of communicating information about the conference topic provides a strong educational component.</p> <p>Useful method for obtaining informed opinions from lay persons.</p> <p>Most useful to bring together experts with citizens to learn, discuss, and debate about a subject and formulate a set of recommendations.</p> <p>Encourage a group of citizens to address scientific or technical issues in an informed way. Give participants a sense that they have a voice in democracy.</p>	<p>Recruitment method for stage 1 may not ensure representative participation.</p> <p>Elaborate process requiring significant resources.</p> <p>Multiple conferences may be required to ensure that broad, representative opinions are sought.</p>

* Adapted from the *IAP2 Toolbox for Public Participation* (© 2006 International Association for Public Participation, www.iap2.org)

Approaches for Collaboration

COLLABORATION



Parties share responsibility for implementing decisions and this often involves a mutually beneficial relationship. Under this type of interaction, the goal is both to create CIHR-to-participant relationships and participant-to-participant relationships. The participants have a greater role in shaping the process as well as its outcomes.

Technique	Think it Through	What can go Right?	What can go wrong?
<p>Advisory groups A body of representative individuals convened to meet on a regular basis over time to provide advice to a decision-maker.</p> <p>For more information, see the Canadian Environmental Assessment Agency's Public Participation Guide: http://www.ceaa.gc.ca/default.asp?lang=En&n=46425CAF-1&offset=37&toc=show</p>	<p>Define roles and responsibilities up front and record them in a terms of reference.</p> <p>Provide equitable access to resources and information.</p> <p>Recruit and interview potential participants.</p> <p>Ensure that stakeholders represent a cross section of affected interested parties, points of view, or fields of expertise.</p>	<p>Provide a cross-sampling of public views and concerns.</p> <p>Provide for detailed analysis of issues.</p> <p>Participants become informed before reaching conclusions.</p> <p>Facilitate cooperation and understanding among various interests.</p> <p>Build relationships.</p>	<p>Cost and staff time for support and resources can be substantial.</p> <p>Members may be required to dedicate considerable volunteer time.</p> <p>General public may not embrace group's recommendations.</p> <p>Members may not achieve consensus.</p>
<p>Task force A group of experts or representative stakeholders formed to develop a specific product or policy recommendation.</p> <p>For more information, see the Canadian Environmental Assessment Agency's Public Participation Guide: http://www.ceaa.gc.ca/default.asp?lang=En&n=46425CAF-1&offset=37&toc=show</p>	<p>Members should represent a cross section of interests and have credibility with the public.</p> <p>Clearly establish the specific task, desired outcomes, and anticipated time frame.</p> <p>Provide access to information and experts.</p> <p>Strong leadership is necessary.</p> <p>In highly charged situations, it should report to a neutral third party.</p>	<p>Provides an opportunity for differing interests to reach a compromise.</p> <p>Resulting products or recommendations typically have credibility with the public.</p>	<p>Substantial time is needed for preparation.</p> <p>Costs may increase if facilitator is required.</p> <p>Requirements for staff support may be considerable.</p> <p>Significant commitment of volunteer time required by participants.</p>

* Adapted from the *IAP2 Toolbox for Public Participation* (© 2006 International Association for Public Participation, www.iap2.org)

2.5 Guiding Principles and Data Needs

CIHR's Guiding Principles for Citizen Engagement, which were introduced in the CE Framework and presented in Chapter 1 of this Handbook, should *always* be considered as you begin to develop your CE plan. Before applying your answers from this section to the CE Approaches Matrix, consider the criteria you will need to meet in order to abide by these principles (provided in the checklist, below). Keeping this checklist in mind as you solidify the details of your CE plan will enable you to ensure that your activities are aligned with CIHR's vision for CE.

Guiding Principles and Criteria	Check ✓
<p>1. <i>Working with citizens will add value to the program or project.</i> a) We have a rationale for including citizens and reasons for asking their input. b) We have a commitment for how this input will be used in decision making.</p>	
<p>2. <i>Mutual learning/understanding will build trust and credibility.</i> a) Our plan includes CE approaches that facilitate informed participation and meaningful discussion.</p>	
<p>3. <i>Openness will enhance transparency and accountability.</i> a) We will provide citizens with information about how decisions are made. b) We will be proactive in sharing information and in communicating how citizens' views were considered.</p>	
<p>4. <i>CIHR will be inclusive in its approach to citizen engagement.</i> a) Our plans pay special attention to which citizens should be included in the process—especially affected groups and populations.</p>	
<p>5. <i>Citizens will be supported to ensure their full participation.</i> a) We will provide participants with adequate background information, written in plain, accessible language.</p>	

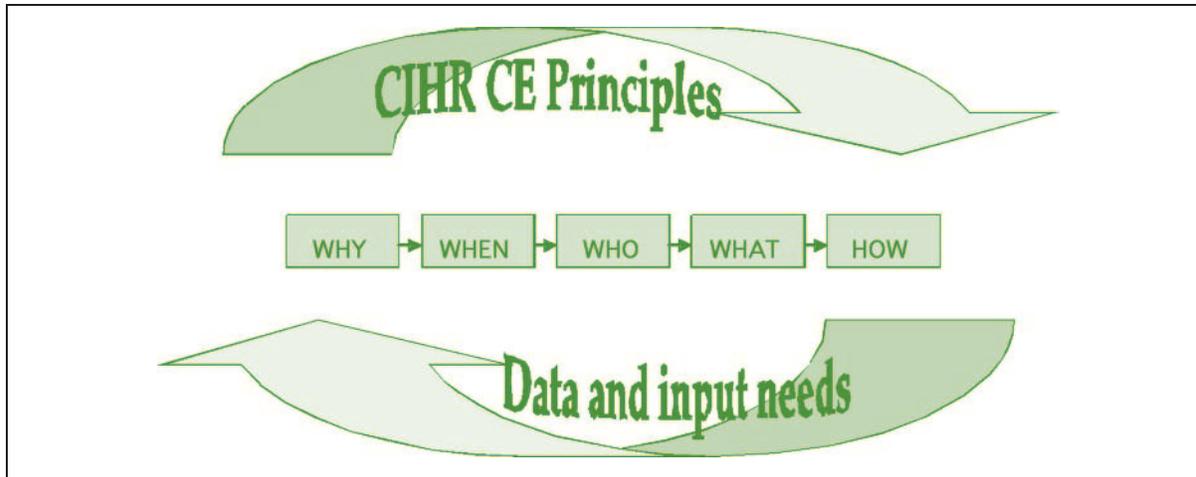
Even in this early stage of the planning process, it is also worthwhile to contemplate the data needs that are driving your CE activity.

Quantitative data can be collected through a variety of ways (e.g., closed survey questions, participant counts, and demographic characteristics) and will provide you with results that can be measured or expressed numerically. Qualitative data can also be collected using a multitude of techniques (e.g., open-ended survey questions, interview notes, and field notes) and will provide you with more textual output or quotes.

Generally speaking, it is best to gather both quantitative and qualitative data. Collecting both will allow you to report on statistical information about the input received, descriptive data *and* provide quotations about concerns (or praise!) that surfaced over the course of the CE process.

The CE Decision Tree Questions are meant to build on each other (why, when, who, what, and how), while CIHR's Principles for CE and the data/input needs of a given CE activity are meant to inform the overarching decision tree process.

Figure 6: The CE Decision Tree Questions



2.6 Conclusion

This chapter was designed to provide readers with the tools to assess what type of consultation or engagement is warranted in specific circumstances. Its components, which have been formatted to build on each other, are meant to provide staff members with an overview of the CE methods that exist and the breadth of considerations that need to be taken into account as one chooses the best CE approach for a specific situation. For information about developing a specific CE plan, please see Chapter 3.

Endnotes

⁵ Ascentum Incorporated is a stakeholder and public engagement firm. It fosters informed participation by creating dynamic, people-centred participation experiences. Visit <http://www.ascentum.ca> for more information.

⁶ *Public Participation Guide: A Guide for Meaningful Public Participation in Environmental Assessments under the Canadian Environmental Assessments Act*. Canadian Environmental Assessment Agency (May 2008). Available online: http://www.acee-ceaa.gc.ca/Content/D/A/C/DACB19EE-468E-422F-8EF6-29A6D84695FC/Public_Participation_Guide.pdf

⁷ C. Lukensmeyer and L. Hasselblad Torres, *Public Deliberation: A Manager's Guide to Citizen Engagement*, IBM Center for The Business of Government (February 2006). Available online: www.businessofgovernment.org/pdfs/LukensmeyerReport.pdf.

Chapter 3: Developing your Citizen Engagement Plan

It is beyond the scope of this Handbook to go into too much detail about all of the planning and implementation elements that may emerge over the course of a citizen engagement (CE) activity or initiative. This chapter has been developed to help you *plan ahead* and *anticipate challenges* as you move forward with your CE design. Building on the exercises in Chapter 2, this chapter will take you through some of the critical components for any CE plan.

3.1 Key Elements of the Planning Process

Once a suitable CE approach has been identified (based on the exercises in sections 2.2–2.4), review the following list of key considerations to ensure that all facets of the planning process are carefully assessed. Planning for these elements will contribute to the successful management of the activity. It is also important to document all the parts of your CE plan to bring transparency to the process and to assist with evaluation.

Note: ** signifies a list of key considerations adapted from the Canadian Policy Research Networks' *Handbook on Citizen Engagement: Beyond Consultation*.⁸ All other references are marked with individual footnotes.

"If the opportunities for participation are too late, or the timelines are too short, the public may get the message that you are not genuine about allowing for their meaningful participation. This can undermine the credibility of your public participation process."

*Public Participation Guide
(The Canadian Environmental Assessment Agency 2008)*

- **Team roles and responsibilities**

Most CE activities will require a team effort. The team will perform a project governance role. The roles and responsibilities of the individual team members should be established early in the planning process; at CIHR, these roles can be filled internally or by hiring an external contractor. Consider including a subject matter expert, external CE consultant/facilitator, communications staff, the CIHR CE advisor, and a knowledge broker (an intermediary who can facilitate knowledge exchange between different groups and "translate" responses from one group into lay language or political context for another) as part of your team.

- **Communications plan and logistics plan**

It is important to consider how much time your target audiences will need to engage with the material you are presenting. Once you have completed the decision tree model exercise, your strategic design plan should identify key points in time for inviting citizen input, how and when the intent/scope/objectives of the engagement will be communicated to potential participants, and timelines for when it will be beneficial (and feasible) to have reports or events to provide citizens with an update on the process. It may be worthwhile to investigate what the interested parties consider to be an "adequate" amount of time to respond to the issue or topic. Important dates, due dates, and estimated completion dates should be considered upfront and shared with the CE team.

As you begin to plan your communication timelines, don't forget about logistics! For example, if you plan to engage a northern community, keep seasonal considerations in mind: short summer months may mean that residents are on vacation or working for extended periods, while extreme winter weather may make certain venues inaccessible during the colder months. Try to arrange your CE activity around the needs and preferences of your target audiences.

- **Developing internal capacity ****

Internal capacity for CE at CIHR is still growing. As you establish your CE team and begin to develop your plans, ask yourself the following questions: Do the other members of the team understand CE? How open are other staff members, managers, and decision-makers to citizen input? Is internal training required to develop awareness and understanding about the need to engage citizens?

The PCE Branch is developing resources and learning sessions for CIHR staff. As the culture at CIHR shifts to embrace more opportunities to engage citizens in our work, the PCE Branch is available to all CIHR staff for advice and guidance about CE activities. If your CE team needs more information or training, contact the PCE Branch at pce.pec@cihr-irsc.gc.ca.

- **Cost implications**

One of the biggest obstacles to CE is the cost involved in executing the plan. As you develop your plan, consider what external resources may be needed to ensure that the elements of a consultation process are professionally guided (for example, consider the cost of facilitators, translators, graphic/web designers, subject matter experts, and evaluators). Expenses do increase once transportation, compensation for lost work time, and building internal capacity in staff are factored in. In this early planning phase, take the time to explore the array of different methods presented in the Summary Table of CE Approaches (Section 2.4) and try to anticipate their associated scope, timeline, and cost.

Other budgetary considerations can include the following:

- requirements for technical information and expert advice;
- staff travel and accommodation;
- hospitality (coffee, snacks, lunches);
- preparation and distribution of relevant materials (e.g., discussion documents, background materials, meeting summaries, etc.); and
- approaches for disseminating information and mechanisms for two-way communication (e.g., advertising, publications, travel, etc.).

CE uses more resources in the short term, but the opportunities for public participation can lead to greater benefits in the long term. Consider the costs and benefits of your proposed activities and implement the ones you expect will best meet your objectives and will produce meaningful input from your target audiences.⁹

- **Recruitment of citizens ****

Recruitment methods will depend on the objectives of the activity and the target audiences identified, based on CIHR's Citizen Typology (see section 2.1.1 of the CE Framework). Ensuring inclusiveness and reaching appropriate target audiences can make recruitment a challenging and time-consuming part of the planning process. The four main types of recruitment are outlined below.

- **Targeted**

This type of recruitment is the most commonly used approach for the selection of participants in the development of strategic priorities, plans, guidelines, and policies. As its name suggests, this method involves reaching out to specific communities or audiences to solicit their participation. It is sometimes combined with the methods described below as a means to be more inclusive.

The citizen typology in the CE Framework helps identify the specific sub-sets of individuals and groups who should be considered in the planning of CE activities. It is crucial to identify the needs, issues, and concerns of particular individuals or groups. This knowledge forms a basis for determining who should be involved, what communication processes and messages should be used, and which mechanisms or approaches are likely to facilitate the effective participation of groups and individuals.

Targeted recruitment helps to address democratic deficits that frequently occur in public consultation events by fostering participation of frequently overlooked participants (i.e., First Nations, people with disabilities, those with particular religious perspectives). Identifying and addressing the needs of marginalized or vulnerable populations is an important consideration in the recruitment process. The credibility of an engagement activity is also determined by the level of inclusiveness of individuals who have limited power and lack a voice to express their concerns. Marginalized populations can include Aboriginal peoples, ethnic groups, the poor, people living in particular geographic circumstances such as rural and remote areas, and potentially neglected groups of patients such as those with mental health problems or addictions. (The Canadian Policy Research Networks' *Handbook for Citizen Engagement* provides comprehensive information on how to address these needs and minimize the barriers to inclusion of these stakeholders. See Section 3.2, below, for more information.)

- **Random**

It is important to select a sample of participants randomly (usually with help from professional polling firms) from the target population in order to legitimately extrapolate findings to a broader population. This approach to recruitment has the advantage of reaching people that other methods will likely not reach. It may be appropriate to initially "over sample" hard-to-reach or specific populations, since their later drop-out rates are higher; this will ensure more representative data collection.

– **Open**

This type of recruitment is achieved through an open invitation for people to participate in an event or exercise—a simple first-come, first-served concept.

– **Self-selective**

This method can be used in combination with targeted or open recruitment. Participants are selected from those who respond to an open or targeted invitation to create a group that represents the population(s) of interest to the CE goals. This is a good alternative to random recruitment for those with a limited budget.

• **Framing of the activity ****

Framing is a crucial step in the design process. Suppose, for example, that you want to include cancer survivors in a discussion about treatment options and future research. Describe or “frame” the event in a way that demonstrates the need for non-expert perspectives (using plain language, explaining the objectives of the event and the type of contribution that you need), then your chances of gaining valuable insight from these former cancer patients will increase dramatically. Whereas using materials written in research-driven, technical language would tend to accomplish the opposite.

“Citizen Engagement provides forums for citizens to process complex information so that they can come to a deeper understanding of a situation and become capable of making a well-founded choice.”

- Handbook on Citizen Engagement: Beyond Consultation (Canadian Policy Research Networks, 2008)

Many of the other pieces of your CE plan will be shaped by the approaches you use to frame the CE activity. The issue, priority, policy, or guideline(s) to be discussed needs to be framed in a way that enables a heterogeneous public to engage with it. Issue framing requires the use of accessible language and careful thinking about what information, alternatives, and solutions there are and how they can be presented. Make sure that the material you present is objective and culturally sensitive.

Once the participants have been chosen, it is important to provide them with access to key background information, facts, and a range of material (including approaches, perspectives, and solutions) associated with the issue in order to give them an unbiased starting point for the CE activity itself. The information should be provided well ahead of the actual event or exercise; and be provided in neutral language and format.

The following are some options to help you start thinking about how to frame the issue or activity:

- Test the event title, outreach material, and background information for clarity and understanding with the target groups. Involve citizens in the framing process. The material can be sent to a sample of citizens to receive preliminary feedback.

- Hire a specialist in knowledge translation and/or use plain language to ensure that the intended message is being communicated.
- Consider who will write the material and for what audience (taking into consideration literacy levels of the target population).
- Consider what information will be provided to participants and how this material will be tailored using plain language.
- Decide how information will be provided to participants (documents sent in the mail, posted on the website, etc.).
- Make note of whether or not the material needs to be translated, and if so, into what language(s).

Framing also gives you a chance to manage expectations. Without proper communication, members of the public may make assumptions about a CE activity. For example, participants may expect that their opinions will have the power to terminate plans or redirect funds quickly. If this is not true, then participants can become frustrated and will lose faith in the process.

To minimize unfulfilled expectations, remember to be clear about the following:

- the objectives of the CE activity;
- the issues that will be addressed by the activity (and what issues cannot be dealt with through the activity);
- how the public input or information will be used;
- who will make the decisions;
- which decisions can be influenced by the input received; and
- any constraints under which you may be operating.¹⁰

• **Facilitation ****

Facilitators can play a key role in any CE process. Not only can facilitators provide impartial guidance and moderation during the CE event or activity itself, but their experience and training in different CE techniques can also help you to shape the CE plan and objectives. As you begin to lay the groundwork for your CE activity, consider the following questions:

- Is it important to have a facilitator that is well-informed on the subject matter?
- How important is the perception of neutrality regarding the facilitator?
- If external facilitators are to be hired, how will they be involved in the planning and design of the CE project?

A more detailed checklist for selecting a facilitator is provided in Chapter 8.

• **Evaluation ****

For CIHR, an evaluation plan is required as part of the overall CE activity. In fact, the ways in which the activity will be evaluated should be considered when you *begin* to develop your CE plan. Keeping the evaluation component(s) in mind from the start will help you to establish realistic objectives that are measurable and a CE plan that is sound.

The following are some key evaluation points to keep in mind as you develop your plan (based on the work of Pruitt and Thomas¹¹):

- **Clearly define what is to be evaluated:** What will involve a goal-based analysis (process, outcomes, impact, outputs, etc.)? What will be measured or observed?
- **Build evaluation into the planning process:** Has evaluation been adequately planned for, allowing appropriate time and resources for the evaluation process?
- **Involve participants:** How will participants (citizens, politicians, staff, decision-makers) be involved in the evaluation of the process/outcomes?
- **Develop quantitative and qualitative indicators:** What data, qualitative and/or quantitative, will capture the lessons learned from the project? How will the project outcomes be recorded, based on data needs?

More information about how to incorporate evaluation components in your CE plans is provided in Chapter 8, based on Health Canada's Evaluation Menu and Public Involvement Plan Template.

- **Reporting to decision-makers and participants ****

It cannot be emphasized enough how important it is to give transparent feedback to participants. Closing the feedback loop by communicating the results of the CE activity *and* evaluation is another critical step in the CE process. Participants need to know how their input was used, who received it, and what decisions were made (and why). They also need to know that their participation was valued—and that it was a good use of their own time. Decision-makers also need to be aware of the results of the CE activity and evaluation in order to make proper use of the input received.

As you develop your CE plan, consider the ways in which this reporting will be done. You may want to ask yourself the following questions:

- In what format will participants receive feedback (letter, pamphlet, booklet, etc.)?
- How will feedback be distributed (email, website, mail, etc.)?
- Based on the evaluation or expressed expectations, what might be some key information to include?
- Who will write the feedback, and for what audience (taking literacy levels and language into account)?
- In circumstances where the outcome will not be known for some time, what is the best way to report back?

- **Documenting the activity details**

It is important to document your CE plan—partly for the purposes of transparency, accountability, and evaluation, but also to provide “lessons learned” to use in future CE endeavours (either your own or elsewhere within the organization).

Include the following documentation:

- a list of the interested parties who were provided with project-specific information;
- copies of the information provided to the parties;
- how and when information was provided to the parties, including whether a translator was employed;
- all dates and locations of events or techniques used for the CE activity;
- names of individuals and groups contacted;
- lists of attendees at all meetings and events;
- a record of communication, such as meeting minutes, etc.;
- a summary of CE activities and outcomes; and
- how the input from participants was used to inform decision making.¹²

These key considerations have been provided to give CIHR staff the tools to think through the critical components of a CE plan. While this Handbook cannot document every detail for planning and implementing a CE plan, this introduction to the “key elements” will enable CIHR staff members to develop clear objectives that are grounded in the philosophy of CE. While internal capacity for CE continues to grow at CIHR, staff members are strongly encouraged to hire a consultant (a CE expert) to design the CE process.

3.2 Addressing Barriers

After going through the exercises in Chapter 2 and the information provided in section 3.1, you should have a fairly clear understanding of what CE approach will be best for your situation and what the pieces of your CE plan should be. To complement all of that information, this section will help CIHR staff members find innovative ways to be as inclusive as possible with their activities.

As always, however, barriers must be considered. For example, while it may seem that all the world is connected today via the Internet, the reality is that Internet use can depend on age, race, education, and income. Accessibility issues may also arise. If you plan to use online tools, take the time to research whether or not your target audience is likely to be online.

There are other specific challenges to effective CE online—beyond the barriers of accessibility or capacity. As you develop your plan for online deliberation, the following obstacles, as explained by Lukensmeyer and Hasselblad (2006), are worth keeping in mind:

- **Information overload.** When consultation and deliberation are moved online, the availability of information that citizens have at their disposal increases exponentially. Deliberation forum designers can add libraries, search engines, and other information-gathering tools and thus, paradoxically, improve and confound the deliberative process by introducing both verified and unverified information.
- **Asynchronous dialogue.** Because most online deliberations occur asynchronously (conversations can be accessed any time over an extended period, perhaps weeks), conversation tends to be asymmetric, driven by a few participants. Furthermore, individual posts often create sub-conversations, which in turn can yield less consideration of a single issue than would occur in structured face-to-face conversation.
- **Institutional skepticism.** The link between public input and decision-makers has been weak in most online engagement exercises. While this is not a feature of the technology per se, it is a trade-off that comes with the territory: government agencies and decision-making bodies haven't done the work to build online tools for deliberation in the administrative process. At the same time, administrative wariness and skepticism toward online participation and the capacity of the public to contribute meaningfully remains high, framed as it is by experiences of poor process(es) around a contentious issue that have produced a deluge of comments of limited use.
- **Representativeness.** The guarantee of representative samples online, and with them achievement of authentic deliberation, has not been pushed far enough among online practitioners. At present, most online practitioners are content to view the recommendations of their constituent groups as legitimate. Yet, in fact, they may reflect only those with a greater interest in the issue at hand and/or those with the technological sophistication to participate comfortably.¹³

Strategies for countering these challenges exist, and the use of a professional online CE expert is strongly recommended for any plans to use online deliberation. Together with your consultant, you may be able to address (or mitigate) these challenges in creative ways that are tailored to your CE goals.

Barriers to participation for marginalized or vulnerable populations

One of CIHR's principles for CE is to be *inclusive*. An intriguing challenge in CE is reaching people outside of the "usual suspects" to bring the voices of specific populations to the discussion table 3 summarizes some of the practical barriers, specific to citizen engagement, that impede participation. It also offers some potential solutions and resources.

Table 3: Barriers to Participation and Potential Solutions¹⁴

Categories of Exclusion	Barriers to Participation	Potential Solutions
<p>Cross-cutting barriers: Can be applied to all of the following categories.</p>	<p>Sense of worth: People living in poverty or with disabilities, women, sexual minorities, and people of colour or from ethnocultural communities have been stigmatized, belittled, and marginalized for some or much of their lives.</p>	<ul style="list-style-type: none"> • Reinforce in multiple ways that input is valuable. • Hire facilitators and staff who are sensitive and skilled at drawing people into the process. Alternatively, sensitize facilitators and staff through adequate training. (See section b) of Chapter VII on Framing from the Canadian Policy Research Networks' <i>Handbook on Citizen Engagement: Beyond Consultation</i> http://www.cprn.org/doc.cfm?doc=1857&l=en.) • Hold special pre-sessions for people from these groups to start to voice their opinions in a smaller, safer environment. • Create "speakers' lists" to be kept by the person sitting beside the facilitator, keeping track of how many men and women, white and non-white people speak. If dominant groups outweigh others, priority should be given to those of non-dominant groups who wish to speak.
<p>Economic: Poverty is by far, the most pervasive and cross-cutting issue that excludes people from society.</p>	<p>Time: Working three jobs to support a family makes participating in an event almost out of the question.</p>	<ul style="list-style-type: none"> • Consult with target population about event times that work for them. • Respect end-times. • Provide food and child care. • Hold the event near work or homes of population.
	<p>Social and cultural access: People from different classes inhabit different spaces in society and those with lower socio-economic status are less likely to have experienced civic participation.</p>	<ul style="list-style-type: none"> • Choose a space for the event that is inhabited by the target population(s). • Work with trusted community partners (i.e., non-profit organizations). They may be able to arrange a pre-meeting space so that participants can arrive in a group. • Hold the event on main public transit line with regular services at times of the event OR provide transportation services.
	<p>Economic access: This is perhaps the easiest to overcome from the standpoint of an organizer of citizen engagement.</p>	<ul style="list-style-type: none"> • Provide remuneration for lost work time, child care, transportation, etc. • Provide food and/or child care at the event. • Provide an honorarium.
<p>Ethno-cultural and newly arrived Canadians: Many of the barriers mentioned in the economic category also apply to these groups as they are generally more at risk of living in poverty.</p>	<p>Citizenship: By virtue of the phrase "citizen engagement" members of communities who are not yet full citizens are excluded.</p>	<ul style="list-style-type: none"> • Use alternative words to "citizen engagement" in outreach material (e.g., people, the public, community members) OR clarify what is meant by citizen engagement.

Table 3: Barriers to Participation and Potential Solutions¹⁴ (continued)

Categories of Exclusion	Barriers to Participation	Potential Solutions
Ethno-cultural and newly arrived Canadians: Many of the barriers mentioned in the economic category also apply to these groups as they are generally more at risk of living in poverty.	Language: English and French may not be the first language of ethno-cultural and newly arrived Canadians.	<ul style="list-style-type: none"> • Translate written material into appropriate languages. • There are many options for event-based translation: whisper translation (one-to-one); group translation on the side; or official translation may be necessary for large groups.
	Social and cultural barriers: People of different cultural backgrounds inhabit their own unique space in communities.	<ul style="list-style-type: none"> • Research the social spaces, places of worship, newspapers, and other places of gathering and communication and use them to host events and perform outreach.
	Framing: This will have a large impact on who attends, as different groups may value and perceive issues very differently.	<ul style="list-style-type: none"> • See section b) of Chapter VII on Framing from the Canadian Policy Research Networks' <i>Handbook on Citizen Engagement: Beyond Consultation</i> http://www.cprn.org/doc.cfm?doc=1857&l=en.
Stereotyping age: Youth is idolized, and yet those who are <i>too</i> young (or too old) are discredited.	Legitimacy: Those who are "too" young are stigmatized as being naïve, while the elderly are stereotyped as being out of touch with contemporary times. Thus both of these groups are often excluded from discussions and decision making.	<ul style="list-style-type: none"> • Define concepts and frame the problem in ways youth can understand and relate to. • Adapt the process in ways that will not intimidate youth to speak up (e.g., small group discussions and reporting back in large plenary).
Ability: The needs of people living with disabilities are often overlooked, which consequently excludes them.	Physical access: There are a surprising number of public spaces that cannot accommodate a wheelchair.	<ul style="list-style-type: none"> • Ensure that event space is accessible and advertise it as such. • Set up the event space to accommodate those in wheelchairs (i.e., table height).
	Transportation: Getting to and from events poses unique challenges to people living with disabilities.	<ul style="list-style-type: none"> • Give sufficient notice of the event for people to plan their adapted transport OR provide adapted transportation for them.
	Communication: Depending on the person's disability, they may need assistance communicating with a group of people.	<ul style="list-style-type: none"> • On registration forms, ask people with special needs to specify what they will need to participate, using respectful language. • Provide translation into Braille and sign language services (determining need before event).

Table 3: Barriers to Participation and Potential Solutions¹⁴ (continued)

Categories of Exclusion	Barriers to Participation	Potential Solutions
<p>Gender: While 50% of the population is female, women are still under-represented in positions of power, and policies do not necessary reflect their needs. The rights and freedoms of lesbians, gays, trans/bisexuals, and others are still being negotiated at the national level.</p>	<p>Parenting: While times are slowly changing, women still carry a disproportionate responsibility for child care and parent care, placing a greater burden on their time.</p>	<ul style="list-style-type: none"> • Provide child care or elder care money to participants. • Or provide child care (and even elder care) at the event (ask people to register ahead of time).
	<p>Legitimacy: People who do not fit the dominant model of “male” or “female” are stigmatized and generally face problems of legitimacy in the face of authority.</p>	<ul style="list-style-type: none"> • See potential solutions for “Sense of worth” barrier above.

Regardless of whether you are working with a marginalized group or members of the general public, creating an atmosphere of respect is essential to the success of any CE activity. All participants should know that their contributions are valued.

Dialogue and Deliberation Online

While the majority of CE approaches listed in this Handbook involve face-to-face participation, online consultation is growing in Canada, and there are a number of online techniques for CE that can be very effective. If you are planning to use online consultation as part of your CE plan, it is important to keep government accessibility standards in mind (all tools must follow the Government of Canada’s Common Look and Feel guidelines).¹⁵ CIHR will be developing a Web 2.0 Corporate Strategy for the purposes of identifying (as an organization) our goals for Web 2.0. This strategy will identify a process for Web 2.0 design, appropriate content for features, target audiences for engagement, and tools. Performance measures will also be developed to evaluate the effectiveness of Web 2.0 initiatives.

One tool that is growing in popularity is the Wiki. Several Government of Canada Departments have launched their own “Wikis”, which is basically a website that allows anyone to enter information (without having to know a web programming language). Most offer a simple interface, with features similar to MS Word, to create and format a page, and a discussion area for people to add their own comments. For more information, please see <http://blog.gtec.ca/?tag=federal-government> to find an overview of reasons that governments and many private sector organizations are interested in wikis, Facebook, LinkedIn and other similar tools.

Online deliberation can include processes that are complementary or analogous to in-person participation. Some of the characteristics of online versus face-to-face deliberation are outlined in Appendix 2 of the handbook outline the key features of online deliberation and clarifies the differences between this electronic mode of CE and face-to-face activities. Please note that the list “assumes ‘ideal’ circumstances in which the designer/user would maximize the application of available features that distinguish online deliberation from face-to-face.”¹⁶

3.3 Conclusion

This chapter was created to give CIHR staff a “crash course” in CE planning by providing readers with an overview of the key elements that should be considered in any CE plan, including resources, decision-making power, and expertise. Nonetheless, the use of a CE consultant is still strongly encouraged for the development of a CE plan, and the Partnerships and Citizen Engagement (PCE) Branch is always available for further information, advice, and suggestions.

Endnotes

⁸ Amanda Sheedy, *Handbook on Citizen Engagement: Beyond Consultation*, Canadian Policy Research Networks (March 2008). Available online: <http://www.cprn.org/doc.cfm?doc=1857&l=en>

⁹ Ibid

¹⁰ Ibid

¹¹ Bettye Pruitt and Philip Thomas, *Democratic Dialogue – A Handbook for Practitioners*, Canadian International Development Agency, IDEA, UNDP and GS/OAS (2007). Available online: www.idea.int/publications/democratic_dialogue/index.cfm.

¹² *Public Participation Guide: A Guide for Meaningful Public Participation in Environmental Assessments under the Canadian Environmental Assessment Act*, Canadian Environmental Assessment Agency (May 2008). Available online: http://www.acee-ceaa.gc.ca/Content/D/A/C/DACB19EE-468E-422F-8EF6-29A6D84695FC/Public_Participation_Guide.pdf

¹³ Ibid

¹⁴ Amanda Sheedy, *Handbook on Citizen Engagement: Beyond Consultation*, Canadian Policy Research Networks (March 2008). Available online: <http://www.cprn.org/doc.cfm?doc=1857&l=en>

¹⁵ CIHR will be developing a Web 2.0 Corporate Strategy for the purposes of identifying (as an organization) our goals for Web 2.0. This strategy will identify a process for Web 2.0 design, appropriate content for features, target audiences for engagement, and tools. Performance measures will also be developed to evaluate the effectiveness of Web 2.0 initiatives.

¹⁶ Amanda Sheedy, *Handbook on Citizen Engagement: Beyond Consultation*, Canadian Policy Research Networks (March 2008). Available online: <http://www.cprn.org/doc.cfm?doc=1857&l=en>

Chapter 4: Enhancing Citizen Representation on CIHR's Boards and Committees (Focus Area 1)

As noted in Chapter 1, CIHR has already developed a foundation for citizen engagement (CE) naturally through a number of activities. This chapter provides an overview of the ways in which CIHR has included citizens on a variety of boards and committees (Focus Area 1 from the CE Framework) and outlines some of the challenges in and opportunities for supporting this type of involvement.

The guidance offered in this chapter is grounded in the lessons drawn from Institute Advisory Board members and the tools developed for the Community Reviewers in Peer Review program. Over the years, CIHR has engaged a number of Canadians who represent diverse backgrounds and who share a common interest in health and science. The examples highlighted in this chapter are derived from the experiences of those “engaged citizens” in their governance roles. They are designed to outline best practices for providing the information and support that are necessary to integrate citizens into settings that are predominantly composed of health researchers.



“The little research available suggests that citizens can learn to navigate the complexities of integrating expertise and experience and come to sound public judgment. At the same time, we are seeing evidence that, when applied correctly to the right situation, deliberative citizen engagement can save time and money when it comes to implementation.”

*- Public Deliberation: A Manager's Guide to Citizen Engagement
(IBM Center for The Business of Government, 2006)*

4.1 Citizens in Governance Roles at CIHR

Some of CIHR's governance committees (including Institute Advisory Boards, community-based research peer and merit review committees, institute task forces, and working groups) already have the inclusion of citizen representatives as a core component of their composition. For example, the Stem Cell Oversight Committee specifies in its terms of reference that “representatives from the general public will represent the views and values of Canadians potentially affected by the new technologies.”¹⁷ Members of such governance committees reflect a wide range of expertise; a few committees also include patients and voluntary sector representatives in addition to those Canadians with an interest in health research.

The lay public members of the Institute Advisory Boards (IABs) come from diverse backgrounds. The wide range of perspectives they bring is derived from their experience with voluntary health organizations and private business, or as health care practitioners, health care users, and policy-makers. Nonetheless, members are asked to serve in a personal capacity—not as representatives of their primary affiliations (if they are academics, policy-makers, or health care professionals). Lay public representatives are full members of the IABs; in fact, some IABs have extended their inclusion of lay public representation by developing sub-committees and working groups with members from the voluntary sector, patient groups, and advocacy groups to develop approaches for knowledge translation and to inform research priorities.

4.2 Challenges to Integration

It is not always easy to bring public representation into a governance setting. Apprehension about the impact that such representation may have on the committee's goals and procedures can surface among the other committee members. Proper training and orientation—for both the public representatives *and* the other members of a given committee—are essential to dispel such fears.

The CE Framework introduced an article that was recently published (2008) in the *Canadian Medical Association Journal* (see Section Two, page 24 of the Framework). The authors of the article address the common arguments against public involvement in health care settings. For example, it is often said that members of the public will not be objective (that is, they have a personal bias that will prevent them from representing diverse interests). The authors explain that “this concern is applicable to *all* participants currently sitting at the priority-setting table, including health care professionals, administrators and researchers. There is no reason to believe that members of the public are less objective than any other type of participant.”¹⁸ Furthermore, the authors suggest that most members of the public can bring their real-life experience, insights into societal values, and beliefs as users of the health care system to the table. Their contribution is their perspective(s). In order to compensate for barriers such as the power imbalance between these public representatives and the clinicians and policy-making experts, an appropriate tone should be set during deliberations and a sufficient number of representatives from the public should be included on decision-making bodies to avoid tokenism. One or two public members are not enough for a critical mass on a particular committee or board to develop, as it reduces the probability of reflecting the broad views of the public.

To enhance citizen representation on CIHR's boards and committees, staff will need to embrace proactive mechanisms or tools to promote recruitment, and examine ways to increase public knowledge about the existence of such opportunities.

4.3 Success Factors for Engagement on Committees and Boards

Orientation

Good orientation is critical to the success of all members serving on a committee or an IAB, regardless of background, credentials, or experience. Both members and staff require some orientation to reinforce the purpose of the committee or board, expectations, roles, agenda development, meeting management, and how decisions are achieved. If this information is provided to members as part of an orientation process, then they will be able to contribute fully and comfortably at the start of their membership.

Recommendations for successful and positive orientation practices have been developed by the “lay representatives” from CIHR's IABs (who come from voluntary health organizations, non-governmental organizations, and patient communities). To engage *any* new member of a committee or board effectively, they suggest the following:

- **In-person orientation:** Whether this orientation takes place during the evening before the first meeting or at an early breakfast that day, it is best to include the committee/board chair in this introduction to membership. In addition, a couple of other veteran members can provide different voices, and they also give the new member some people to connect with or sit beside at the first meeting.
- **Introductory material (sent in advance):** Written material (electronic or paper) about the committee, roles, responsibilities, and expectations of each member should be sent to the new recruit well in advance of the first meeting. This gives the new person time to digest the material and develop questions. To complement the written material, a pre-arranged follow-up phone call should also be scheduled between the new member, the committee/board chair (or other member), and a CIHR staff person who can provide a long-distance welcome and answers to questions.
- **Introduction to the context of a committee—not just the process:** Set the stage for meaningful discussion by
 - describing the rationale and goal for developing these multi-sector, multi-disciplinary committees/boards;
 - fostering an environment that values asking questions; and
 - describing how meetings are managed, how decisions are made, and what information or advice they are based on (i.e., how priority-setting decisions are achieved at the Institute level and at the corporate level).¹⁹

Training

Training is just as important as orientation when it comes to welcoming new members to a committee or board setting. While orientation provides a new recruit with the background information and context to participate fully in committee discussions, training provides committee members with specific *skills*—simple or complex. For example, while orientation may be used to provide new members with information about the financial context of a program, training could be used to illustrate how to read complex financial tables or generate new reports.

The case study presented in this chapter provides a comprehensive overview of the tools developed to train community reviewers, staff, and committee members who interact with them in the course of the review process. Both teleconferences and face-to-face presentations are used (with accompanying materials) to train *all* those involved in the inclusion of community reviewers. These presentations are listed in Appendix 1 and are available in full by contacting the Partnerships and Citizen Engagement (PCE) Branch at pce.pec@cihr-irsc.gc.ca.

Evaluation

Few examples of formal evaluations exist for committees and boards whose members represent a range of expertise, sectors, and lay people. So how can CIHR measure the success of these bodies and the satisfaction of members? Enthusiastic and committed participants are considered to be one measure of success.

The CE Framework established that enhancing representation of citizens on its decision-making bodies will help to develop greater mutual learning and understanding; it is also hoped that it will improve trust, transparency, and collaborative decision making. Evaluation criteria, then, should examine the perception(s) citizens have about their own impact or contribution to the committee/board, and about whether or not they feel that increased learning, trust, transparency, and collaboration have been achieved.

The literature on the evaluation of CE programs is very limited. The Health Canada Evaluation Menu Template (found in Chapter 8) provides relevant measures that can be adapted for use in the evaluation of our own committees and boards. Any relevant evaluations of CIHR committees will be included in the Citizen Engagement shared drive of resource materials.

Case Study 1: CIHR Community Reviewers Program

In the fall of 2004, CIHR started the Community Reviewers Program as a pilot project to involve the public in the CIHR peer review system. This project reflected CIHR's commitment to enhancing public and stakeholder engagement in health research in Canada, and also increased the transparency and accountability of our peer review processes. It began as a pilot project in order to establish the feasibility of including the public in peer review committees. Throughout its evolution from pilot project to full program, the Community Reviewers Program has enjoyed continuous endorsement and support. The pilot project officially became a full program in the summer of 2007. Initially, four peer review committees were involved in the program; but, as of the spring of 2009, the program has grown to include 25 committees. Essentially, one community reviewer is assigned to one of CIHR's Open Operating Grants peer review committees. While community reviewers are non-voting members of these committees, they do have a number of responsibilities. Part of their role is to provide written feedback to applicants on all lay abstracts submitted to the committee and pick projects of public interest for CIHR to highlight through communication activities. They may also work with CIHR to enhance external communication and public engagement. In addition, the community reviewer provides written feedback on the proceedings of the committee (such as the quality, quantity, and variety of science reviewed) and the structure and objectivity of the discussions.

Case Study #1

What: Citizen Engagement through the CIHR Community Reviewers Program

Why: Involving citizens in the peer review process ensures transparency and accountability in CIHR's investments.

Who: Citizens who have knowledge of (or experience with) a health issue and/or have an interest in scientific research.

How: Volunteers submit an application to become a community reviewer. The ones chosen for the position receive extensive orientation and are then assigned to one of CIHR's peer review committees. They are non-voting members, but they do comment on the overall process, the structure and objectivity of the discussions, and the quality of the lay abstracts.

Since its initial implementation, refinements have been made to the program's tools for the volunteer selection process, orientation and training, roles and responsibilities, and feedback loops. In the beginning, there was a lack of clarity in defining the program's objectives and the recruitment/orientation processes were conducted in a relatively informal manner. It was difficult to determine the best way to ensure meaningful and appropriate involvement of non-scientists in a peer review environment. Initially, there was also some apprehension from stakeholders who were concerned about the level of involvement from these individuals and how they would impact the peer review discussions. Today, through orientation and training, these apprehensions have been reduced significantly. This orientation and training for the Community Reviewers in Peer Review Program is very comprehensive and includes training for the community reviewers themselves, but also for CIHR staff members *and* committee chairs, as well. Various sessions have been designed for each target audience; they include PowerPoint presentations and written documentation. (Please see Appendix 1 for more information.)

Recruitment of the community reviewers involves specific selection criteria. A community reviewer must be impartial and must value and support the mission of CIHR. This reviewer cannot be currently involved in academia or health research but must have experience working on a committee. The goal is to get broad representation on the committees, but the reality is that those who volunteer to be a community reviewer usually have a vested interest in health or scientific research.

The program uses a self-nomination process through CIHR's online volunteer application form (<https://cihr-irsc.fcar.qc.ca/pls/crm/crmv.crme>). The opportunity to become a reviewer is "advertised" through existing committee members and community reviewers, CIHR staff, the Canadian Association of University Research Administrators, CIHR's university delegates, CIHR e-news alerts, CIHR's Institute Advisory Boards, and CIHR's website. The selection process for new volunteers begins with an initial screening of the current online applications. Once an applicant is deemed to meet the selection criteria (available at <http://www.cihr-irsc.gc.ca/e/31928.html>), the process proceeds to a screening interview via telephone and a reference check. During the phone interview, the Community Reviewer Program Officer explains clearly (and realistically) what becoming a community reviewer entails. This allows the volunteers to develop an informed opinion about whether or not the position is something of interest to them—and something that they can commit to in their schedule. The selection process is finalized by the CIHR Deputy Director and the chair of each peer review committee. Once the process is complete, the new community reviewer is sent a confirmation letter and asked to serve a three-year term.

Feedback mechanisms are crucial to the program's success. A Community Reviewers Feedback Form was created to solicit input from the community reviewers on the value and quality of their orientation, the ease of use of ResearchNet, CIHR staff's level of service, their experience at the committee meeting, recruitment, and general feedback. Similarly, an Evaluation Questionnaire is given to the committee Chairs and Deputy Directors to gather their comments about the role, involvement, and performance of the community reviewer on their committee. This system allows CIHR to stay in touch with both sides of the program and constantly evaluate the alignment of the program with its objectives.

Overall, the program provides valuable lessons in effective volunteer management: it involves in-depth orientation and training, selection, placement, and evaluation. Above all, CIHR staff members must remember that the community reviewers are *volunteers* (i.e., they are giving their time because they are

interested and want to give back). While peer reviewers are also volunteers, they are volunteers of a different sort; researchers who are funded by CIHR are *expected* to volunteer their time to contribute to the peer review system and they also benefit from the career development that such experience brings. Community reviewers, in contrast, are members of the public who approach CIHR on their own to contribute to the health research enterprise on their own time. The organization needs to be realistic in what it asks these volunteers to do and needs to appreciate *whatever* contributions they can make to CIHR.

This program has tremendous value for CIHR. Not only does it demystify CIHR and the peer review process for members of the public, but it also helps us to develop spokespeople for CIHR and for health research in general. Community reviewers can also help health researchers to understand the importance of engaging the public and to write for a lay audience. Researchers often say that writing the lay abstract is the most difficult part of an application, so feedback from a lay reviewer can be extremely beneficial. The success of the program has led to buy-in from key stakeholders and the program expansion (noted above). CIHR has received positive feedback from the Tri-Council, universities, and the public. Through the program, CIHR has also been able to identify activities to help communicate the merits of investment in health research.

4.4 Conclusion

With the lessons learned from the Community Reviewers Program and the tips for orientation from the IAB members, CIHR is poised to enhance citizen representation on its boards and committees. Staff members can ensure that current committee and board representatives are provided with appropriate information, and orientation plans can be developed early to encourage full participation from future volunteers—or to create new committees altogether.

Endnotes

¹⁷ *Terms of Reference*, CIHR Stem Cell Oversight Committee June 2008.

¹⁸ R.A. Bruni, A. Laupacis, D.K. Martin, Priority Setting in Health Care Research Group, "Public engagement in setting priorities in health care" *Canadian Medical Association Journal* (2008). Emphasis added.

¹⁹ *Meeting Minutes*, CIHR Meeting of the Voluntary Health Sector and NGO IAB members (April 14–15, 2009).

Chapter 5: Engaging Citizens in Informing Strategic Plans, Priorities, Policies, and Guidelines (Focus Area 2)

Outside of CIHR, most examples of citizen engagement (especially in government settings) involve policy development. The Canadian Policy Research Networks Handbook cites the need for democratic renewal in Canada, as “research indicates that Canadians are increasingly frustrated with and disconnected from their democratic structures and processes.” Citizen engagement (CE) deepens representative democracy and, in the face of this “democratic deficit,” aims to reinvigorate people’s faith in the overall process.²⁰ According to the Health Canada Policy Toolkit for Public Involvement in Decision Making, active CE processes occur throughout the policy development process and begin with the assumption that citizens add value and bring important new perspectives.²¹

Since CIHR is a health research funder, it may be difficult to imagine how the policies, guidelines, and strategic priorities that we develop match up against (political) public policy development across the country. However, as a senior scientist with the Centers for Disease Control in the United States emphasizes, the need to engage citizens is just as strong in our work as it is in other government arenas: “I picked the subset of science policy, which involves values, as the place to engage the public and do work together because citizens are the experts on our values and they should be at the table when both science and values are under consideration.”²²

This chapter outlines some of the ways in which CIHR has engaged citizens in the development of guidelines and Institute strategic plans. A solid foundation for such engagement exists through these examples. Section 5.2 illustrates how the Decision Tree Model (introduced in Chapter 2) and the key elements of the planning process (introduced in Chapter 3) can be applied to the development of strategic plans, priorities, policies, and guidelines. The case study at the end of the chapter provides insight into challenges that may arise during the strategic planning process and how they can be overcome.

5.1 Citizens’ Input at CIHR

Some of the most compelling examples captured in the inventory of CIHR’s CE activities involve guidelines, strategic plans, or priorities that were developed with substantial input from lay participants. These include the following:

- **CIHR Guidelines for Health Research Involving Aboriginal People**

These Guidelines were prepared by the Ethics Office, in conjunction with the Institute of Aboriginal Peoples’ Health, to assist researchers and institutions in carrying out ethical and culturally competent research involving Aboriginal people. The intent is to promote health through research that is in keeping with Aboriginal values and traditions. The guidelines will assist in developing research partnerships that will facilitate and encourage mutually beneficial and culturally competent research.

A comprehensive, nationwide strategy for consultation with Aboriginal communities, researchers, and institutions was built on the ACADRE (Aboriginal Capacity and Developmental Research Environments) network, which is a unique university-based resource with links to academic research communities and partnerships with regional First Nation, Inuit, and Métis communities.²³ The Ethics Office, along with the National Council on Ethics in Human Research, also conducted workshops and consultations with Aboriginal communities, researchers, and members of research ethics boards to obtain feedback on the draft guidelines. For more information, visit www.cihr-irsc.gc.ca/e/29134.html.

- **Privacy Best Practices in Health Research (Ethics Office)**

These best practices were created in response to issues and concerns raised by the broader research and research ethics community about the impact of current and new legislation on health research and the tensions that exist between data access and privacy protection.

Open and targeted consultations were conducted in 2004 on a draft document on privacy best practices in health research. The consultations were advertised widely and included an opportunity for the general public to provide comments on an online draft document with embedded questions. The consultations also included small group dialogue sessions with citizens. For more information, visit <http://www.cihr-irsc.gc.ca/e/29085.html>.

- **Institute of Aging Forum: Mobility in Aging Strategic Initiative**

This forum was designed to provide participants with the opportunity to gain an understanding of and appreciation for how different disciplines and sectors approach research-to-action issues in Mobility in Aging. Participants worked in small break-out groups to share best practices and realities in crossing disciplines and in researcher-stakeholder collaborations aimed at mobilizing research to action. They were also asked to provide guidance on future useful partnered activities and funding opportunities under the Mobility in Aging Initiative.

The forum discussed the value of and challenges to designing collaborative programs of research. Engaging relevant researchers and research-users/stakeholders must be started early in the collaboration process as it takes time to build relationships and trust, and to develop common goals. Participants represented a range of perspectives, expertise, and experience and included a cross-section of research users: those who could or should use research findings and evidence in their decisions on policies, programs, etc., such as health institution administrators, health care providers (e.g., physicians, nurses, physiotherapists), formal and informal caregivers, social and frontline workers, policy decision-makers, the media, health charities, the private sector, and the general public. For more information, visit <http://www.cihr-irsc.gc.ca/e/29994.html>.

5.2 Including Citizens in the Consultation Process

To illustrate how the Decision Tree Model can be applied to a realistic CIHR situation, we'll go through the steps using a fictitious example. This is the scenario:

- A new program is going to be developed that will offer strategic funding opportunities focusing on establishing specific research themes on environmental impacts on health. One of the proposed themes of the funding program will be on influences of the social environment on health - home/family, daycare, school, workplace, recreation, care-settings, neighbourhood and community, region, society and nation. This is *not* an Institute-led program; instead, it is a pan-CIHR initiative that touches upon the mandates of several Institutes and branches.
- The research funded through this program *may* touch all four research pillars, but emphasis will likely be on pillars two, three and four (clinical, health services and policy, and population and public health research).

Strategic priorities for the program need to be decided before it can begin. What kind of impact will this program have on Canadians (generally) or target populations (specifically)? Clearly, there is room for discussion here. The process of establishing priorities for this program must be open, transparent, and interactive, involving all relevant communities of scientists representing CIHR pillars in clinical, health services, and population health research — and their multitude of partners (non-governmental agencies, affected populations, provincial governments, industry, and interested Canadians).

The cross-Institute planning committee has determined they would like to pilot a citizen engagement activity that will capture citizens' values, needs and preferences to discuss social influences on health that will inform the research themes. The overarching goal of the exercise is to consider these contributions in a productive conversation which can take place in community settings. The committee would like to gather information which will inform the decision criteria for the research theme. If successful, the pilot will be replicated across regions and leverage contributions from partner organizations.

For this example, let's say that our answers to the Decision Tree Questions (Section 2.2) are those checked on page 60:

1. Reasons for CE	Check ✓	3. Target Audiences	Check ✓
understand values	✓	affected individuals	✓
hear diverse perspectives	✓	individuals from general	
experiential check in	✓	primary groups	✓
access untapped knowledge		secondary groups	
risk management			
evaluation			
prioritization	✓		
public demand			
historical injustices			
2. Input in Decision Lifecycle		4. Contributions of citizens	
define the issue		explore ideas	✓
gather information	✓	validate ideas	
establish decision criteria	✓	suggest ideas	✓
develop alternatives		reconcile ideas and values	
evaluate alternatives			
make decision			
implement decision			
evaluate decision			
		5. Type of Interaction	
		listen	
		discuss	
		dialogue	✓
		collaborate	

The level of engagement that we've chosen is Dialogue, so our answers will map onto the CE Approaches Matrix (Section 2.3) through the Approaches for Dialogue chart, illustrated on page 61:

Why?	Reasons for Engagement	Round tables	Open space technology	World cafés	Study circles	Deliberative dialogues	Deliberative polls	Online discussion boards	Charrettes	Citizen juries	Consensus conferences
	Understand values			✓	✓	✓	✓			✓	✓
	Hear diverse perspectives			✓	✓	✓				✓	✓
	Experiential check in			✓	✓	✓				✓	✓
	Access untapped knowledge			✓	✓	✓	✓			✓	✓
	Risk management		✓						✓	✓	
	Evaluation	✓			✓			✓			✓
	Prioritization		✓	✓		✓		✓		✓	✓
	Public demand		✓			✓			✓		
	Historical injustices	✓	✓		✓			✓	✓	✓	
When?	Decision-making stage										
	Defining the issue		✓		✓						
	Gathering information	✓	✓		✓			✓			✓
	Establishing decision criteria	✓		✓				✓			✓
	Developing alternatives	✓		✓		✓	✓	✓	✓	✓	✓
	Evaluating alternatives			✓		✓	✓		✓	✓	✓
	Making the decision	✓				✓	✓		✓		✓
	Implementing the decision	✓									
	Evaluating the decision										
Who?	Identify target audience										
	Primary groups	✓		✓	✓				✓		✓
	Secondary groups		✓	✓	✓						✓
	Affected individuals			✓	✓	✓	✓		✓		✓
	General public			✓	✓	✓	✓	✓		✓	
What?	Type of Contribution										
	Explore ideas		✓	✓	✓	✓		✓	✓		✓
	Validate ideas		✓				✓	✓			✓
	Suggest ideas	✓	✓	✓	✓	✓		✓	✓		✓
	Reconcile ideas and values	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Based on these answers, it appears that our best choices for CE activities are World Cafés and Consensus Conferences (these activities match all of our criteria); to give ourselves more options, however, we should also look into Study Circles and Deliberative Dialogues (the activities that meet *most* of our criteria).

Armed with this information, we can turn to the Summary Table of CE Approaches (Table 2) to learn more about what each of these activities may entail. After reading the background information in the Summary Table, doing some research online, and discussing options with the

Senior Advisor in the PCE Branch, it seems that the best choice for our scenario is World Cafés. World Cafés are innovative venues for encouraging thoughtful discussion in a casual setting. This approach matches the aims of the planning committee as it allows decision-makers to gather information that will inform the decision criteria as a component of the decision-making lifecycle. Conversations link and build on each other as people move between groups (tables), cross-pollinate ideas, and discover new insights into the questions being posed by the host(s).²⁴ The small group discussions and relaxed “café style” atmosphere are designed to encourage full participation from everyone equally—regardless of class, education level, or personal history. This characteristic of World Cafés opens the door to the possibility of *combining* our CE efforts with the consultations that would be done with policy-makers and researchers (i.e., bring all of the groups together at one event instead of holding separate ones for different crowds); however, the decision to combine the target audiences should rely on the advice of a CE consultant.

Now that we’ve chosen a CE approach, it’s time to develop a plan. As noted in Chapter 3, most CE activities require a group effort. In this case, we’ll need to recruit an in-house team, including a communications specialist, the CE Senior Advisor from the PCE Branch, and representatives from the cross-Institute program’s planning committee at CIHR. Together the team will answer the key design questions, establish how each of the Guiding Principles will be met in this particular effort and create a plan for the process. For CE expertise (and in this case, precise World Café expertise) an external consultant should also be hired to participate in the planning process and possibly to act as a facilitator at the World Café event(s).

With this team assembled, we can go through the Key Elements of the Planning Process noted in Chapter 3 to ensure that our CE plan considers all of the critical components of a sound CE approach.

It is beyond the scope of this Handbook to delve into the exact details a CE plan for this type of initiative – partly because they would depend on the advice of a CE consultant – but the information provided in Chapters 2 and 3 of this Handbook, as evidenced above, would help the CE team to generate a “straw dog” for their CE plan. With this head start, the team would be able to work together to decide on specific roles, responsibilities, venues, and approaches.

The case study below illustrates how the Institute of Gender and Health staff, advisory board members, and consultants worked together to develop the Institute’s new Strategic Plan for 2009-2012.

Case Study #2: Institute of Gender and Health Strategic Plan – Process Planning

In 2008, CIHR's Institute of Gender and Health (IGH) engaged in a strategic planning process. The purpose of this process was to identify and describe strategic research directions for the Institute for the period from 2009 to 2012, and to identify possible opportunities for synergy. The strategic planning process was led by IGH's Scientific Director, Dr. Joy Johnson, and a strategic planning working group. They worked in collaboration with IGH's Institute Advisory Board and Institute staff members, under the guidance of process consultants Strachan-Tomlinson.

Consultations with stakeholders in the gender, sex, and health research community were an integral part of this process. IGH primarily targeted researchers during its consultation process, as they had the biggest stake in the Institute's strategic research directions and funding opportunities. However, IGH also consulted with citizens—namely, professional caregivers, advocates, representatives of affected communities, and voluntary health organizations. One important feature of this planning process was to define “expert input” as including citizen perspectives.

The Institute included citizens in its consultation process because the gender, sex, and health stakeholder community is large and diverse and encompasses both formal and informal aspects of the health care systems. It spans all four CIHR research pillars (clinical, biomedical, health services, and population health), a range of disciplines, and various types of research on the continuum from quantitative to qualitative; it also encompasses both theoretical and applied work. Given the breadth of this community, and the potential scope of topics and research processes that fall within the domain of gender, sex, and health research, it was essential that IGH engage in a strategic planning process with the capacity to capture a wide range of issues and perspectives.

IGH designed a national consultation process to achieve this aim. The process, which included approximately 250 stakeholders (in total) from every province and territory in Canada, comprised the following:

- Face-to-face consultations with approximately 160 stakeholders in six communities (Vancouver, BC; Kelowna, BC; Calgary, AB; Toronto, ON; Montréal, QC; and Halifax, NS).
- A focused consultation with 10 participants at the Canadian Conference on International Health in Ottawa, ON (countries represented were Canada, Australia, Thailand, and Nicaragua).

Case Study #2

What: Citizen engagement as part of the Institute of Gender and Health's extensive consultation process in the development of its strategic plan.

Why: The gender, sex, and health stakeholders community is large and diverse; it encompasses both formal and informal aspects of the health care system.

Who: IGH's main focus for the consultation process was the research community, but the Institute also consulted citizens (professional caregivers, advocates, representatives of affected communities, and voluntary health organizations).

How: With the help of consultants, IGH conducted consultations with approximately 250 stakeholders from across the country. Special efforts were made to include every province and territory in some way. In addition, open written submissions/comments were solicited through an open call on IGH's listserv and website.

- Videoconference consultations with approximately 25 stakeholders from St. John's, NL; Charlottetown, PE; Fredericton, NB; Edmonton, AB; and Saskatoon, SK.
- Key informant interviews with 18 individuals from Canada and the United States. As IGH did not hold a focused consultation in Manitoba, a special effort was made to recruit four key informants from this province.
- Written submissions solicited through an open call on IGH's listserv and website (nine received).
- Community consultations with 32 stakeholders in Iqaluit, NU, Yellowknife, NT and Whitehorse, YT.

Consultations took place between May and November 2008. Participants included interested parties from academic institutions, the federal and provincial governments, CIHR, health and community organizations (local, national, and international), as well as individual researchers. Though researchers were the primary target population, citizens were included in the face-to-face consultations, the key informant interviews, and the community consultations in Canada's north. IGH also received several written submissions from interested citizens.

Consultation participants were asked to respond to open-ended questions on key trends and accomplishments in gender, sex, and health research, as well as to identify opportunities and areas where research investment was liable to have the greatest impact. After initial pilot-testing, IGH modified its protocol for the northern community consultations, as the region does not have the same research capacity or infrastructure as more populous southern regions. As such, community consultation participants were asked to frame their comments primarily in terms of key gender, sex, and health issues in their regions.

IGH staff members worked with external consultants and a professional writer to synthesize the notes from all of the consultations, interviews, and submissions into three reports: a report on the face-to-face and videoconference consultations, a report on the interviews and written submissions, and a report on the northern consultations. This structure was chosen because it enabled the reports to reflect the unique characteristics and outcomes of each consultation method.

These reports, as well as a set of background documents developed for the strategic planning process, were shared with IGH's Institute Advisory Board at a strategic planning workshop in November 2008. Information from the background documentation and consultations was reviewed and discussed, and consensus was achieved on six strategic research directions (see www.cihr-irsc.gc.ca/e/35752.html). Feedback on the strategic planning process indicated that IAB members appreciated this comprehensive approach to engaging both researchers and citizens in the Institute's planning process. They also recognized the importance of inclusive and precise definitions of "research" and "expert" in the context of this process.

Citizen engagement added depth and breadth to the knowledge gleaned from IGH's strategic planning process. Professional caregivers, advocates, and representatives of affected communities and voluntary health organizations brought an applied perspective to the consultations. Including this perspective enabled IGH's leadership to ground its strategic research directions in the experiences of those who care for,

advocate on behalf of, or live with the health issues that form the core of IGH's 2009–2012 Strategic Plan. In addition, citizen engagement supports knowledge translation about both the planning process and the expectations that citizen engagement would help in implementing the plan. Those consulted made it clear that they valued understanding and contributing to the CIHR planning process, as well as their potential roles in supporting what happens next (e.g., communicating with their communities about potential funding opportunities).

It was sometimes challenging to extend the Institute's reach beyond its immediate community of researchers. For example, the IGH team members responsible for finding potential participants faced some difficulties in identifying non-researcher stakeholders. To address this challenge, these team members conducted focused Web searches and consulted with local experts. The size and diversity of IGH's potential community of interest meant that IGH team members had to be somewhat selective in determining which non-researcher stakeholders would be invited to the face-to-face consultations. In order to ensure that this process did not inadvertently exclude key interest groups, IGH posted an open call for written submissions on its website. This call was also disseminated through other means of communication, such as the website of the Canadian Women's Health Network.

Despite these challenges, the end result—a strategic plan with both theoretical and practical relevance, as well as potential community support for implementation—was well worth the effort.

5.3 Conclusion

This chapter was designed to provide an overview of the ways in which citizens have been included in the development of a number of CIHR's strategic plans, priorities, policies, and guidelines. The examples outlined in this chapter are excellent models for CE, but they are not meant to be prescriptive. As the fictional CE example demonstrates, significant room for creativity exists in the planning process for an activity – so long as the activity still adheres to CIHR's principles for CE. With the tools provided in Chapters 2 and 3, and the lessons learned from CIHR's previous experiences engaging citizens, CIHR has a solid base to draw from for engaging citizens proactively in our work.

Endnotes

²⁰ Amanda Sheedy, *Handbook on Citizen Engagement: Beyond Consultation*, Canadian Policy Research Networks (March 2008). Available online: <http://www.cprn.org/doc.cfm?doc=1857&l=en>

²¹ *Health Canada Policy Toolkit for Public Involvement in Decision Making*, Corporate Consultation Secretariat, Health Canada (2000). Available online: http://www.hc-sc.gc.ca/ahc-asc/pubs/_public-consult/2000decision/index-eng.php

²² Interview with Roger Bernier, quoted in C. Lukensmeyer and L. Hasselblad Torres, *Public Deliberation: A Manager's Guide to Citizen Engagement*, IBM Centre for The Business of Government (February 2006). Available online: www.businessofgovernment.org/pdfs/LukensmeyerReport.pdf.

²³ For more information about the ACADREs, contact us at: <http://www.cihr-irsc.gc.ca/e/27380.html>. visit: <http://www.cihr.ca/e/9113.html>.

²⁴ For more information, visit The World Café website: <http://www.theworldcafe.com/what.htm>.

Chapter 6: Research Priority Setting and Integrated Knowledge Translation (Focus Area 3)

For a variety of reasons, the involvement of citizens in research priority setting and in participatory research methods is growing both in Canada and abroad. A recent technical report published by the RAND Corporation outlines and analyzes the growing trend of participatory and community-based research in Canada, Australia, the Netherlands, the United Kingdom, and the United States²⁵. According to the report, this spike in the use of participatory research methods has a wide range of causes: everything from improvements in public education levels, increased accessibility of information, and philosophical demands for the democratization of research have fostered a desire from the public to be engaged in the research process and the analysis of its results.

CIHR has a large part to play in facilitating the relationships between citizens and the academic community. This Focus Area from the CE Framework emphasizes the importance of supporting opportunities to foster and maintain relationships between citizens and CIHR's funded researchers. The development of these relationships is mutually beneficial because citizens' input can be used to comment on the relevance of proposed research, to identify research gaps, and to inform research priorities, while the experience of being part of the research process can empower communities and can increase scientific literacy.

This chapter focuses on both the CIHR funding streams that encourage CE in research methods and some key considerations to keep in mind when citizens are engaged to establish specific research priorities for CIHR's Institutes or branches.

6.1 Funding Tools and Programs Supported by CIHR

Practical arguments for participatory research are documented; however, some resistance to the "added effort" of including citizens or community members in the research cycle exists in academia. The RAND report addresses the widely held belief within the research community that lay participation actually decreases the quality of the research conducted. The arguments from researchers are straightforward: citizens (or lay participants) simply do not understand the complexities of the research process or the theories underlying the issues and, therefore, are not able to contribute meaningfully to the project. According to the report, however, there is little evidence to support this viewpoint—and negative effects of lay participation can actually "be offset by improving the quality of training for *both* researchers and lay participants."²⁶ Furthermore, a health sciences specialist with the National Institutes of Health in the United States argues that the role of scientists is "to build and retain trust so that people can understand and enroll in clinical trials. Involving the community in the research process helps build that kind of trust."²⁷ That "kind of trust," of course, can extend beyond the world of clinical trials and can lead to consistent support for health research in all its forms.

As the federal agency for funding health research in Canada, CIHR's role in this aspect of CE is clear: we need to develop more funding opportunities that encourage (or require) our researchers to engage citizens and/or community members in their work. A number of funding tools that focus on partnerships between researchers and knowledge-users²⁸ has already been developed at CIHR. These include Meetings, Planning and Dissemination grants, Knowledge to Action grants, and Knowledge Synthesis grants. CIHR's Operating Grants program also includes provisions for researcher-knowledge-user partnerships and targeted knowledge translation projects. In addition, entire programs have been built on integrated knowledge translation and participatory or community-based research principles, including Partnerships for Health System Improvement (PHSI) and the HIV/AIDS Community-Based Research Program.

A number of CIHR's Institutes have already embraced the use of integrated knowledge translation and participatory or community-based research funding. To build on this focus area of the CE Framework, CIHR Institutes, branches, and strategic initiatives are encouraged to incorporate integrated knowledge translation and participatory and/or community-based research methodologies (described below) into the development of new funding opportunities.

Integrated Knowledge Translation

Integrated knowledge translation²⁹ (iKT) requires a collaborative and participatory approach to research that is action-oriented and focused on solutions and impact. IKT is most appropriate within the framework of problem-based, as opposed to curiosity-driven, research. In fact, the impetus for the study may originate from a knowledge-user who has identified a problem or need for action and approached academic partners for ideas about how it could be addressed.

In IKT, the contributions of the researchers and the knowledge-users are equally valued: the knowledge-users bring different knowledge, skills, and insights to the research team; have a unique understanding of the results (which may be different than the researchers); and are well-positioned to move these results into practice. Researchers have a refined and specific skill set for conducting research and accessing grants; they also possess their own network of contacts. Equally, knowledge-users possess an expertise derived from being members of their organizations, communities, or professional fields, and have much to contribute throughout the research. It is very important to recognize and respect all different forms of expertise. The strength of the overall team results from the combined voices and varied knowledge, experiences, and viewpoints of everyone around the table.

Figure 7: The Integrated Knowledge Translation Research Cycle

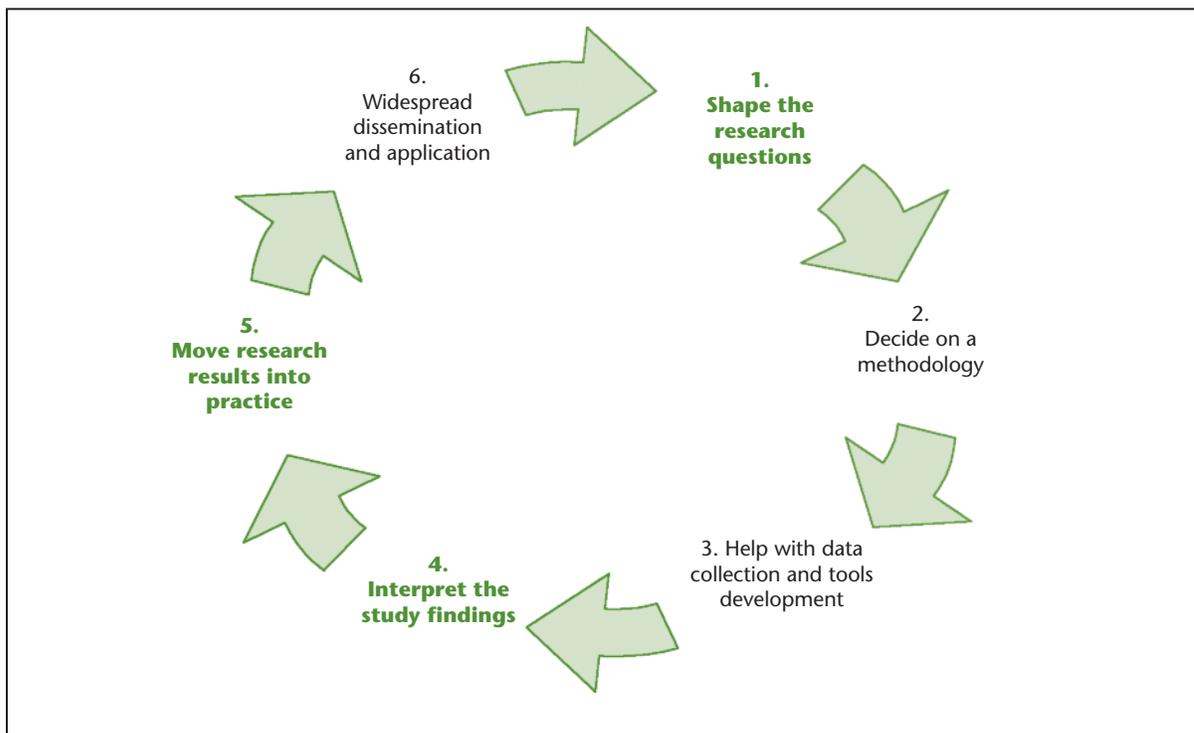


Figure 7 (above) outlines the potential stages in the iKT research cycle that may provide an opportunity to engage citizens and/or knowledge-users. From CIHR's perspective, iKT **must** involve collaboration between the knowledge-users and researchers (knowledge creators) to:

- shape the research questions (step 1);
- interpret the study findings (and craft messaging around them) (step 4); and
- move the research results into practice (step 5).

In addition to these criteria, knowledge-users and researchers *can also* work together to:

- decide on a methodology;
- help with data collection and tools development; and
- help with widespread dissemination and application.

In CIHR's view, these additional criteria are supported and encouraged, but are not mandatory because they may not be appropriate or applicable in every situation. (For more information or advice about how to incorporate iKT requirements into your Institute or branch's funding opportunities, please contact the Knowledge Synthesis & Exchange Branch at kse-sec@cihr-irsc.gc.ca.)

In keeping with the philosophy of better integrating the research and knowledge-user communities, "merit review"³⁰ is used to assess applications to iKT funding opportunities at CIHR

– in **addition** to regular peer review. This way of doing research requires that both the scientific merit and potential impact of the projects be assessed using separate scores. In general, the potential impact score reflects the relevance/importance of the project to the knowledge-users and the likelihood that the project will have a substantive and sustainable impact on health outcomes, practice, programs and/or policy in the study context. The scientific merit score generally reflects the rigour and appropriateness of the proposed research methodology and the strength of the research team. Each application is reviewed by at least one researcher and at least one knowledge-user, who both assess potential impact and scientific merit; successful applications must receive high scores in *both* merit review and scientific review categories.

Participatory Research

Researchers familiar with participatory research will recognize its overlap with integrated knowledge translation. Participatory research is a research approach that uses a partnership between researchers and those impacted by envisioned results to educate, take action, or build capacity to address current and future issues. Participatory research, in its fullest expression, involves researchers and knowledge-users as a team for decision making throughout the process; however, there are different schools of thought behind participatory research, and the minimum requirements to meet participatory research standards are generally agreed to be equal to *or greater than* the minimum standards that CIHR has for integrated knowledge translation.

Community-based Research

Community-based research is similar to participatory research and integrated knowledge translation, but the principal study is focused within a given *defined* community. Community-based research encompasses a spectrum of research that actively engages community members or groups to various degrees, ranging from community participation to community initiation and control of research. From a university perspective, community-based research refers to a wide variety of practices and is supported by several academic traditions; it is now embraced in a range of disciplines including geography, education, social work, nursing, medicine, and engineering. Many universities are developing programs that are particularly supportive of community-based research.³¹

The case study examined in this chapter focuses on CIHR's flagship community-based research program, the HIV/AIDS Research Program. By engaging a range of people and perspectives—including academic researchers, local researchers, community members, and community partners—a level of shared ownership of the research process and products emerges.

Summary

While there may be some residual resistance within the research community about the appropriateness of including citizens and/or community members in the research process, a number of successful funding opportunities for integrated knowledge translation, participatory research, or community-based research have already established a solid foundation for this focus area at CIHR (see, for example, the opportunities launched by III, IAPH, IPPH, and IGH noted in Appendix 1 of the CE Framework). The potential to build on this foundation is incredibly strong,

as facilitating and strengthening partnerships between researchers and knowledge-users is specifically noted as a key component of CIHR's new strategic plan.

To help educate the research community about the benefits of including knowledge-users in the research process, CIHR recently developed a series of tutorials on knowledge translation, which are available online: <http://www.cihr-irsc.gc.ca/e/39128.html#Guide>. One of these is the Guide to Researcher and Knowledge-User Collaboration in Health Research (referenced above). This learning module leads those engaged in collaborative health research—both researchers and knowledge-users—through many of the key issues that should be considered and addressed when an integrated approach is taken to create knowledge and translate it into action. These modules are highly recommended for both CIHR staff and researchers.

6.2 Research Priority Setting and Citizen Engagement

CE approaches in research priority setting are often used to consider complex issues and difficult choices to ensure that the research is relevant to the needs of Canadians—and, ideally, to improve the translation of research into practice. The internal scan of CE activities that was conducted as part of the development of the CE Framework revealed that CIHR already has a history of encouraging discussion and dialogue to establish research priorities. The distinction between “strategic planning” (discussed in Chapter 5) and “research priority setting” (discussed here) is that, for our purposes, the latter has a more tailored focus. For example, an institute may use the Decision Tree Model to develop a strategic plan. Most likely, that strategic plan will cover a variety of research *areas* (mobility, dental health, and bone health), but the specific *sub-topics* (osteoporosis in women after menopause) may not be decided.

A variety of approaches exist to include citizens in the establishment of these research priorities. CIHR's internal CE scan highlighted the CE approaches that the Institutes and Branches have used in this focus area (see Tables 1 and 2 in Appendix 1 of the CE Framework). For example, facilitated priority-setting workshops have been used to encourage participants to engage in an inclusive patient-centred discussion, to go beyond personal views and agendas, and to ensure that everyone is as clear and concise as possible in stating priorities. These approaches demonstrate that CIHR already has a foundation in the use of CE methods that encourage discussion, dialogue, and ongoing collaboration. Moving forward, CIHR may be able to explore other deliberative dialogue methods, including round tables, consensus conferences, study circles, deliberative polls, online moderated dialogues, and forums or workshops.

To establish specific sub-topics, CIHR staff members are encouraged to use the Decision Tree Model introduced in Chapter 2 and the planning advice provided in Chapter 3 (also see Chapter 5 for an example of how these tools can be used). Preferably, the use of CE in research priority setting will not only lead to the identification of research sub-topics, but will also lead to discussions (or decisions) about the type of funding opportunity that will be developed to support those priorities. Ideally, that funding opportunity will also be grounded in integrated

knowledge translation, participatory research, or community-based research for its eligibility requirements (i.e., applicants will be required to explain how they will engage citizens or knowledge-users in their research approach).

As part of the research priority-setting process, it is important not only to follow the steps in Chapters 2 and 3 to develop your CE plan, but also to ensure that lay participants are provided with the following:

- adequate background material about CIHR's funding "tools"—what they are, how they work, and what the timelines are like (from Request for Application development to funding start dates);
- information about integrated knowledge translation, participatory research, or community-based research methodology, the ethical guidelines that are in place for researchers to follow, and CIHR's eligibility requirements; and
- documentation about how the research area was chosen.

The Partnerships and Citizen Engagement (PCE) Branch is also available for advice and more information as you develop your research priority-setting CE plan (pce.pec@cihr-irsc.gc.ca).

Case Study 3: The CIHR HIV/AIDS Community-Based Research (CBR) Program

The CIHR HIV/AIDS Community-Based Research (CBR) Program supports knowledge development and capacity-building initiatives of relevance to communities engaged in the fight against HIV/AIDS. Community-based research involves community members in all stages of the research process—from the very beginning to define the research question. This ensures relevance to the community, capacity-building, and integration of community members in conducting the research; it also promotes active participation in the development and implementation of the dissemination strategy. In addition to these principles, community-based research maintains the same level of methodological rigour and ethical review as other research approaches.

Case Study #3

What: The inclusion of community members in CIHR's HIV/AIDS Community-Based Research Program

Why: Including the perspectives and experiences of stakeholders ensures that the research conducted is relevant to the community. Community members are also empowered by actively participating in the research and implementation of results.

Who: Communities affected by and involved in the fight against HIV/AIDS.

How: The direction of the Program is guided by a Steering Committee that has equal representation of researchers and individuals from community organizations. The Program itself funds community-based research, which (by definition) includes affected individuals in research projects, communication, and implementation. Furthermore, the merit review committees for research applications also have equal representation from researchers and individuals who are based in community organizations—and both types of members have equal voting power.

The program has emphasized capacity-building for research within community service organizations by linking them with new research students, funding capacity-building workshops, funding community-based research facilitators who work with organizations in their region to develop research capacity through training, and establishing contact with research collaborators in academia and government. Operating and Catalyst Grant funding is also available for research projects.

The program receives guidance from the CIHR HIV/AIDS Community-Based Research Steering Committee, which was established in 2006 as a sub-committee of the CIHR HIV/AIDS Research Advisory Committee (CHARAC). The CBR Steering Committee, which has equal representation of researchers and individuals from community organizations servicing affected populations, provides advice to CIHR on future funding opportunities, as well as the creation of internal policies supporting the needs of the program.

Membership on the committee starts with a minimum two-year term with replacement members identified through a call for nomination process. Upon acceptance of a position, new members are sent an information package containing details about the HIV/AIDS Community-Based Research Program as well as the CIHR Conflict of Interest Policy. Departing and incoming members overlap for one meeting to ensure continuity and a smooth transition process.

The involvement of citizens in the HIV/AIDS Community-Based Research Program is demonstrated in the merit review of research proposals; like the steering committee, review committees have equal representation of researchers and individuals from community organizations. Both types of members have equal voting power, with one of each assigned as a reviewer to every funding application being evaluated. This program demonstrates the principles of community engagement in research: *“Community engagement can be difficult to define clearly, but at its heart, it is the intersection of the complementary efforts of members of the lay community, health practitioners and medical and public health researchers to improve health.”*³²

In 2009, CIHR contracted PRI Inc to evaluate the HIV/AIDS CBR Program which is available online: <http://www.cihr-irsc.gc.ca/e/40061.html> The purpose of the evaluation is to assess the program rationale, the effectiveness of its design and delivery processes, and its successes. CIHR will use the evaluation results to strengthen the HIV/AIDS CBR Program and maximize its impact on Canada's response to the HIV/AIDS epidemic.

6.3 Conclusion

Engaging citizens in research priority setting and developing programs to promote integrated knowledge translation, participatory research, and community-based research is not foreign to CIHR. Moving forward, we can build on the foundation that already exists in this focus area. These approaches facilitate opportunities to create CIHR-to-participant relationships and participant-to-participant relationships through consultations that reach a broad base of stakeholders (including knowledge-users, health practitioners, health institution administrators, public policy decision-makers, front-line educators, the media, health charities, persons living with diseases/conditions, consumers, family members and caregivers, the private sector, and the general public). The expectation or hope is for everyone to look beyond their own area of interest and focus on the greater research agenda.

Endnotes

²⁵ Sharif Ismail, *Participatory Health Research: International Observatory on Health Research Systems*, The RAND Corporation (2009). Emphasis added. Available online: http://www.rand.org/pubs/technical_reports/TR667/.

²⁶ Ibid

²⁷ Interview with Rona Siskind, quoted in C. Lukensmeyer and L. Hasselblad Torres, *Public Deliberation: A Manager's Guide to Citizen Engagement* IBM Center for The Business of Government (February 2006). Available online: www.businessofgovernment.org/pdfs/LukensmeyerReport.pdf.

²⁸ **Knowledge-users** are *all* those who might use, benefit from, or otherwise be impacted by the results of research, but are not necessarily involved in their production. Also referred to in the literature as *end-users* and, in many cases, *co-applicants*.

²⁹ Many of the terms and definitions included in this section are derived from CIHR's online knowledge translation learning modules. For more information, turn to the *Guide to Researcher and Knowledge-User Collaboration in Health Research*, CIHR online Knowledge Translation Learning Modules, developed for CIHR by Participatory Research at McGill (PRAM), David Parry, Jon Salsberg, and Ann C. Macaulay (2009). Available online: <http://www.learning.cihr-irsc.gc.ca/course/view.php?id=3>

³⁰ Merit review is the evaluation, conducted by a committee of researchers and knowledge-users, that assesses both the scientific merit and potential impact of research projects that engage knowledge-users. For more information, visit: <http://www.cihr-irsc.gc.ca/e/39537.html>.

³¹ *The Funding and Development of Community University Research Partnerships in Canada: Evidence-Based Investment in Knowledge, Engaged Scholarship, Innovation and Action for Canada's Future*, Office of Community-Based Research, University of Victoria (May 2009). Available online: <http://communityresearchcanada.ca/documents/CBRFunding052009.pdf>

³² *Researchers and Their Communities: The Challenge of Meaningful Community Engagement*,. Prepared by: The Clinical and Translational Science Award (CTSA) Consortium's Community Engagement Key Function Committee and the CTSA Community Engagement Workshop Planning Committee.(2009). Available online: http://www.ctsaweb.org/uploadedfiles/Best%20Practices%20in%20Community%20Engagement_Summary_2007-08.pdf.

Chapter 7: Knowledge Dissemination and Public Outreach (Focus Area 4)

Dissemination of knowledge, which is a component of knowledge translation, focuses on communicating research results by tailoring the findings and the message to a particular target audience.³³ This chapter describes the resources available to guide staff and researchers in how and when to involve citizens and communities in the design of knowledge dissemination plans and in public outreach activities. The first case study included in this chapter focuses on collaborative and innovative approaches for engaging knowledge users (in this case, community members) in knowledge dissemination.

Public outreach efforts are designed to provide the public with balanced and objective information to assist them in understanding the problems, alternatives, and/or solutions in a given situation. Often they are designed to reach a wide audience in order to provide information about something and/or to acquaint the public with a fact. The Public Affairs unit in CIHR's Communications & Marketing Branch has developed a variety of tools to reach the media, parliamentarians, youth, and the general public, such as media workshops, Café Scientifiques,³⁴ and the Synapse program. The objectives for these activities include communicating the benefits of health research to Canadians and letting them know about CIHR and what we do. The spectrum of citizen engagement (CE) activities found in Table 2 of the CE Framework demonstrates many examples of collaborations between Institutes and Branches to educate the public about specific research topics and also to raise Canadians' level of science literacy. While there are not many relevant examples of engaging citizens in the design of public outreach efforts currently available, the second case study included in this chapter is about the Synapse program, which provides an innovative model for both public outreach and engaging knowledge-users in the planning phase of program development.

7.1 Knowledge Dissemination

At CIHR, knowledge translation (KT) is defined as a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products, and strengthen the health care system. This process takes place within a complex system of interactions between researchers and knowledge users; these interactions may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings, as well as the needs of the particular knowledge user. In this context, "knowledge dissemination" involves identifying the appropriate audience (for research results, implications, etc.) and tailoring the message and medium to that audience.

Generally speaking, knowledge dissemination is associated with End of Grant KT,³⁵ which will typically involve conference presentations from researchers, or publication in academic journals. End of Grant KT and Integrated KT (discussed in Chapter 6) can *both* involve more intensive knowledge dissemination, however, and may use activities such as stakeholder

briefings; educational sessions with patients, practitioners and/or policy makers; engaging knowledge users in developing and executing a dissemination/implementation plan; the creation of tools; and media engagement.³⁶

When it comes to knowledge dissemination, the following is a list of key points to keep in mind:

- Dissemination activities should be considered and outlined in a *dissemination plan* that focuses on the needs of the audience that will use the knowledge (and considers how and when knowledge users *want* to receive the information). Where available, the design of dissemination processes and approaches should be informed by high-quality evidence that considers the contextual or locally applicable factors that are critical to successful knowledge translation;
- Researchers [and CIHR staff] should engage knowledge users to craft messages and help disseminate research findings;
- Messages should be clear, simple, action-oriented, and tailored for *each* audience (i.e., community members vs. policy makers, etc.);
- Messengers or message sources should be individuals or organizations that are influential and credible with each target audience; and
- A dissemination plan/strategy should include a plan to evaluate the impact of the chosen approach and ways to measure success.³⁷

When you begin to develop a dissemination plan, ask yourself the following key questions (based on the work of Reardon, Lavis, and Gibson):

- 1) What is the message?
- 2) Who is the audience?
- 3) Who is the messenger?
- 4) What is the [knowledge] transfer method?
- 5) What is the expected outcome?³⁸

The following case study, featuring the Kahnawake Schools Diabetes Prevention Project, illustrates how these considerations took shape in a partnership between researchers and the Mohawk community of Kahnawake.

Case Study 4: Dissemination for Kahnawake Schools Diabetes Prevention Project

The Kahnawake School Diabetes Prevention Project (KSDPP) started in 1994 as a partnership between the Mohawk community of Kahnawake (population of approximately 7,500 people), who were represented by a community advisory board, and researchers. Its goal is to improve healthy lifestyles to reduce the high rates of type 2 diabetes found in the community. In 2002, follow-up data on children in grades 1-6 showed early improved nutrition and stable physical activity levels, but increased weights. These results were first *jointly* interpreted by the community advisory board and researchers, and were then shared with the rest of the community.

To share the information with the community members, a team of six people (including advisory board members, local nutritionists, and researchers) crafted a 20-minute presentation in lay language. The presentation itself included the known risk factors for developing type 2 diabetes, the rationale for improving lifestyles, and the eight-year KSDPP results. The same presentation was given by two to three people (advisory board members and researchers) to 14 organizations and at two open community meetings. Notes were taken on the wide-ranging discussions that followed each presentation, and attendees completed a short questionnaire about their satisfaction with the presentation. Recommendations for future KSDPP interventions were also solicited.³⁹

This joint effort to disseminate the results of the KSDPP provided the team with important lessons. These lessons include:

- **It takes time to build consensus.** As consensus building is an important factor within the culture of the Haudenosaunee/Iroquois and Mohawk culture, it took longer than anticipated to develop and make the presentations because the team members needed to bring a broad range of perspectives together (researchers, nutritionists, community members). Because it is incredibly important (and rewarding) to bring diverse perspectives together, extra time should be included in the plans to allow for ample discussion, debate, and decisions.
- **It can be difficult to reach an entire community.** In the case of the KSDPP, as in many other projects, there was a difficulty in reaching men. To ensure that they reached them, the team members went to the main work places (construction sites, etc.) to conduct blood pressure

Case Study #4

What: The Kahnawake School Diabetes Prevention Project

Why: This community-based participatory research project was designed to promote healthier lifestyles within the Kahnawake population. Community input was needed in order to ensure that the messages about health promotion and the research results were easily understood and would be *used* by the community.

Who: The Mohawk community of Kahnawake (mostly through a Community Advisory Board)

How: The Community Advisory Board members were full partners to the researchers. They helped craft the messages for the rest of the community, and participated in developing and delivering presentations about the research results.

and blood sugar checks, and to chat about healthy lifestyle choices. The team also went to the most popular coffee shops to meet the men on their own turf (at 5:00 am) before they went to work. It is important for any research team to work with the schedules respecting priorities of their target community members.

- **Test communication materials first.** The presentations were tested with community members (those on the Community Advisory Board) to ensure that the messages were clear. The team also noted the importance of joint advisory board-researcher presentations; the use of community and community cultural knowledge was important to the team from the beginning, and co-presenting the material was an excellent way to incorporate a community perspective and to attract an audience.
- **Partnership is key.** The research team also noted the importance of having respected community members as partners in the project: having the right people at the table makes a difference in how much an audience can be influenced by the research results (i.e., partnership builds credibility).

It was important to community members that the results of this research were to be used as a positive benefit to the community at large. After all of the presentations were completed, the community feedback was used to improve the team's approach for subsequent interventions and to finalize the interpretation of the results before the researchers submitted a scientific paper for publication (Paradis) and another of their experiences of sharing results with the community (Macaulay). For more information about the KSDPP, please visit: <http://www.ksdpp.org/>.

For more information about knowledge dissemination, CIHR staff members are encouraged to read the Knowledge Translation Learning Modules, which were posted on the CIHR website in April 2009. In particular, the *Guide to Researcher and Knowledge-User Collaboration in Health Research* module provides an excellent overview of knowledge dissemination and "knowledge to action" techniques. Please visit: <http://www.learning.cihr-irsc.gc.ca/course/view.php?id=3>.

7.2 Public Outreach

CIHR has initiated a number of public outreach efforts to communicate the benefits of health research to Canadians and ultimately improve their health. The Communications & Marketing Branch, in particular, has developed a wide variety of tools to enhance CIHR's ability to reach Canadians. For example, the Café Scientifique program brings researchers together with a variety of citizens, including representatives of the voluntary health sector, the media, parliamentarians, youth, and the general public. At these events, citizens are able to ask questions and hear about the latest scientific research on a chosen topic. In addition, the Communications & Marketing Branch uses the media to reach the general public: Cafés Scientifiques and media workshops are used to portray CIHR as a useful and reliable source for story ideas and health commentary. These stories, in turn, may increase the scientific literacy of Canadians; they provide citizens with an introduction to CIHR and to how health research works.

The CE Framework also highlights several public and educational outreach activities developed by the Institutes. These activities have included public lectures on emerging research and collaborations to develop museum exhibits (for example, the Food for Health travelling exhibits with the Canadian Agriculture Museum). Several Institutes have also developed ongoing collaborative processes to engage the voluntary health sector in the design of outreach efforts, as voluntary health organizations play a key role in helping CIHR communicate research results in ways that are meaningful to the public. For example, the Institute of Neurosciences, Mental Health and Addiction has established a “Working Group on Partnerships and Voluntary Health Sector” through its Institute Advisory Board. Partnering with non-governmental and voluntary health organizations is a priority for this Institute to augment its efforts aimed at increased advocacy, information dissemination, knowledge translation, training, leveraged funding, and community support.

The case study below describes the creation of the Synapse – Youth Connection Program. To establish this program, CIHR relied heavily on the expertise and advice of representatives from the youth science and engagement sector. Their input helped design a program that has, to date, reached over 100,000 Canadian youth (for more information, visit <http://www.cihr-irsc.gc.ca/e/22973.html>). [40505.html](#)).

Case Study 5: An Overview CIHR's Synapse – Youth Connection Program

Synapse – CIHR Youth Connection is a mentorship program that creates opportunities for researchers to educate Canadian youth about science. Synapse encourages CIHR-funded researchers, graduate students, and post-doctoral fellows to become mentors by passing on their passion for health research to young Canadians who can become their trainees. Using the Common CV Network, which allows scientists and graduate students to create curricula vitae for submission with funding applications, CIHR established a national Synapse Mentor Database option. Since its inception in October 2006, the unique database now lists over 5,500 CIHR-funded researchers who want to become mentors and train youth in various fields of science.

Developing this incredibly successful program was no simple task. CIHR conducted a thorough environmental scan and met with leading non-profit organizations in the area of youth science and engagement (including Actua and Let's Talk Science) to brainstorm about what type of role CIHR could take in youth outreach. The Canadian youth science outreach “sector” was already well established by the time CIHR arrived on the scene, and the intention was never to compete with other organizations; instead, CIHR wanted to *complement* the programs that already existed. The key to the success of this program, really, was that CIHR had to accept the expertise of other organizations and use their feedback to find its own niche in the youth engagement field.

An advisory board was created to oversee the development of the program. The members of the board included three CIHR staff members, along with the head of a Youth Outreach Unit at another health organization, the CBC host of *Quarks and Quirks*, a science counsellor from a school board in

Nova Scotia, the editor of *YES Mag* and *KNOW* (science magazines for youth), and two young grad students who launched “CRAM Science” (a website designed to let youth explore science: <http://www.cramscience.ca/>). Overall, the board included an appropriate cross-section of people from different parts of the youth science outreach sector. To find these board members, CIHR used its own connections (some staff members were already familiar with the work of several board members), but also went back to the organizations that had participated in the environmental scan to seek their recommendations for appropriate board members. Everyone gladly accepted the invitation to become volunteer advisory board members.

CIHR really listened to its youth outreach advisory board. When the non-profit organizations highlighted how helpful CIHR could be in finding researchers to support *their* activities, the “match-making” idea was born. It was decided that, through the Common CV tool, CIHR would become the “middle man” to unite interested researchers with youth engagement organizations – and with youth themselves. Synapse mentors can now inspire students in a number of ways, including one-on-one lab training and experience, virtual connections, in-school seminars, and science fairs. Synapse, in collaboration with the non-profit organizations, helps these mentors create the next generation of Canadian health researchers through the use of accessible scientific information and hands-on training experience.

CIHR still engages the non-profit organizations as partners in a number of ways. In order to help Synapse mentors develop efficient strategies for engaging youth in health research activities, CIHR, in collaboration with Let’s Talk Science, offer *Science with Impact* workshops at various universities across Canada. In April 2009, CIHR sent out a request for applications that would establish partnerships with national and provincial organizations that want to build capacity in health research and youth outreach. Grants will be provided to successful applicants (organizations); each applicant must show how they can build on this capacity, engage Synapse mentors, distribute CIHR Synapse promotional materials, and offer training for under-represented Canadian students.

CIHR also continues to engage the youth engagement advisory board members (although some of the original members have moved on) to conduct a merit review of applications for CIHR’s Synapse Mentorship awards. For three consecutive years, CIHR has launched the Synapse Mentorship Awards, which recognize the efforts of outstanding science and health research mentors in three categories: a) graduate students/post-doctoral fellows, b) established individual researchers, and c) research group. Those who receive the awards have respectively acted as exceptional scientific mentors for Canadian youth – and may have motivated the next generation to consider careers in science.

Case Study #5

What: CIHR’s Synapse – Youth Connection Program

Why: The youth science and engagement sector was already well established by the time CIHR arrived on the scene, so the organization needed to invest in the experience, expertise, and advice of established youth science and engagement practitioners.

Who: A wide variety of non-profit youth and science engagement organizations and experts

How: An advisory board was struck to oversee the development of the program, and its members spanned the different parts of the youth science and engagement sector.

The Synapse – Youth Connection Program has enjoyed tremendous success, and has even been cited in the Government of Canada's S&T strategy as a model for getting young Canadians excited about science and technology. The success of this program, in large part, has been due to the strong partnerships CIHR developed with the non-profit organizations. These relationships have been based on trust, respect, and a mutual desire to work *together* to build Canadian youths' interest in science.

7.3 Conclusion

CIHR has developed many opportunities to engage the voluntary health sector among others in knowledge dissemination and public outreach efforts. As CIHR develops more experience in the design of knowledge translation efforts and citizen engagement, more innovative approaches to exchange and disseminate knowledge will evolve to increase the focus on engaging individual citizens—interested members of the public, patient group representatives, or caregivers—in the design of these efforts. Institutes and Branches will have increasing mechanisms to collaborate with “already-engaged citizens” as the Partnerships and Citizen Engagement (PCE) Branch develops opportunities to contact CIHR through the website, through Institute newsletters, and possibly via the increasing list of participants subscribing to the Café Scientifiques (who complete our evaluation forms or join the Facebook group).

Endnotes

³³ Gagnon, Michelle. “Knowledge Dissemination and Exchange.” **Knowledge Translation in Health Care: Moving from Evidence to Practice**. Eds. Sharon Straus, Jacqueline Tetroe, and Ian D. Graham. Blackwell Publishing Ltd, Oxford: 2009.

³⁴ CIHR's Café Scientifiques provide insight into health-related issues of popular interest to the general public, and in turn provoke questions and provide answers. They involve interaction between the public and experts in a given field at a café, a pub or a restaurant. For more information, visit: <http://www.cihr-irsc.gc.ca/e/34951.html>.

³⁵ In end of grant KT, the researcher develops and implements a plan for making knowledge users aware of the knowledge that was gained during a project. Therefore, end of grant KT includes the typical dissemination and communication activities undertaken by most researchers, such as KT to their peers through conference presentations and publications in peer-reviewed journals. End of grant KT can also involve more intensive dissemination activities that tailor the message and medium to a specific audience, such as summary briefings to stakeholders, interactive educational sessions with patients, practitioners and/or policy makers, media engagement, or the use of knowledge brokers. The commercialization of scientific discoveries is another form of end of grant KT.

³⁶ “More About Knowledge Translation at CIHR.” CIHR Website. Available online: <http://www.cihr-irsc.gc.ca/e/39033.html#Dissemination>.

³⁷ Gagnon, Michelle. “Knowledge Dissemination and Exchange.” **Knowledge Translation in Health Care: Moving from Evidence to Practice**. Eds. Sharon Straus, Jacqueline Tetroe, and Ian D. Graham. Blackwell Publishing Ltd, Oxford: 2009

³⁸ Reardon, R, Lavis J, Gibson J. *From Research to Practice: A Knowledge Transfer Planning Guide*. 2006.

³⁹ CIHR Knowledge Translation Tutorials, *A Guide to Researcher and Knowledge-User Collaboration in Health Research*. Available online: www.learning.cihr-irsc.gc.ca/mod/resource/view.php?id=11.

Chapter 8: Citizen Engagement Planning Resources

The Partnerships and Citizen Engagement (PCE) Branch is developing a growing list of resource materials and information from relevant external organizations, as well as from the activities of CIHR's Institutes and Branches. Internal capacity for leading and designing citizen engagement (CE) processes is limited at CIHR; however, there is advisory support available for getting started.

This chapter provides the following resource information:

- **Section 8.1** contains a checklist of sample questions to consider if you plan on hiring a CE process consultant;
- **Section 8.2** provides resources for evaluating CE activities, including an Evaluation Menu;
- **Section 8.3** lists training opportunities and resources for building internal CE capacity; and
- **Section 8.4** lists highly recommended CE websites and online resource material.

The information in this chapter may be updated as new resources are discovered and as CIHR's experience with CE grows.

8.1 Hiring a Consultant or Facilitator to Plan your Citizen Engagement Activity

The PCE Branch is compiling a list of contractors previously employed by CIHR Institutes and Branches. The list will also note a CIHR contact person (who dealt directly with the contractor) as a reference for additional information about CIHR's experience with a given citizen engagement (CE) expert. In addition, Health Canada and the Public Health Agency of Canada have developed a request for proposals with rated requirements for a list of contractors with standing offers. The Senior Advisor, Citizen Engagement, will continue to collaborate with these organizations to share resources and highly recommended contractors.

Even with recommendations, choosing the right facilitator or process consultant can be difficult. The following sample questions for interviewing potential facilitators or process consultants are drawn from the School of the Public Service Course on Public Consultations and Citizen Engagement (2006). They are meant to help you identify whether a potential contractor has an approach, expertise, and vision that is compatible with your CE objectives.

- What do you know about the requirement we have for a facilitator?
- What do you perceive the objectives to be?
- What role do you see yourself assuming?
- What role do you see me/my team assuming?
- What process will you use?
- What methods/approaches of involvement will you use?
- What difficulties do you anticipate?
- What similar CE activities have you conducted?

- What were the results?
- What information will you need to plan your agenda?
- When will we see your proposed agenda?
- How will information be captured?
- Have you worked with simultaneous translation before?
- How will you handle disruption?
- How will you summarize your contribution?

For more information, please contact the PCE Branch at pce.pec@cihr-irsc.gc.ca.

8.2 Evaluating Your Citizen Engagement Activity

After conducting environmental scans, leading multiple planning sessions, and navigating logistical hurdles, your CE initiative is ready to begin. Congratulations! But, as noted in Chapter 3, evaluation of your CE initiative or activity shouldn't be an afterthought. Developing an evaluation plan is an excellent way to ensure that your *overall* CE plan stays on track. If your initiative is working perfectly in every way, then you deserve the satisfaction of knowing that (and if it's not, then having evaluation components in your overall CE plan will help you make the necessary adjustments to bring everything back together).⁴⁰ Evaluation enables you to:

- measure your success in meeting your CE objectives;
- identify what worked (or is working), what didn't, and why;
- refine the process (even while it's in progress);
- ensure consistent and effective practices;
- ensure efficient use of resources;
- anchor CE as legitimate to decision-making and 'public input' as valid evidence; and
- gauge citizens' awareness and understanding of CIHR.

This section provides an overview of some important considerations to help you evaluate your CE activity.

Evaluation Menu

The evaluation menu below has been adapted from Health Canada's Public Involvement Plan Template (2007), a resource guide developed by Health Canada's Healthy Environments and Consumer Safety Branch. This resource material complements Health Canada's training workshop, entitled "Public Involvement Planning for Policy, Regulatory and Program Activities." The menu provides an overview of evaluation issues to consider, such as *how* a CE activity was implemented (also known as a "process evaluation"), analyzing the *results* of the activity (also known as an "outcome evaluation"), and identifying the success indicators and data sources (evidence) for your evaluation itself.

The menu is divided into two tables, one for a Process Evaluation (Table 4), and the other for an Outcome Evaluation (Table 5). Each of the charts is further divided into four components: Topic,

What Success Looks Like, Indicators, and Evidence. The “Topic” component corresponds to the *evaluation questions* that are specific to a given CE situation (which is why the questions are not included in the chart). For example, if, as part of your evaluation, you want to ask yourself if the participants felt that the venue or CE approach was an appropriate means to gather their input, then that question would lead you to the “Participant Satisfaction” topic in the Process Evaluation chart (hint: this question has to do with *how* the activity was implemented, so it falls into the process evaluation category). The “What Success Looks Like” component of the chart gives you an idea of what the best case scenario could be, and the “Indicators” component outlines ways to know if you’ve been successful in creating that best case scenario (for example, under the “Participant Satisfaction” topic, one of the Indicators is “expectations were met.”). Finally, the “Evidence” component of the chart provides a list of data sources that should help you determine whether you’ve met the Indicators (how would you know if “expectations were met”? Through participant questionnaires, interviews, etc.). Pulling all of these elements together will provide you with an excellent starting point for evaluating your CE activity or initiative.

Table 4: Process evaluation topics and related indicators

Process Evaluation			
Topic	What Success Looks Like	Indicators	Evidence
Clear task definition and accountability	<ul style="list-style-type: none"> • A clear and common understanding of the aims, processes, and outputs is evident. • It is clear who is accountable for what. • The public involvement approach is relevant and realistic for the stage of decision-making. • The level of public involvement corresponds to the kind of output the organization expects to receive and act upon. 	<ul style="list-style-type: none"> • Clear statement of purpose, including expectations of convenors, participants, and outcomes. • Activity is appropriate to meet the intended objectives • Clear roles • Clear responsibilities • Documented decisions and rationale • Commitments/actions completed on schedule 	<ul style="list-style-type: none"> • Public involvement plan • Terms of reference • Pre-activity info package • Action plan for CE activities • Interim activity/status report • Planning meeting minutes • Final report from CE activity
Coordination	<ul style="list-style-type: none"> • Timing of new initiatives was planned to avoid stakeholder fatigue. • Advantage of other activities was taken (build from each other or coordinate/combine efforts). • CE methods, relative costs, and plans for evaluation were considered from the beginning. • How and what information is being shared with the public is identified (and planned) early in the process. 	<ul style="list-style-type: none"> • Internal and external scans to identify other relevant activities • External scan to understand public context of issue and those wanting to have influence 	<ul style="list-style-type: none"> • Action plan (include scans) • Scanning results • Report of stakeholders analysis

Process Evaluation <i>(continued)</i>			
Topic	What Success Looks Like	Indicators	Evidence
Equal Opportunity to Participate	<ul style="list-style-type: none"> Participants were provided adequate information (taking literacy levels into consideration) in order to contribute fully 	<ul style="list-style-type: none"> Participants are able to articulate values Educational materials were supplied to participants Information was provided in an accessible format Special needs were met A variety of mechanisms was used for participants to comfortably share their views 	<ul style="list-style-type: none"> Interviews with planners Interviews with observers of activities Review of information materials provided Documentation on the development of materials Agenda for activities (small group work, Q&A time) Special needs were identified (along with a means to address them) Timeframe for reading materials provided (adequate/not) Summary of complaints
Participant Satisfaction	<ul style="list-style-type: none"> Participants felt adequately prepared to contribute fully Participants understood their own roles and the role of their input <p>(Note: Participants can evaluate an activity according to any result of the CE activity that can be measured – usually derived from the guiding principles and objectives for the activity. They are the best judges as to whether their expectations were achieved.)</p>	<ul style="list-style-type: none"> Roles were clear Expectations were met Information provided was accessible Participants understood the decision-making process Participants had adequate time to share views Participants understood complex issues New capacity was developed 	<ul style="list-style-type: none"> Participant questionnaire Interviews Reports from formal observers
Representativeness	<ul style="list-style-type: none"> Participants represent a cross-section of interested and affected members of the public. The input received is balanced in terms of geography, sector, gender, culture, language, and relevant experience or expertise. 	<ul style="list-style-type: none"> Participants are representative of the interested and affected members of the public Balance of demographics Those with a stake in the issue are involved Those with an interest in the issue are involved 	<ul style="list-style-type: none"> Demographic data (polls, surveys) Info obtained from participants (questionnaire) Stakeholder analysis (CE plan) Participant list, associations represented Outreach activities Meeting minutes Methodology for identifying participants Interviews with planners

Process Evaluation <i>(continued)</i>			
Topic	What Success Looks Like	Indicators	Evidence
Adequate Resources	<ul style="list-style-type: none"> • An appropriate number of staff were involved in the activity • Internal capacity was developed as necessary (training, etc.) • Indirect time and support from colleagues/management is evident. • Participants were given enough time to prepare for the activity, and had enough time and resources during the activity to absorb information and to speak so that their ideas, perspectives, and conclusions could be as informed as possible. 	<ul style="list-style-type: none"> • Allocated funds are adequate to meet objectives • Allocated time is adequate to undertake key steps • Appropriate people have been involved in the planning process • Participants were given adequate time to share their views • Participants had access to information 	<ul style="list-style-type: none"> • Comparison of budget and expenditures • Interviews with planners • Documentation and distribution of information • Documentation of meeting special needs • Cost comparison of similar activities
Timeliness	<ul style="list-style-type: none"> • Activities coincide with public interest in the issue and reflect the degree to which the public wants to play an active role. • Public input is timely, within the organization's decision-making process, to influence decisions. • Background education, information, and learning opportunities are available to participants in a timely manner. 	<ul style="list-style-type: none"> • Timing of activity corresponds with the stage of decision-making so that input has the potential for maximum influence. • Timing of activity corresponds with interest in the issue. • Participants received information in advance. 	<ul style="list-style-type: none"> • Results of public opinion research • CE plan has been integrated into the action plan for decision making • Final report • Interview with planners
Transparency	<ul style="list-style-type: none"> • The public understands how decisions are made and how public input is integrated into the decision-making process. • Awareness and acknowledgement of those who want to influence decision-making (and how they do so) is evident. 	<ul style="list-style-type: none"> • stages of the CE process are documented • the decision-making process is openly communicated • the decision-making process is understood. 	<ul style="list-style-type: none"> • CE plan, objectives, and evaluation results • Review of information and documents provided • Communications plan for activities and final report

Table 5: Outcome evaluation topics and related indicators

Outcome Evaluation			
Topic	What Success Looks Like	Indicators	Evidence
Capacity Building	<ul style="list-style-type: none"> Participants acquire new skills. Community or citizen relationships with the organization (or each other) are strengthened. 	<ul style="list-style-type: none"> Enhanced relationship between the organization and the public The public benefits as a result of the activity 	<ul style="list-style-type: none"> Documentation of relationships developed or strengthened Media reports on impacts of participants
Influence on Decision Making	<ul style="list-style-type: none"> Decision making is influenced by the public's involvement (in accordance with the activity objectives). <p>Note: unexpected outcomes should also be noted.</p>	<ul style="list-style-type: none"> Input is evident in summaries and documents produced after activities Feedback provided to participants on the outcomes of input received Participants understood subsequent actions/activities, who had the most influence, and why. 	<ul style="list-style-type: none"> Final report of proceedings and consequences of input received Interviews with staff Minutes or videos of activities Wording used in documents created after CE activities
Learning	<ul style="list-style-type: none"> Participants and the organization were exposed to new facts, new evidence, or a new understanding. 	<ul style="list-style-type: none"> Organization learned something new Participants learned something new Participants understood trade-offs involved in the issue Lessons learned were prepared with input from participants and planners 	<ul style="list-style-type: none"> Participant questionnaire Correspondence between organization and participants Lessons-learned document

8.3 Training Opportunities and Resources

A wide variety of training opportunities and resources exist for CE. The list below provides a brief overview of some of the programs that may be of interest to CIHR staff. Please follow the web links or contact the PCE Branch (pce.pec@cihr-irsc.gc.ca) for more information.

Canada School of Public Service

The Canada School of Public Service (CSPS) offers professional development and training opportunities for members of the public service. For a complete listing of their current course offerings, visit: [http:// www.cspcs-efpc.gc.ca/cat/index-eng.asp](http://www.cspcs-efpc.gc.ca/cat/index-eng.asp). In particular, the CSPS offers CE training through two main courses:

- **Engaging and Consulting Citizens Online** (C280E) – <http://www.cspcs-efpc.gc.ca/cat/det-eng.asp?courseno=C280E>; and
- **Engaging Citizens, Partners and Stakeholders** (Z119) – <http://www.cspcs-efpc.gc.ca/cat/det-eng.asp?courseno=Z119>.

- **Fielding Graduate Institute's Dialogue, Deliberation, and Public Engagement Certificate Program**

This certificate program will help you to develop mastery by working with a scholar-practitioner model of collaborative learning and reflective practice. <http://www.fielding.edu/programs/ce/ddpe>

International Association for Public Participation (IAP2)

As noted in Chapter 1, the International Association for Public Participation (IAP2) is a highly regarded international association of members who seek to promote and improve the practice of public participation in relation to individuals, governments, institutions, and other entities that affect the public interest. It also organizes and conducts activities that include the promotion of a results-oriented research agenda and the use of research to support educational and advocacy goals.

IAP2 offers training courses that lead to certification in public participation (citizen engagement). The details of the certification program are described below.

IAP2 Certificate Program Courses

The International Association of Public Participation's Certificate Program in Public Participation is intended to provide a broad-based learning experience covering all of the foundations of public participation (citizen engagement). The courses included in the Certificate Program are the following:

1. Planning for Effective Public Participation (two-day course)
2. Effective Communications for Public Participation (one-day course)
3. Techniques for Effective Public Participation (two-day course)

Upon completion of each module, students will receive credit from IAP2 recognizing their successful completion of that module. Upon completion of all three modules, students will be awarded a Certificate in Public Participation from IAP2. For more information, please visit <http://www.iap2.org/displaycommon.cfm?an=14>. To browse through IAP2's Training Calendar, please visit <http://www.iap2.org/calendar.cfm>.

The Canadian Trainers Collective in collaboration with Dialogue Partners

The Canadian Trainers Collective and Dialogue Partners offer Dialogue Partners training courses *and* the IAP2 Certificate Program courses (provided in various locations across Canada). One of the values of Dialogue Partners is to build capacity (in citizen engagement) through "hands on knowledge transfer and mentoring." Their goal is to empower trainees to create the space for meaningful and productive engagement themselves.

For more information about the workshops and seminars offered by Dialogue Partners, please visit their training page <http://www.dialoguepartners.ca/forms/index.asp?tid=121> or contact the Canadian Trainers Collective at cdntrainerscollective@shaw.ca.

Masterful Facilitation Institute: Becoming an Inspired Facilitator

Masterful Facilitation is a learning institute to build your confidence and skill in designing and facilitating highly successful meetings. Their training courses are designed to enhance your facilitation competencies and mastery to enable groups of any size in any setting to tap their creativity and wisdom, and produce extraordinary results. The following course is highly recommended:

The Inspired Facilitator: Achieving Mastery in Engaging Organizations and Communities: This course is a “is a deep dive into the principles, theories, practices, and processes for understanding, designing, and facilitating complex group dynamics and multi-stakeholder situations.”

For more information, visit: <http://www.breakthroughsunlimited.com/inspired.pdf>.

To learn more about the Institute, visit <http://masterfulfacilitation.blogspot.com/>, or contact Myriam Laberge: 604-943-9133, info@breakthroughsunlimited.com; or Brenda Chaddock: 604-929-4290, brenda@followtheleader.ca.

Centre for Sustainable Community Development, Simon Fraser University

The Centre for Sustainable Community Development at Simon Fraser University offers a two-day workshop in stakeholder engagement and dialogue, entitled “How to Communicate, Consult, Collaborate and Co-Create in a Networked World.” This two day workshop is for senior decision-makers and experienced practitioners who want to enhance their strategic abilities and skills in co-creative stakeholder engagement. During the course, participants will acquire the skills, models and tools to effectively identify, segment, and engage stakeholders to generate mutual value, avert risk, and co-create novel solutions with increased impact. To find a course overview and information about upcoming schedules, please visit:

<http://www.sfu.ca/cscd/cli/programs.htm>.

Please note that this list of training resources is by no means exhaustive. The PCE Branch will continue to compile resources, and CIHR staff members are encouraged to share their experiences with the Senior Advisor, Citizen Engagement at pce.pec@cihr-irsc.gc.ca.

8.4 Highly Recommended Websites and Resource Guides

The following list of websites and resource guides has been compiled by the PCE Branch. CIHR staff members are encouraged to explore these resources and to add to the list by contacting the Senior Advisor, Citizen Engagement at pce.pec@cihr-irsc.gc.ca.

- International Association for Public Participation: www.iap2.org
- International Association for Public Participation Toolkit:
http://iap2.affiniscap.com/associations/4748/files/06Dec_Toolbox.pdf
- Canadian Community for Dialogue and Deliberation: www.c2d2.ca

- National Coalition for Dialogue and Deliberation: www.thataway.org
- Involve: www.involve.org.uk
- Health Canada Policy Toolkit for Public Involvement in Decision Making:
http://www.hc-sc.gc.ca/ahc-asc/pubs/_public-consult/2000decision/index-eng.php
- Canadian Policy Research Networks Handbook on Citizen Engagement: Beyond Consultation:
http://www.cprn.com/documents/49583_EN.pdf

Additional resources are also available on the shared drive of CE materials.

8.5 Conclusion

This chapter was designed to provide CIHR staff with additional information about CE resources and professional development opportunities. This information may be updated and expanded in the future, as CIHR's experience with and capacity for CE grows.

Overall, this Handbook has been designed to provide CIHR staff with a thorough introduction to the field of CE. The PCE Branch is available for advice, information, and recommendations. CIHR staff members are encouraged to discuss CE activities with the Senior Advisor, Citizen Engagement, during the early planning phase of the project, but may contact the PCE Branch at anytime throughout the CE process at pce.pec@cihr-irsc.gc.ca.

End Notes

⁴⁰ Hampton, Chris. "Developing an Evaluation Plan." Eds. Vincent T. Francisco and Bill Berkowitz. The Community Toolbox. Available online: http://ctb.ku.edu/en/tablecontents/section_1352.htm

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CIHR Knowledge Translation Tutorials, *A Guide to Researcher and Knowledge-User Collaboration in Health Research*. Available online: www.learning.cihr-irsc.gc.ca/mod/resource/view.php?id=11.

CIHR Stem Cell Oversight Committee. *Terms of Reference*. June 2008 <http://www.cihr-irsc.gc.ca/e/20410.html>

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Appendices

Appendix 1: CIHR's Guiding Principles for Citizen Engagement

Principle	Rationale	Recommended Criteria
Working with citizens will add value to the program or project.	Soliciting citizen input should be done with <i>purpose</i> —not just for consultations' sake.	Plans for CE should present a rationale for including citizens, the need for their input, and the commitment for how this input will be used in decision making.
Mutual learning/ understanding will build trust and credibility.	CIHR can learn from citizens in the same way that they can learn from us—and from each other. Understanding and valuing the views, concerns, and experiences of citizens will build trust and credibility on all sides.	CE activities should use methods that will facilitate <i>informed participation</i> and meaningful discussion. This practice will enable participants to listen to each other and build agreement.
Openness will enhance transparency and accountability.	Sharing information about CIHR's core business and decision-making processes will enable CIHR to demonstrate the value (and impact) of the taxpayer dollars that support health research.	Explanations about how decisions are made (and the information on which they are based) should be provided to citizens. CIHR staff should also be proactive in sharing information and in communicating how citizens' views were considered.
CIHR will be inclusive in its approach to citizen engagement.	Barriers that prohibit or diminish engagement with a wide range of groups do exist; recognizing and addressing them will improve the diversity of CE representation and will enhance the quality of the feedback received.	All CE activities should be designed with special attention to which citizens should be included in the process—especially affected groups and populations. Activities should also be planned to meet accessibility requirements.
Citizens will be supported to ensure their full participation.	Orientation tools and sufficient support are needed to help citizens contribute fully to the discussions and decisions being considered.	Participants should be provided with adequate (and relevant) background information, written in plain, accessible language.

Appendix 2: Characteristics of Deliberation Face-to-Face and Online

Feature	Face-to-Face	Online
Identity	In addition to physiological factors, participants are generally asked to introduce themselves as part of trust building.	Users provide as much information as user/designer wishes yr x. shared with the group.
Conversation balance	While similar discussion patterns can and do emerge, the role of the facilitator has greater force in bringing everyone into the discussion.	Conversation is driven by relatively few posters. While there is always a "main stage" for group discussion, numerous sub-conversations arise.
Timing	Participants talk to each other "live," or in real time.	Most online deliberations are asynchronous, which means participants can drop in and out of discussion at will, regardless of time.
Observation	It is difficult, although not impossible, for researchers and observers to remain unobtrusive.	Guests and researchers can observe the proceedings of online deliberation unnoticed and in very large numbers.
Attention	A high value is placed on active listening by all participants.	Reading comprehension replaces listening skills. Users must possess basic functional literacy to acquire knowledge.
Research	It is extremely difficult and cost-intensive to capture data. Substantial interpretation is often required to condense documentation.	Computer mediation renders discussion recordable, quantifiable, and interpretable.
Timeline	While many methods are extended over time, most rely upon a fixed, much shorter time frame for discussion.	Often takes place over several weeks.
Resources	A weakness is the lack of information resources to address concerns as they arise.	Users can access unique information at any time to enhance quality and content of discourse. Information can be verified in real time.
Environment	In general, participants have little influence over the shape of the physical environment.	Users can often influence the look, feel, and content of the online environments, while joining from a physically comfortable location.
Location	Participants must travel to a central, physical locale. This naturally excludes some citizens.	Ability of users to communicate is not limited to geographic constraints.

Appendix 3: Presentations and Forms for CIHR's Community Reviewers Program (Case Study 1)

The following materials and presentations have been developed by the Programs, Planning and Process Branch to help prepare each group of stakeholders for the effective and meaningful involvement of community reviewers in CIHR's peer review process. Copies of each presentation will be made available from the Partnerships and Citizen Engagement (PCE) Branch Citizen Engagement shared drive.

- PowerPoint information presentation for the program delivery coordinators and officers (contains program objectives, selection criteria, etc.)
- PowerPoint orientation presentation for the new community reviewers
- Policies and responsibilities document for Grants Committee members (emailed to all members including community reviewers prior to meeting)
- Community Reviewer Feedback Form (that community reviewers fill out after the meeting)
- Community Reviewer Observation Form
- Evaluation Questionnaire completed by chairs and deputy directors (based on community reviewers' participation at the meeting)
- One-page program overview that is emailed to the deputy directors and chairs prior to the meeting, and inserted in all committee members' folders at the meeting

Appendix 4: Material Sent to New Members Serving on Committees with the HIV/AIDS Community-Based Research Program (Case Study 2)

“Community-based research” refers to research processes that are, to various degrees, driven by or responsive to the needs and interests of a specific community. Community-based research is a form of research in which principles of community involvement and collaboration are applied using scientifically accepted research methods. The research must demonstrate direct community involvement, community relevance, equity in partnerships, and methodological rigour.

Background

In April 2004, the HIV/AIDS Community-Based Research (CBR) Program was transferred from Health Canada to the Canadian Institutes of Health Research. CIHR, led by the CIHR Institute of Infection and Immunity and supported by the CIHR Institute of Aboriginal Peoples' Health, has developed the CIHR HIV/AIDS CBR Program, which will continue to support research and capacity-building initiatives of relevance to communities engaged in the fight against HIV/AIDS.

The HIV/AIDS CBR Program funds capacity-building initiatives and research projects in two streams—Aboriginal research and general (non-Aboriginal) research.

Funding Community-Based Research

The first request for applications in the HIV/AIDS CBR Program was released in November 2004. A total of 54 applications were received—21 in the Aboriginal stream and 33 in the general stream, and a total of 26 were approved for funding.

The second launch of requests for applications in the HIV/AIDS CBR Program occurred in June 2005. A total of 35 applications were received—10 in the Aboriginal stream and 25 in the general stream; a total of 17 were approved for funding—5 in the Aboriginal stream and 12 in the general stream.

The third launch of requests for applications in the HIV/AIDS CBR Program occurred in June 2006. A total of 34 applications were received—10 in the Aboriginal stream and 24 in the general stream. Of these, 18 were approved for funding—5 in the Aboriginal stream and 13 in the general stream.

Information on current funding opportunities in the HIV/AIDS CBR Program and other areas of infection and immunity research is available on the CIHR III **Funding Opportunities page** (<http://www.research.net-recherchenet.ca/rnr16/search.do?search=true&sponsor=CIHR-10&view=browseActive&language=E&fodAgency=CIHR>).

CIHR HIV/AIDS Community-Based Research Steering Committee

The HIV/AIDS Community-based Research Steering Committee was established in June 2006 to help guide the future development of the HIV/AIDS Community-Based Research (CBR) Program and make recommendations to the CIHR HIV/AIDS Research Advisory Committee (CHARAC) and CIHR regarding future community-based research requests for applications. This committee will help to guide the program and ensure the goals of the HIV/AIDS CBR program are supported by appropriate policies and programs.

Community-Based Research Facilitators

A unique component of the HIV/AIDS Community-based Research Program is the Community-Based Research Facilitators (CBRF) grants. CBRF grants are intended to build capacity for HIV/AIDS community-based research in a particular region by providing funds to community organizations to support a CBRF and his or her activities. CBRFs work with organizations within their region to identify, plan, and deliver HIV/AIDS CBR training and assistance. CBRFs are supported by both the general and the Aboriginal funding streams and can be contacted regarding the development of CBR research projects, establishing relationships with other researchers, and other issues relevant to CBR.

