

CEAN Fall Forum 2016

VCH's Future Engagement Strategy



Community Engagement Advisory Network Forum
Saturday November 5th, 2016
Creekside Community Centre, Vancouver, BC
Report prepared by: VCH Community Engagement

Introduction

“VCH’s Future Engagement Strategy” was the theme for the Fall Forum 2016. It gave the Community Engagement Team and VCH leadership an opportunity to better understand what the public wants to see from VCH in terms of involving them in our decision-making.

As one of the pioneers in patient and public engagement in the country and the home of the Community Engagement Advisory Network (CEAN), Vancouver Coastal Health has a lot to be proud of when it comes to community engagement. But as the demand for engagement grows, both from inside the organization and the public, CEAN members were invited to help us take a critical look at how we do engagement and how we can “up our game.”

One Word

We asked forum attendees to write down one word that they would like to see associated with the future of community engagement at VCH. Themes of inclusion, communication and collaboration were the most common. The word cloud to the right was generated from words that were shared.



Greetings from Clay Adams, Vice President, Communications & Public Affairs

In the Spring of 2016, VCH's Community Engagement Team moved from Patient Safety, Quality & Infection Control to new leadership under Clay Adams as part of the Communications & Public Affairs team. Clay spoke about the synergies he sees between Community Engagement and Communications, and looks forward to the teams working together more closely.

Clay presented the 2016 IAP2 Core Values Award to the members of the Advance Care Planning team. The Advance Care Planning program, created and delivered by members of CEAN: Barbara Greenlaw, Karen Sanderson, Pat Porterfield, Katherine Tam, Caron Hawrychuk and Marisa Ku, won in the category of “Engagement For the Greater Good.” “IAP2, in announcing this award, said the work of the CEAN members was ‘unique’ in having volunteers lead such a program and commended VCH for having volunteers engage people in a conversation about advance care planning rather than the more traditional print and other one-way communication approaches.” Clay congratulated the winners and thanked them, and all CEANs, for their contributions to VCH.



The members of the CEAN Advance Care Planning program - Caron Hawrychuk, Pat Porterfield, Katherine Tam, Marisa Ku & Barbara Greenlaw (pictured with CEAN Coordinator Saori Yamamoto) celebrate their IAP2 Award (missing from photos is Karen Sanderson)

Presentation by Mary Ackenhusen, President and CEO, Vancouver Coastal Health

Mary began her presentation outlining some of the key challenges facing Vancouver Coastal Health now and in the coming years. With an aging population, significant increase in the amount being spent to treat chronic conditions and increasing costs related to technology, VCH faces a 6% growth in expenses each year. In contrast, government can only afford a 2% increase per year. This puts the onus on health authorities to, “up our game” and change the way care is delivered in order to meet demand.



VCH CEO Mary Ackenhusen speaks to CEAN Members about the future of healthcare at the forum

Mary described the traditional, “bricks and mortar” approach to healthcare, where care is delivered in facilities at a high cost. In order to ensure sustainability, Mary said, VCH needs to move care into the community and keep people well at home. Mary also referenced several examples of how innovative technologies like “big data” will allow healthcare providers to improve and streamline care. Given the imperative to change and evolve in order to ensure sustainability, the question becomes: how to successfully move away from the status quo system that we are very invested in? Mary sees this as the critical place for citizens to participate.

While Mary gratefully acknowledged the contribution of CEAN, she spoke to the need to hear from more voices in our engagement work. Giving the example of My Health, My Community, which developed a database of thousands of VCH residents, she spoke to her vision of a database that would allow us to engage every patient on topics of interest to them, based upon their demographics and identified areas of interest. Hearing from every voice, including dissenting or harder-to-reach voices, is Mary’s vision for the future of engagement at VCH.

PART ONE

Current State: SWOT analysis

The theme of the forum was “VCH’s future engagement strategy.” The purpose of the day was to identify key priority areas from a patient/public perspective for strengthening the way VCH engages the public. The outcome of this discussion was intended to inform the development Community Engagement’s strategic plan.

The morning conversation was structured using a SWOT analysis. SWOT is an acronym for “Strengths, Weaknesses, Opportunities and Threats.” It’s a simple way of identifying all the things that will help or hinder an organization’s ability to meet its goals.

Belinda Boyd, from VCH Community Engagement Team began with a brief presentation about the current state of community engagement at VCH (see appendix). CEANs then had the opportunity in small groups to brainstorm the strengths, weaknesses, opportunities and threats facing community engagement. These conversations were led by CEAN members acting as peer facilitators. The following is a summary of themes that were captured. For full notes, please see appendices.



CEAN Members Stephens Qiu, Johanna Trimble, Andy Birch, Hamid Ghanbari, Kyle Warkentin, & Genevieve Heard and VCH's Director of Innovation and Evaluation Janet Joy (in yellow)

Strengths: What are we already doing well that we could build upon?

- The existing CEAN membership is well-informed, diverse, committed and provides excellent peer support for one another.
- The Community Engagement staff is dedicated, knowledgeable and supportive.
- VCH has a history of community engagement and supportive leadership, which lends credibility to the process.
- VCH empowers people with lived-experience through peer programming.
- Community Engagement has strong communication channels with which to reach out to the public.
- There are a variety of channels for the public to engage with VCH, e.g. surveys, forums, etc.

Weaknesses: What are we doing now that we could improve?

- Youth engagement.
- Communication with families and caregivers to bring their voices in and enable participation.
- Limited access to funding for patient advisors to attend conferences.
- There needs to be more CEAN members and more Community Engagement staff to support CEAN members.
- Introduce more contemporary engagement methods, but without losing in-person engagement.

Opportunities: What are we not doing now that we could be doing?

- Involving the public proactively, earlier in the planning process.
- Using technology to reach out to a wider audience.
- Communicating opportunities for engagement more effectively to reduce confusion and increase participation.
- Providing opportunities for CEAN members to attend conferences as patient advisors.
- Expanding the diversity of CEAN.
- Empowering the public's ideas and supporting their projects.
- Ensuring follow up after engagement.

Threats: What could hinder our ability to do good community engagement?

- Tokenism.
- Organizational reluctance.
 - Dismissive view of the public's ideas and concerns.
 - Lack of resources and increasing volume of demand.
 - Lack of understanding of engagement and how to effectively use CEAN members.
- Limited time for members of the public to participate as volunteers. Fatigue and burnout among CEAN members.

Priority setting: “Dot the SWOT” dotmocracy exercise

Following the SWOT brainstorm, attendees then had the opportunity to identify eight issues that they felt should be prioritized for action. Participants reviewed the strengths, weaknesses, opportunities and threats, and then identified the two top issues for each using sticky-dots. These priority issues were then grouped into 8 themes for discussion in the afternoon workshop.

Priority 1: Involve the public earlier in the decision-making process

Priority 2: Use technology to enhance engagement

Priority 3: Build upon the existing strengths of the Community Engagement Team

Priority 4: Increase the diversity of the voices we hear from

Priority 5: Get patient advisors at the right tables, e.g. conferences

Priority 6: Prevent tokenism

Priority 7: Improve communication to raise awareness of CE inside VCH and among the public

Priority 8: Youth engagement



CEAN member Kyle Warkentin contributing his one word for the future of engagement in healthcare.



CEAN Member John Con facilitating a discussion with CEAN & PVN members Anthony Kupferschmidt, Jeff Jones, Elysha Cohen, Geoff Cowman, Paul Choisil, Susan Inman and Coastal COO Karin Olson on CE's weaknesses during the SWOT exercise

PART TWO

Future State Workshop

The objective of the afternoon workshop was to examine the eight priority issues identified through the SWOT analysis, describe an ideal future state for each, and outline ways that VCH might make that vision a reality. The eight priority issues were put forward and participants could select two to participate in small group discussion. Despite the diversity of the priority areas being discussed, a few common themes emerged across priority areas which were drawn out following the event. For full notes of the conversations, please see appendices.

1. More voices



Patient Voices Network member Sarah Hamilton “dotting the SWOT”

The need to hear from a greater number and a broader diversity of people in our engagement processes was a common theme throughout the day’s conversation. Youth were mentioned a number of times as a group that needed special attention to engage. Ethno-cultural communities that may require communication in languages other than English and more vulnerable populations like those who are homeless or those with mental health concerns were also mentioned as priority groups.

Web-based technology was frequently mentioned as a key tool for increasing the reach of our engagement and enabling participation among those who may face barriers because of distance or time. Social media, vch.ca and e-newsletters were mentioned as means of promoting engagement opportunities to the public. Engaging people directly or promoting engagement opportunities at the point-of-care was mentioned a few times as an important opportunity.

2. More influence

CEANs are eager to be seen as true partners of the health system and have greater influence in decisions inside VCH. Being involved earlier in the decision-making process and moving up the IAP2 spectrum of engagement away from mere consultation towards greater involvement were seen as very important for increasing the ability of the public to influence decisions.

“Tokenism” was mentioned a few times as an issue that needed to be addressed. Merriam-Webster defines tokenism as: “The practice of doing something (such as hiring a person who belongs to a minority group) only to prevent criticism and

to·ken·ism

“People appear to be given a voice, but in fact have little or no choice about what they do or how they participate”

Definition adapted from
https://www.unicef-irc.org/publications/pdf/childrens_participati_on.pdf

give the appearance that people are being treated fairly.” Ensuring an adequate number of patient representatives on committees and creating a patient/family engagement policy were seen as two strategies for preventing tokenism.

Education for staff, physicians and health science students was mentioned a number of times as a means of advancing the way that the public is involved in VCH decisions. Education on WHEN to do engagement, on the IAP2 levels of engagement, and how not to be tokenistic in engagement processes were all brought forward. Funding to support CEAN members attendance at conferences was also mentioned as a way to educate health professionals and leaders by exposing them to the value of patient voice.

3. More capacity



Saori Yamamoto and CEAN member Zarina Sajoo are all smiles at the forum!

The challenge of VCH’s current capacity to do engagement was not lost on CEANs. The need for more Community Engagement staff to support CEAN members and VCH staff was mentioned a number of times. However, CEANs did bring forward a number of suggestions for ways to increase CE’s capacity without additional staffing. Collaboration with other government and non-profit organizations was commonly mentioned, particularly in regards to sharing technology costs, avoiding duplication of engagement efforts and facilitating access to harder-to-reach populations. Utilizing CEANs to recruit other CEAN members and capitalizing on student practicum/co-op placements were also mentioned a number of times as a means of increasing capacity without additional staffing.

The Community Engagement Team will be meeting in the coming weeks to develop a strategic plan for the coming year. The CE team will go through its own SWOT analysis and priority setting process using the ideas and comments put forward during the forum. Once completed, the strategic plan will be sent to CEANs, along with a brief report on which CEAN suggestions we were able to incorporate, and which ones we weren’t and why.

CEAN Website Feedback

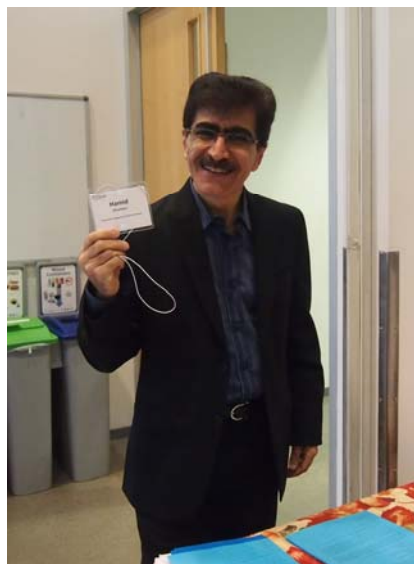
The new CEAN website has been operational for five months and so CEANs were asked to provide some feedback. Comments included the following:

- Many CEANs had visited new site
- Suggested that the site include background document on community engagement as a practice so CEANs can learn more and promote community engagement
- White lettering on a coloured background is impossible for some to read
- Blue font is difficult to read

- Committee application is awkward because you can't review what you've written – use text paragraph boxes
- Conduct a more formal usability practice evaluation

Saori will take all comments and make improvements to the site to improve its usability. Thank you for your feedback!

Forum Evaluation



CEAN member Hamid Ghanbari getting ready to start the day

Forum attendees completed an evaluation which indicated an overall high level of satisfaction for the event. The opportunity to hear and speak with the CEO and other Senior Leaders was mentioned as a highlight, as was the opportunity to network with other CEANs throughout the day.

When asked what they liked about the workshop, some of the responses included:

"Always great to have an organization listen!"

"Very interactive & not just for the sake of it – it seemed to have a point and be relevant"

"Good example of reflective practice – evaluate what you do."

"Great event – very collaborative and collegial"

We also asked participants to let us know what could have improved the event. Here's what we heard:

"More time for questions and answers for executive team"

"It would be great to have more senior CEAN volunteers to play a more active role in the events."

"Less content but more time to focus on each. It was a bit rushed!"

"Better acoustics."

Thank you for your feedback. We will take your suggestions and comments into consideration as we plan our next forum.

Thanks again to all the CEANs who joined us for the day. We left feeling energized and excited about the future of our work. We always enjoy the opportunity to connect with you and look forward to sharing our strategic plan with you in the weeks to come.

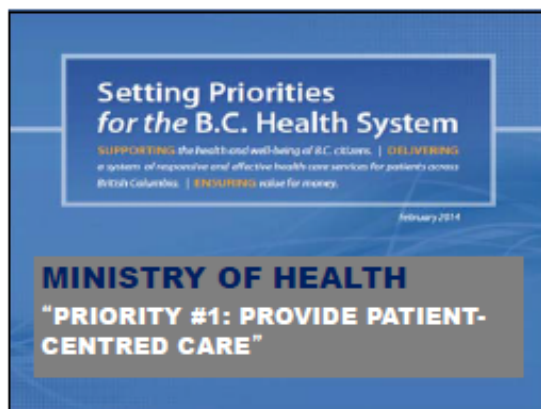
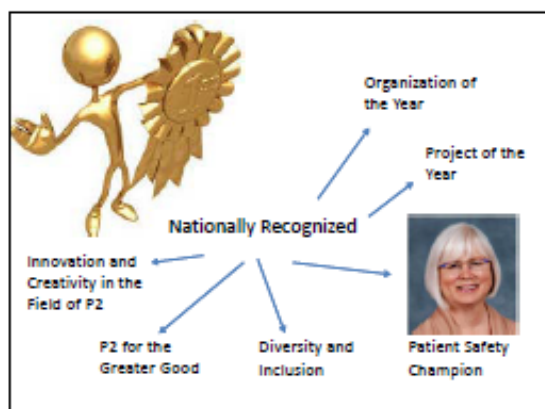
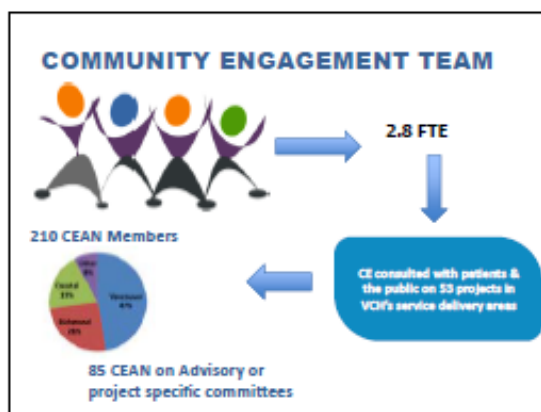
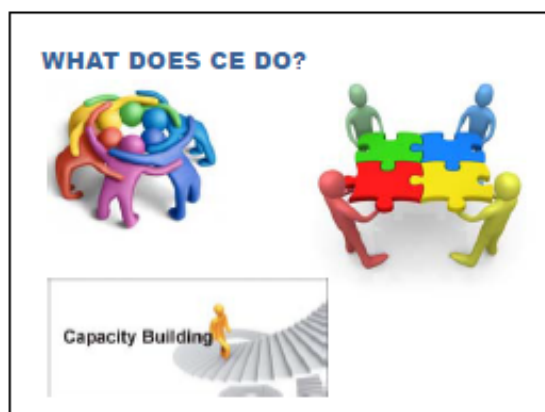
See you next year!
The CE Team

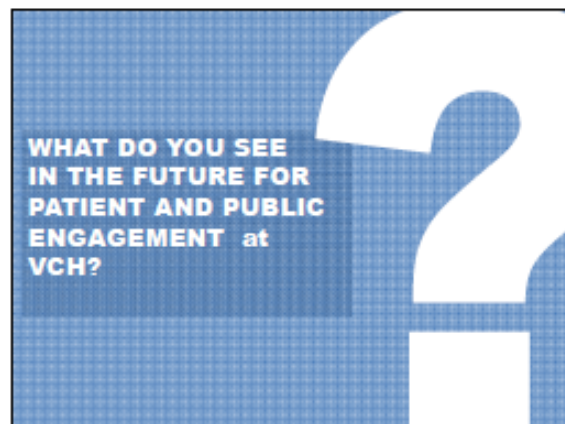
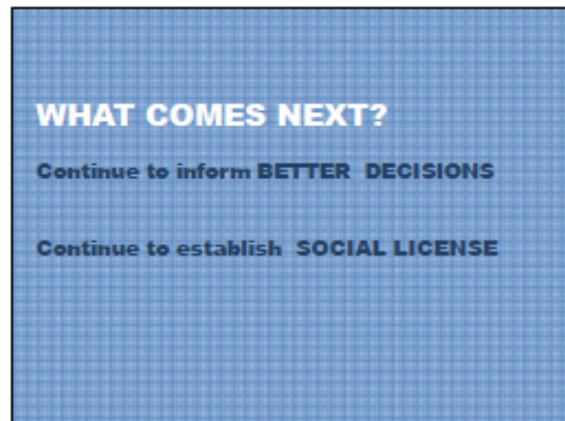


CEAN members Ella Rafii, Caron Hawrychuk and Eva Wadolna at a table with VCH Director Janet Joy and VCH Board member Margaret MacDiarmid

Appendices

Presentation on Current State of CE – Belinda Boyd





Notes: SWOT Analysis

Strengths

- Variety of engagement (people, organizations, topics) (2 dots)
- Recognition of the power of patients voice and input (10 dots)
- Engaging key decision makers – government, health authorities (2 dots)
- Core group of committed members
- Variety of channels and forums – today, online tools, brainstorming, surveys
- Richmond Advisory Group structure
- CEAN staff – available, knowledge, friendly (9 dots)
- Matching skills with opportunities (1 dot)
- Communicating national opportunities
- CEAN – many opportunities available (1 dot)
- Advisory committee and participation (6 dots)
- Focused staff support for members (EGACP) (1 dot)

- Credibility; history earned over time (5 dots)
- Staff - CE
- Accommodating – making it easy to join CEAN (1 dot)
- Encouraging donations – persons, organizations
- Mutual peer support within CEAN
- Forward thinking – good model base of other provinces/communities
- Awards -> seeking them out, winning– this increases credibility! Increases capacity to make impact
- Reaching out to the public (1 dot)
- Good public engagement at inception of projects
- Devoted leaders (3 dots)
- Transparency (1 dot)
- Good work with advanced care planning (1 dot)
- Open to new ideas
- Dedicated volunteers and well informed (7 dots)
- Patient safety issues – accurate identification of FACT
- Diversity – members -> other groups -> broad experience (5 dots)
- Courage to make good improvements (4 dots)
- Internet presence
- Problem solving
- Peer program (3 dots)
- Listening to the public
- Mechanism to connect
- Well advertised within VCH (2 dots)
- Patient voice
- Actually implementing actions/initiatives (2 dots)
- Written communication (1 dot)
- 811 (1 dot)
- Smartfund -funding for community work (1 dot)
- Hospital committees
- Community engagement > academic community and medical community
- My Community survey (1 dot)

Weaknesses

- Youth Engagement and more contemporary methods of engagement (7 dots)
- Health care beyond 4 walls of hospital (1 dot)
- How to keep people in homes with healthcare (9 dots)
- How to best communicate with public on how or when to use acute care services (2 dots)
- Failing to establish communication with caregivers and with family who have severe mental health and addiction issues and vulnerable adults (4 dots)
- Need different communication methods with different groups (5 dots)
- A need to ask population for feedback (1 dot)
- Expand better approach to communicate with people and families with dementia and their caregivers (4 dots)
- Need to reach out to the healthy public e.g. need for flu shot – VCH needs to communicate and educate the healthy; VCH is too focused in illness rather than keeping people healthy (1 dot)
- Need to clarify public issues vs treatment of illness
- There is no financial incentive to stay healthy (1 dot)
- More reactive via health instead of proactive (7 dots)
- Inability to fund participation for CEAN members to attend conferences (5 dots)
- Focus on allopathic not considering other healing options (Traditional Chinese Medicine, etc) (2 dots)
- Lack of electronic health record that can be shared with health providers – needs also move with patients and secure (4 dots)
- Not enough CEAN members and not enough (FTEs) staff to support CEAN members (5 dots)
- Incentive to youth to establish life-long health habits (2 dots)

- Provide formats of communication that support families and caregivers when caregivers are being engaged, like respite programs (1 dot)
- Too much high-tech; more direct public engagement needed (6 dots)
- Need more drug education rather than developing more safe injection sites (1 dot)
- CE to advocate for more funding (1 dot)
- CE to advocate for more resources for youth MH issues
- Inconsistent approach for not-for-profit organizations related to health (1 dot)

Opportunities

- Proactive recruitment (2 dots)
- Involve in planning sooner and act quickly (9 dots)
- Piggy back other groups/initiatives
- Use technology to engage and reach out – reach all patients/caregivers/family (6 dots)
- Decentralize communication – share reports more widely/easy to find
- Establish situations where there are opportunities (be specific)
- Reduce community confusion (how to get involved, PVNs vs CEANs vs other); use common search terms/plain language; Is community engagement the right term? (7 dots)
- Voice at the right table; profession specific conferences (7 dots)
- Collaboration between players (CE, wider) (4 dots)
- Widen diversity; focus and gather existing energy
- Use other professions experience with CE e.g. community planners
- Empower member involvement and ideas; partner with community to support their projects (7 dots)
- Encourage transparency (1 dot)
- Cater to those without support network (1 dot)
- Multicultural and multi-language (4 dots)
- Improve communication outcomes by training including family/caregiver perspective (2 dots)
- Streamline communication with patient including using technology (8 dots)
- Ensure feedback and follow up after engagement (8 dots)

Threats

- Adopting foreign models not appropriate for Canadian context of CE (1 dot)
- Public voices seen as threat/irrelevant (2 dots)
- Lack of recognition of patient educators (3 dots)
- Tokensim (7 dots)
- Lack of continuity of ongoing process
- Fatigue and burnout (2 dots)
- Misinformation leading to lack of engagement (3 dots)
- Poorly designed process (6 dots)
- Quality of executive team (lip service) if confusion of commitment of executive team (4 dots)
- Inability to prioritize, to access capacity of system for change (4 dots)
- Lack of funding for CE (4 dots)
- Systemic discrimination; missing target population (8 dots)
- Lack of mechanism to engage and collaborate (9 dots)
- Dismissive attitude (2 dots)
- Lack of time to involved (2 dots)
- Lack of understanding of how to utilize CEAN members (4 dots)
- Staying in our comfort zone (2 dots)
- Lack of digital connectivity (1 dot)
- Volume of demands (2 dots)

Notes: Afternoon Workshop

Priority 1: Involve the public earlier in the decision-making process

- Example of what not to do: Sechelt res care decision followed by an “inform” level open house.
- Involving earlier prevents tokenism
- Greater transparency of decisions being made and how much influence the public can have over the decision
- Identify at the outset where the public can participate and where they can add value
- Do more invitation-based engagement, e.g. reference groups, rather than open call which can be dominated by people with agendas. Involve representatives from community organizations.
- VCH staff and leaders need education on WHEN and how to do engagement.
- VCH needs to do a better job of advertising engagement opportunities. Maybe do promotion at point of care.
- Leadership in VCH needs to be less prescriptive of what needs to happen within an initiative and give management greater freedom to involve the public in the formative stages.
- Engage patients and frontline staff while they are in care, e.g. Releasing Time to Care

Priority 2: Using technology to enhance our engagement

- Tech could be used to broadcast messages to the right group
- CEAN needs a social media presence
- VCH is a reliable source of information online
- iPad based patient surveys, e.g. one completed at DCHC through 2nd Generation Strategy, provide an incentive to participate. Asked about satisfaction with services and ideas for change/improvement
- Telephone surveys, e.g. follow up after care
- “Kiosk” satisfaction surveys, e.g. a happy face/frowny face satisfaction survey on an iPad outside a washroom
- Collate responses from all satisfaction surveys across the organization to develop a picture of overall satisfaction
- Make all engagement mobile friendly
- Video conferencing to enable participation in face-to-face engagement. Even phone conferencing, Skype, WebX
- WiFi at VCH sites is an important enabler for participation
- Need to have education available on how to use the technology for participation. Could CEAN members lead this education?
- Like the idea Mary described of a database that could tailor/target messages and surveys.
- Online engagement would reduce the costs of engagement
- Would like to see a more tailored experience of vch.ca – maybe using an app or analytics
- Use vch.ca to promote engagement opportunities

Priority 3: Build on the existing strength of the Community Engagement Team

- “Young CEANers” – a subgroup within the existing CEAN structure. Maybe create other subgroups like seniors subgroup or mental health subgroup
- Consider a youth coordinator role
- Create a mentorship role for senior or more experienced CEAN members

- CE needs more staff
- Better connectivity through social media
- Use Volunteers rather than increase FTE
- Take advantage of internships with university students to help build platforms
- Tap into Computer Science students with conjunction with other students – cross curriculum
- Seek out potential donors to sponsor CE related projects
- Market CE CEAN to research institutions/academic partners to generate grants
- Go straight to research institutes like CIHR
- Tap into information that some organizations (e.g. City of Vancouver) are already collecting
- Philosopher's Café @ SFU – tap into their advertising
- Continue with things we are already doing, e.g. extending contracts for DTES peer advisors
- Streamline processes to avoid draining some of our current resources – reduce overhead costs. Need to improve efficiency
- Confidentiality, privacy processes are acting as a barrier
- Use more web-based applications to do things like focus groups, e.g. WebX
- Ability to collect data on an ongoing basis (use more than one method)
- Cross collaboration with other organizations saves resources and avoids duplication
- Take advantage of direct communication capabilities (e.g. smart phones), CEAN apps, push notifications, Twitter, Snapchat, Youtube (CEAN moments)
- Take advantage of every platform

Priority 4: Increase the diversity of voices we hear from

- Vision for the future: The voices we hear from are accurately representative
- Capturing the middle age demographic between youth and senior – the “sandwich” generation
- Increased engagement with the mental health community
- Increased engagement to more vulnerable populations (e.g. homeless) who may not have access to computers, etc.
- Language barriers
- How? Start by listening to target groups and identifying different tactics
- Combination of approaches, e.g. online, paper, etc)
- Ask people where they get their information from
- Ask every person that comes in contact with VCH to see if they are interested in participating in an ongoing way. E.g. when asking patients a list of health questions, ask if they'd like to be involved
- Use community agencies and organizations as a proxy
- Organizations can tell their clients about CEAN
- Share CEAN materials at community centres, libraries, doctors offices, etc.
- Target groups missing through these organizations
- Have CEAN materials available in other languages
- Utilize CEAN members for translation
- Connect with organizations HR departments to share materials, re: CEAN/CE opportunities, helps to reach “sandwich generation”
- Repeated exposure in different formats
- Connect with student learners to inform them early about community needs and importance of patient voice, e.g. University Alumni Assoc.
- Utilize current CEANs to recruit and promote, create business-size cards re: cE
- Tap into Health Mentor groups – have presentations from CEAN members

- Building on success of how recruitment has worked in the past – how did current CEANs learn about CE/get involved?
- Ask other groups how they recruit people
- Tap into volunteers to help e.g. workshops, presentations
- Need ways to reach people without email/computer access

Priority 5: Getting patient advisors at the right tables, e.g. conferences

- Budget for patient engagement!!!!
- More online opportunities to engage patients ie. Video, web, phone
- Face to face is still important. Keep the personal touch
- Cost of technology? Collaborate with other community partners
- Many different options
- CE Team advocate for more conference spots for the health authority
- Webinar has limitations, but some prefer personal.
- Find sponsorship within VCH for public to attend conferences, e.g. drug companies
- VCH Sponsor – build participation into project budget.

Priority 6: Prevent tokenism

- Let's address existing tokenism
- Ensure an adequate number of patient representatives
- Provide education for staff on how not to be tokenistic – educate on what patient can bring and what is tokenism
- More collaboration
- Operationalize engagement strategies 1) Patient liaison after hrs 2) Reflection questions for advisor
- What level on the spectrum of engagement did we achieve?
- More education for staff on IAP2 levels and what each level can achieve
- What did you hear that was new and you liked
- Don't discount inform and consult levels
- Be accountable to the patient advisor and public
- Staff engagement
- Provide the same information to all committee members
- Provide a sample script for people working with advisors
- Receive feedback from CE and patient advisors on how they felt the process was.
- Promote engagement to all:
 - Patients
 - Families
 - Staff
 - Physicians
 - Allied Health
 - Clinicians
- Create a patient/family engagement policy.

Priority 7: Communication to raise awareness of CE inside VCH and among the public

Ideal future –

- Staff aware of the benefits of PPE – give examples of what has occurred in the past. People that are engaged know the purpose. Policy makes PPE mandatory for every initiative.

How –

- create this resource for staff
- Provide IAP2 spectrum of engagement for staff
- Training for staff/physicians
- Signage/promotion to encourage involvement in decision-making
- Media involvement to promote CEAN
- Social media highlighting the achievements of CEAN
- Use photos to create promo video
- Tap into VCH Communications resources to market CE and CEAN
- Board member – CEAN visually demonstrating the influence of CEAN
- Newsletter – electronic to broaden audiences highlighting CE and CEAN achievement
- Clarity of purpose
- Package of information for new managers
- Education platform for early introduction of PPE
- Radicalize to normalize
- Reward structure to use PPE for staff/physicians (e.g. Pro D credits)
- Engage patients at various levels

Priority 8: Youth Engagement

Ideal future:

- full spectrum of youth engaged from primary to young adult
- Acknowledge diversity of needs, health and otherwise
- They want to be involved!
- If you want your voice heard – start talking
- Many opportunities to influence issues that impact youth

How:

- Use of technology
- Use apps, Twitter, social media, Snapchat to draw youth into process
- Apps to support youth developed by youth – crisis situations, health care needs
- They have an impact- demonstrate to youth and others that their voice has impact
- Use partnerships to connect to youth
- Create these opportunities
- CEAN as an official volunteer opportunity on university lists

Ideal future:

- Dialogues on topics of interest to youth
- Youth involved in large numbers

How:

- More opportunities to influence decisions
- Young CEANer group with mentors with specific groups and issues of focus
- Age limit of 25 years
- Incentive to participate like honoraria and gifts
- Make it interesting and fun
- CEAN peer groups embedded in schools, e.g. BLUSH?
- Scholarships to CEAN youth for years of service?
- Engage them to develop supports for youth to provided needed health, mental, physical supports to them

- Chat functions – online community of youth to provide ongoing feedback

Evaluation Form Summary

CEAN Fall Forum 2016 Evaluation Summary

Date: November 5, 2016

Location: Creekside Community Centre

Thank you for attending the 2016 CEAN Fall forum. We want to hear about your experience so please share your honest feedback with us.

Total # of evaluations received: 28

Participant Breakdown:

of CEANs: 18

of CEANs/PVNs: 8

Member of Consumer Advisory Committee: 2 (as well as CEAN)

Member of PVN: 2

Level of satisfaction with the following (on a scale of 1 – 5):

VERY LOW

NO OPINION

VERY HIGH

	1	2	3	4	5
Topic discussed			1	7	19
Facilitation				8	20
Information provided			1	14	13
Opportunity for discussion				5	23
Length of event				14	14
My views were respected and listened to				7	21

What did you like about this event?

- The brainstorming sessions with the “dotmocracy” approach for excellent, thought provoking questions
- A nice small group! Very friendly
- Good location; just perfect for interaction
- Having executive team members involved
- Overall it was a worthwhile forum
- I felt like my views and opinions were taken seriously. I felt that the event was well organized, and ran smoothly
- Very interactive & not just for the sake of it – it seemed to have a point and be relevant
- The engagement and feeling heard and respected
- The variety of different people of varied skill

- Opportunity to meet new people and share ideas
- Good example of reflective practice – evaluate what you do
- Good room, facility and access to public transit
- A timely topic
- Lots of discussion
- Well organized, caring staff, allowing to stay in touch with others in person!
- Interactive
- Informative
- Staff well organized
- Well located
- Wifi Access
- Networking
- Ask for our input on the running of CEAN
- The pacing – which kept adjusting to what was actually happening in the room
- Simply the opportunity to participate
- Always great to have an organization listen!
- Very well organized & generally sticking to the time frames on the schedule
- Workshop format
- Great event – very collaborative and collegial
- The collaboration among like-minded people
- I found the event to be very informative and I liked hearing other members ideas and feedback
- Topics were good and people's commitment
- Meeting other CEAN members
- Feeling valued and empowered
- Getting new information about VCH & CEAN
- All the interaction
- Discussion and feedback on important CEAN topics in the afternoon

What are one or two things that would have improved this event?

- I'm hard—pressed to say – I enjoyed it even more than last year's forum
- More choices on food
- More time for questions and answers for executive team
- It would be great to have more senior CEAN volunteers to play a more active role in the events
- The room echoed a bit much for having multiple group conversations
- It was a little hard to sit the whole time (but I have ADD and am not medicated for it)
- Maybe not so early on a Saturday
- Maybe more speakers on subjects of interest
- Q&A with Clay Adams too
- Further discussion of past events
- Better acoustics
- No need to read out each topic
- Always could improve time limit
- Appreciating and communicating the importance of tokenism in CE
- Everything was great – but the food especially the wraps – it would have helped if they were labelled so you knew what you were eating
- Less content but more time to focus on each. It was a bit rushed!
- Maybe have a short presentation about their CEAN experience by a member

Do you have any additional suggestions or comments?

- Thank you for another inspiring groundswell of events!
- Thank you for the opportunity
- Thank you for giving me the opportunity to participate
- Keep up the good work!
- Thank you for inviting me to participate today!
- I enjoyed it thank you!
- Thank you to the CE staff. I know it has been an action packed year. All the best with future P2 events!
- Thank you for the opportunities!
- Could we please have feedback & follow up on this event
- Suggestions made at the forum were really helpful to promoting CEAN and the website
- On the website: link to any documents that could help us become more effective patient/caregiver advocates
- Inform how PVN and CEAN work together
- Great job!
- Getting more young people involved and attend the forum
- Maybe look at a venue that has free parking attached
- Do more events like this
- Keep up the good work!