



## The value of frameworks as knowledge translation mechanisms to guide community participation practice in Ontario CHCs



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### ABSTRACT

The community participation literature has produced numerous frameworks to guide practice and evaluation of community participation strategies in the health sector. These frameworks are useful starting points for differentiating the approaches for involving people in planning and decision-making for health services, but have been critiqued for being too generic and ignoring that community participation is highly contextual and situational. Health service organizations across Canada and internationally have begun to respond to address this limitation by developing more context-specific community participation frameworks; however, such frameworks do not exist for Ontario Community Health Centres (CHCs)—local primary health care organizations with a mandate to engage marginalized groups in planning and decision-making for health services. We conducted a series of focus groups with staff members from four Ontario CHCs to: (1) examine the factors that would influence their use of a generic framework for community participation with marginalized populations; and (2) improve the “context-specificity” of this framework, to enhance its relevance to CHCs. Participants described the difficulty of organizing the contextual, multi-faceted and situational process of community participation that they experienced with marginalized populations into a single framework, which led them to question the value of using frameworks as a resource for guiding the design, implementation and evaluation of their community participation initiatives. Instead, participants revealed that tacit knowledge, in the form of professional and personal experience and local knowledge of a marginalized population, had a greater influence on guiding participation activities in Ontario CHCs. Our findings suggest that tacit knowledge is an essential feature of community participation practice and requires further exploration regarding its role in the community participation field.

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### 1. Background and rationale

Community Health Centres (CHCs) in Ontario are local primary health care organizations that provide programs and services to

marginalized populations. For CHCs, community participation is argued to be at the very core of every program, service, or initiative. Moreover, CHCs are mandated to engage marginalized groups in planning and decision making for health services and programs. CHCs are also governed by community boards that include members of marginalized populations. Community boards provide a mechanism for CHCs to be responsive to the needs of diverse marginalized populations. Most CHCs, however, do not have a

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framework in place to guide the design, implementation and evaluation of their community participation initiatives.

The literature on community participation in health service planning and decision-making includes numerous frameworks to guide practice and evaluation. These frameworks, derived from research evidence on community participation, are useful starting points for differentiating the approaches and extent of people's involvement in planning for and decision-making about their health care. Two well-known frameworks frequently cited in the community participation literature include those of Sherry Arnstein (1969) and Susan Rifkin (1986). Despite being several decades old, Arnstein's (1969) ladder of participation still draws considerable attention in the public participation literature. The ladder depicts citizen participation along a continuum. Each level represents a different degree of control that citizens should have in a planning or decision-making process, which influences the approach that is used. Essentially, the higher the rung on the "ladder," the more that full citizen engagement (i.e., through citizen control) is achieved. Since Arnstein, there has been a shift towards understanding participation in terms of the empowerment of individuals and communities to make decisions about their own health. Rifkin's typology of community participation has gained popularity in the health promotion and disease prevention fields. Rifkin (1986) characterizes three approaches that health planners use to define community participation based on different assumptions about the effective ways that decision making can improve a population's health and the role of individuals and communities in the decision-making process.

Scholars have critiqued both frameworks for being generic and ignoring contextual and situational aspects of community participation (Abelson, 2001; Campbell and McLean, 2002; Cornwall, 2008; Draper et al., 2010; Kenny et al., 2013; Tritter and McCallum, 2006). Furthermore, the application of these frameworks in different contexts and with different users has demonstrated that the search for a "gold standard" framework for community participation that can be replicated across different contexts is neither realistic nor appropriate (Draper et al., 2010; Tritter and McCallum, 2006). The limitations in adapting these frameworks to different contexts and populations, pose challenges to practitioners in determining how their initiatives should be designed and the core features that make up a community participation process.

A plethora of community participation frameworks have been developed by health service organizations across Canada and internationally (e.g., regional health authorities and public health units across Canada, and Local Health Districts in Australia, among others) that contextualize community participation to their specific goals for engagement. However, it is unknown how a given community participation framework is adapted by a health service organization. In this study, we examine the prospects for CHCs to adapt a community participation framework to guide the design and implementation of community participation initiatives within their CHC. A draft generic community participation framework was shared with staff members in focus groups from four Ontario CHCs. Participants were asked to examine the elements of the draft framework for community participation with marginalized populations to understand the factors that would influence their attitudes towards adopting such a framework. The draft framework was informed by preliminary findings from a systematic review of the community participation literature with a focus on marginalized populations. The findings from this review provided key insights about the barriers to engaging marginalized populations, and how to design effective participation strategies to address these challenges (Montesanti, 2013, p. 23). Community participation with marginalized populations is described in the scholarly literature as

involving a process that empowers marginalized people to take responsibility for diagnosing problems, identifying opportunities and strategies for change, by building on their knowledge and lived experiences (Rifkin, 2003).

## 2. The use of community participation frameworks within local health service organizations

Local health service organizations play important roles in delivering health services and programs to local populations, often with local citizens' direct involvement in the planning and decision-making of their health care (Minkler, 1997; Wilson et al., 2010). Moreover, scholarly research has also been influenced by this political commitment towards greater community participation, with a substantial body of literature focused on the study of community development processes and community participation in health service planning (Minkler, 1997; O'Neill et al., 1997).

To guide health service organizations, health system managers, and community health planners in the design and implementation of their participation strategies, efforts have been made to conceptualize effective engagement based on evidence about participation practice through the development of frameworks of community participation (Arnstein, 1969; Charles and DeMaio, 1993; Rifkin, 1986, 2003; Thurston et al., 2005). There is significant variation across these frameworks: some are mere starting points for health service organizations or practitioners (and include a set of basic definitions and principles of community participation, and different levels or types of participation), while others include extensive resources that involve contextual analyses (Abelson, 2001; Draper et al., 2010; Thurston et al., 2005; Levac, 2012).

Regional and local health service organizations across Canada and internationally have developed their own community participation frameworks that are appropriate to their local context, organizational goals and values towards participation, and the population(s) they serve. Some Canadian examples of community participation frameworks developed within the organizational structure of local health service organizations include: the Ontario Local Health Integration Network (LHIN) Community Engagement Framework (Ontario Ministry of Health and Long-term Care, 2011), the Vancouver Coastal Health Community Engagement Framework (Vancouver Coastal Health, 2009), and Waterloo Public Health iEngage initiative (Region of Waterloo Public Health, 2006). The absence of empirical evaluations of these frameworks, however, has been noted in the research literature (Collaborative Health Innovation Network, 2012).

Frameworks are one type of resource that can be useful for translating and sharing knowledge derived from research evidence about community participation processes among service providers and staff within and across health service organizations to inform their participation strategies. Knowledge translation (KT) is the term used in the health field to refer to an interactive process of knowledge exchange and application between health researchers and users of research evidence (Canadian Institutes of Health Research, 2010; Lavis et al., 2003). Within service organizations, research evidence is usually translated into the development of professional practice guidelines, toolkits, or evaluation frameworks, for service providers or health system managers (Kothari and Armstrong, 2011).

The limited support, to date, for community participation frameworks as a mechanism for translating and sharing knowledge about community participation practices within Ontario CHCs is of particular research interest in this study. An examination of the factors that influence CHCs' use of community participation research to guide their participation initiatives can help to explain the likelihood of their adopting a community participation

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