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CANADIAN **PARTNERSHIP**
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ENVIRONMENTAL SCAN

Best Practices in Reaching Underserved Groups for Deliberative Engagement and Public Dialogues

SPRING 2018

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EXECUTIVE SUMMARY

INTRODUCTION

The Canadian Partnership Against Cancer (the Partnership) is committed to enhancing its public and patient engagement endeavors including strategies for engaging underserved groups. The Partnership hired the Propel Centre for Population Health Impact (Propel) to conduct an environmental scan to identify practices for engaging underserved members of the public in deliberative public engagement (DPE) processes, as well as the use of innovative technology-based strategies within these processes. This report presents the findings of the environmental scan.

Since this scan's completion last March, the Partnership has had more time to consult and reflect on fundamental terms used in grounding this work including: marginalized. One key presentation to the National Health Engagement Network (NHEN) helped to shift our collective perspective; NHEN is a national Canadian community of practice comprised of over one-hundred public and patient engagement professionals. Many frontline practitioners and leaders said that the term "marginalized" while widely used across healthcare both at home and abroad, further stigmatizes groups facing barriers in accessing and interacting with systems. In contrast, the term "underserved" puts the onus on the system to better assess and respond to public/patient needs and thus is more inclusive and respectful. Other conversations and inputs have also helped to validate this shift.

In response, the Partnership has changed the scan's original title, but noted both terms to reflect changing attitudes against the reality of commonly used search terms in this work.

APPROACH

The scan consisted of two phases: 1) a review of academic and grey literature; and, 2) key informant interviews with prominent Canadian and international experts. The literature review examined DPE processes that: were evaluated; addressed a value-based or ethical question(s); included a focus on underserved group(s); and, took place within Canada or countries with similar healthcare systems. The interviews augmented and validated the literature review. Results were summarized to highlight similarities and differences among different types of DPE processes, key themes and considerations for engaging underserved/marginalized groups.

RESULTS

A total of 25 papers were identified in the literature search. Four main types of DPE processes were identified, differentiated by their duration (one day, multiple days, multiple weeks, extended). Each main type includes processes tailored for specific underserved groups and purposes. The majority of DPE processes were smaller in scale and assessed individual or group-level outcomes. Program or policy level changes were most common when using integrated processes over several months. Technology was used in various ways, including for recruitment and to support dialogue. Diverse underserved groups were engaged in the processes, including racial/ethnic minorities, older adults, and individuals with low-income, among others. Insight about favourable (e.g., interactive nature of sessions) and unfavourable (e.g., lack of influence) aspects of these processes were captured through process evaluations.

Interviews were completed with nine key informants that had experience engaging underserved groups in different types of DPE processes. The informants provided useful insight and guidance related to: the importance of trust and how it can be achieved; taking time to understand and address barriers to participation; methods for recruitment; and, managing expectations through clear communication. Suggestions for planning a successful DPE process and maximizing the potential for impact were also identified and included: considering diversity between and within groups; leveraging open policy windows; engaging strong allies; using technology in ways that enhance the experience of participants; and, incorporating formative and outcome evaluations.

Several overarching themes emerged from the environmental scan. The themes represent key considerations when undertaking DPE processes involving underserved groups. The considerations and how they relate are as follows:

Setting the stage for success from the outset

- Trust is paramount
- The needs and capacities of participants can usefully tailor processes
- Deliberative public engagement processes take time
- There is no "one size fits all" process

Shaping specific design elements

- Clarity of purpose for engagement shapes participants' expectations
- The most effective facilitators are empathetic and well-trained
- Participant recruitment may require persistence, flexibility, and adaptability
- Controlling group composition may be necessary to ensure equitable DPE processes
- Technology may be used most effectively to support processes rather than as primary method

Understanding potential outcomes

- Underserved groups may benefit in unanticipated ways

CONCLUSIONS

1. Equity needs to be at the forefront of DPE processes involving underserved groups. Establishing trust with participants and tailoring DPE processes with the unique needs, capacities and contexts of those participating in mind, will help overcome barriers to participation.
2. The findings of this scan do not warrant conclusions about best practices for engaging underserved groups in DPE processes due to a lack of evaluations and transferability of findings.
3. The findings support key considerations for engaging underserved groups in DPE processes. These considerations can ensure DPE processes involving underserved groups optimize equity and inclusion.

1.0 INTRODUCTION

1.1 CONTEXT FOR THE ENVIRONMENTAL SCAN

The Canadian Partnership Against Cancer (the Partnership) is committed to accelerating action on cancer control for all Canadians. In order to achieve this impact, the Partnership needs to understand the values and preferences of Canadians and ensure these are reflected in the cancer control system. A better understanding of how to engage underserved groups in the Partnership's public and patient engagement efforts is important on delivering on its prioritized strategic focus on equity; one of five key themes in the organization's 2017-22 strategic plan along with Quality, Seamless Patient Experience, Maximize Data Impact, and Sustainable System.

The Partnership defines equity as the absence of sociodemographic barriers, such as socioeconomic status, place of residence and immigrant status, in accessing effective cancer control. The Partnership's Cancer System Performance Report (2017) surfaces that cancer outcomes differ across at-risk groups based on income, immigrant status, and place of residence (the three areas where data is available). People with lower incomes and lower education levels tend to have a higher cancer burden than advantaged populations.
To support and enhance engagement efforts, the Partnership commissioned the Propel Centre for Population Health Impact (Propel) to conduct an environmental scan to examine and compare current methods of engaging underserved groups in public participation processes. More specifically, the Partnership sought guidance on best practices for engaging underserved members of the public in deliberative public engagement (DPE) processes, as well as the use of innovative technology-based strategies within these processes.

The scan contributes to the Partnership's capacity to advance equity goals focused on minimizing disparity across the cancer control system for all populations. Ensuring access to high quality, culturally appropriate and person-centred cancer prevention, diagnosis, treatment and care no matter where an individual lives, who they are, and where they are in the cancer journey. Improving cancer outcomes of at-risk populations, as well as improving the delivery of cancer control services with and for First Nations, Inuit and Metis peoples and partners, is key to advancing the next phase of the Partnership's strategic plan.

1.2 KEY DEFINITIONS

Deliberative public engagement

An approach used to involve the public in collective problem solving and decision-making. Participants are given time to discuss an issue in depth and to learn and exchange views. The purpose is to reach some common understanding, see shared values, and identify acceptable trade-offs of specific policy alternatives (1-3). There are many ways that DPE can be achieved (e.g., deliberative dialogues) and these are the focus of this report.

Underserved/marginalized groups

A term used to refer to groups that are not fully integrated into all aspects of society (4). These groups may be denied opportunities to meaningfully participate in society due to lack of economic resources, knowledge about political rights, recognition and other forms of oppression. In this report, the term "underserved/marginalized groups" encompasses related terms that describe groups that face health inequities (e.g., priority, vulnerable, hard/difficult to reach, disadvantaged, under-served, disenfranchised, disempowered, underprivileged, at-risk and high-risk). Certain terms are preferred by some groups and have definitions that have been critiqued for reasons including oversimplifying complex relationships or minimizing history.

1.3 PURPOSE AND OVERVIEW OF THE REPORT

This report presents the findings of the environmental scan that included a review of peer-reviewed and grey literature, and nine key informant interviews. The report is intended to be concise and written in non-technical language. It includes descriptions of the methods used, results, and conclusions.

The results include: a summary of information available about DPE processes involving underserved groups; a detailed comparison (including comparative chart) of four main types of DPE processes; themes from key informants' interviews; and, a key consideration for engaging underserved groups in DPE processes. Conclusions are drawn at the end of the report to capture overall lessons.

2.0 APPROACH TO ENVIRONMENTAL SCAN

The approach consisted of two phases: 1) a review of academic and grey literature; and, 2) key informant interviews with prominent Canadian and international leaders and experts (researchers and practitioners) in public engagement. Each phase is outlined below. A detailed description of the literature search in included in Appendix A.

2.1 LITERATURE SEARCH

Initial parameters for the literature search were agreed upon by the Partnership and Propel. A search strategy was developed, tested and finalized (see Appendix B). Five different databases were searched for published literature: PubMed, EMBASE, PsycNet, CINAHL, and SCOPUS. Duplicates were removed and all remaining titles and abstracts were screened by one individual using specific inclusion and exclusion criteria. Two individuals assessed the full texts of all remaining papers.

A simplified version of the search strategy was used for grey literature. Google and relevant websites were searched for unpublished papers and reports. Potentially relevant papers were screened using the inclusion and exclusion criteria.

As full texts were reviewed, inclusion and exclusion criteria were refined. Criteria were added to narrow the focus and quantity of the final set of papers. All full texts were assessed using the refined criteria. The final set was discussed and agreed upon by both assessors. Relevant information was extracted into a data table by one individual and reviewed by another.

2.2 KEY INFORMANT INTERVIEWS

A list of 11 potential interviewees were nominated by the Partnership, Propel, and the literature review. An interview guide (see Appendix C) was developed with input from the Partnership. Questions related to experience and knowledge of DPE processes with underserved groups, emerging themes from the literature review, and use of technology.

An introductory email was sent out to potential interviewees from the Partnership. Propel followed-up with an interview request. Upon accepting the invitation, an email was sent to schedule a convenient date and time. The interview questions and call-in details were also provided. One member of the Propel team conducted interviews while another took notes. Interviews ranged from 10-40 minutes in length. A thank-you email was sent to each individual following the interview.

Notes taken during interviews were compiled into individual summaries. The summaries were then integrated to identify common themes and key differences among the interviews. The results of interviews were considered together with the literature review results. Overall themes were identified, discussed and agreed upon by the Partnership and Propel.

3.0 RESULTS

The results from both phases of the environmental scan are presented below, starting with the literature search. Results of the literature include who was engaged, how they were engaged, and the outcomes. A summary of the interviews follows the literature review results. A synthesis of all the results, which reflects key considerations when undertaking DPE processes involving underserved groups, is then presented.

3.1 LITERATURE SEARCH

The literature review included 25 papers. The majority of papers were peer-reviewed (n=19) and six were grey literature. The types of papers are as follows: qualitative (n=9), quantitative (n=7), mixed methods (n=7), and critical discussion /analysis (n=2). The primary sectors represented by the papers included healthcare (n=11), public health (n=6), public policy (n=3), interdisciplinary (n=2), environmental management (n=1), urban planning (n=1) and nanotechnology (n=1). The processes described in the papers took place in the United States (n=15), Canada (n=3), Europe (n=5), Australia (n=1) and South Africa (n=1). The Canadian papers include two large-scale national DPE processes that took place over extended time periods, and one small-scale national process that took place over two days.

The papers either compared multiple DPE processes, or described a single process. Altogether, the papers described 25 processes, including some that are well known (e.g., deliberative dialogues) and some that are lesser known (e.g., hybrid participatory spaces). Two research methods/approaches (focus groups and participatory action research) were included as these met the criteria for DPE. Table 1 lists all the processes that were identified. A description of each process is included in Appendix D.

Table 1 also provides a 'snapshot' of the information available for each of the 25 DPE processes identified. The majority of the processes were smaller in scale (<100 participants) and assessed outcomes at the individual-level (e.g., personal knowledge) or group-level (e.g., potential for group action). Program or policy level changes (e.g., adoption and implementation of policy options) were most common within integrated processes that took place over several months. Technology was used within all main types of processes except those that took place over multiple consecutive days. Further details about the outcomes and the use of technology is described later in the results.

Note: Although refinements to the literature search strategy helped maintain focus on resources that provided some assessment of DPE processes involving underserved groups, some resources may have been overlooked if the focus was not clearly on the engagement of underserved groups. In addition, some potentially relevant papers were identified towards the end of the scan that were not incorporated into the results. This was largely due to the iterative process of learning from key informant interviews after the literature review was complete.

The information contained in Table 1 may help. For example, if the organization were interested in using a large-scale process that has been evaluated using various measures of changes, then the best option (based on the findings from the scan) would be the integrated process that combines use of choicebooks, story-telling, blogs, roundtables (5).

Although various types of outcomes were assessed, only six processes included the evaluation tools used to collect data. A study that evaluated the effectiveness of four different DPE methods (brief citizens' deliberation, citizen's panel, community deliberation, online Deliberative Polling) provided the survey questions used to assess knowledge and attitudes (pre and post) and perceived quality and experience (post only)(6, 7). Two papers that evaluated democratic deliberation sessions used the same evaluation approach and tools. These studies provided detailed descriptions of the questions used to assess attitude towards the topic, knowledge gained about the topic, and reactions to the session (8, 9). An evaluation that compared a citizens' workshop and a citizens' jury included a list of all process and outcome evaluation measures used (10). Finally, the survey questions used to gather feedback about a community bioethics dialogue were provided (11).

TABLE 1. SUMMARY OF DELIBERATIVE PUBLIC ENGAGEMENT PROCESSES IDENTIFIED

	How many participated?		What levels of change were assessed?			Were innovative techniques or tools used?	Were evaluation tools provided?
	<100	>100	Individual	Group / community	Policy / program		
One-day (n=14)							
Community engagement symposium (12)		√				√	
Management forum (13)	√						
Focus groups (14, 15)		√	√	√	√	√	
Brief citizens' deliberation (6, 7)	√		√				√
Focus groups (16)	n/s	n/s			√		
Town Hall (17)	√		√			√	
Community meeting (18)		√	√	√	√		
Democratic deliberation session (8, 9)	√		√				√
Deliberative dialogue (19)	√		√	√			
World Café (20)	√		√	√			
Citizen's workshop (10)	√		√	√			√
Multiple days (n=3)							
Citizen's panel (6, 7)	√		√				√
Citizen's jury (10)	√		√	√			
Deliberative dialogue (21)	√		√	√	√		
Multiple weeks (n=5)							
Short (2-3 hours) weekly sessions (4-6 weeks) (22)		√	√	√	√		
Community bioethics dialogue (11)	√		√	√	√		√
Community deliberation (6, 7)	√		√			√	√
Online deliberative polling (6, 7)	√		√			√	√
Citizen's jury (23)	√						
Integrated processes (n=6)							
Hybrid participatory spaces (24)	n/s	n/s	√	√			
Participatory Action Research (25)	√		√	√	√	√	
Combination (choicebook, story-telling, blogs, roundtables) (5)		√	√	√	√	√	
Multi-site rapid appraisal (combination) (26)		√					
Combination (roundtables, meetings, surveys) (27)		√			√	√	
Combination (Public meetings, surveys) (28)	n/s	n/s	√	√	√		

3.1.1 Summary of literature

The summary is organized according to overall types of DPE process, who was engaged (i.e., specific underserved groups), how they were engaged (i.e., main activities and tasks done to transform inputs into outcomes), and the outcomes (i.e., lessons about favourable and unfavourable aspects; individual, group / relationship, community / organization, program / policy changes). Where appropriate, comparisons are drawn between different types of DPE processes, as reflected in Table 2.

Note: Comparisons are limited by the content of papers in the literature review and do not reflect the relative usefulness or strength across DPE process types.

TABLE 2. COMPARATIVE TABLE OF TYPES OF DELIBERATIVE PUBLIC ENGAGEMENT PROCESSES

	One day	Multiple days	Multiple weeks	Integrated process
Details	• Up to 80 participants • May be part of a series with different groups at different locations	• Up to 70 participants • Consecutive days	• Short (1-3 hours) meetings held over several weeks (up to 10)	• Public engagement is an overall strategy that includes multiple and diverse approaches to engagement
Examples	• Brief citizens' deliberation • Citizen's workshop • Community engagement symposium • Deliberative dialogue • Democratic deliberation • Focus groups • Management forum • Town hall meeting • World Café	• Deliberative dialogue • Citizen's jury • Citizen's panel	• Community bioethics dialogue • Study circles • Neighborhood dialogues • Community-based forums • Citizen's jury • Community deliberation • Online Deliberative Polling	• Hybrid participatory spaces • Participatory action research • Multi-site rapid appraisal • Combinations of approaches
Underserved/marginalized group(s) engaged	• Racial/ethnic minorities • Low income • Older adults 50+ • Immigrants • Rural or remote • LGBTQ+ • Caregivers • Specific issue-focused groups	• Racial/ethnic minorities • Older adults (60+) • Specific issue-focused groups	• Racial/ethnic minorities • Low income • Older adults (65+)	• Racial/ethnic minorities • Low income • Immigrants • Children / youth • LGBTQ + • Specific issue-focused groups
Favourable aspects	• Interactive nature • Audience response system • Opportunity to participate • Engagement of underrepresented groups • Respect among participants • Fairness of process • Meeting face-to-face • Co-constructing safety • Validating stories • Illustrating disparities • Experiencing tension/ disagreement/discomfort • Facilitators • Elements of dignity	• Interactive nature • Usefulness of the information received • Engagement of diverse participants • Networking • Overall organization, relevance and trustworthiness	• Interactive nature • Opportunity to participate • Independence of conclusions • Respect among participants • Overall quality, value, experience, understanding, effectiveness and meaningfulness	• Interactive nature • Engagement of underrepresented groups • Opportunity for many people to share their views and experiences • Space for understanding structural factors to emerge
Unfavourable aspects	• Ability to affect decision making • Differential treatment of some participants (more advantaged, educated) • Tendency of some individuals to dominate • High-level of technical information discussed • Short notice given about timing of sessions	• Representativeness • Ability to affect decision making • Insufficient to time allotted for questions/discussion • Tendency individuals to dominate • More structure around tense discussion points	• Broad topic, undefined nature of discussion • Variations among participants in terms of advanced knowledge and awareness • Biased meeting materials	• NA

	One day	Multiple days	Multiple weeks	Integrated process
Individual-level effects	• Increased awareness and knowledge • Attitude shifts • Perceived usefulness of the information • Participants recognize the importance of all levels of the community working together • Willingness to abide by the policy decision • Willingness to participate in similar activities in the future	• Increased awareness and knowledge • Attitude shifts • Intention to use the information to inform their work	• Increased awareness and knowledge • Attitude shifts • New perspectives and understanding • Increased moral strength and empowerment • Gained personal tools to help navigate a wide variety of challenges • Willingness to participate in similar activities in the future • Belief that the dialogue would have an impact on future policy	• Increased awareness and knowledge • Attitude shifts • Increased awareness and knowledge • Gained skills and confidence to voice concerns, discuss needs, adopt a role in change • Realised the value of experience • Progress made in overcoming a sense of shame • Could see how their contributions shaped the final product
Group / community level effects	• Discussion stimulated among community members and stakeholders who serve racial/ethnic minorities • New connections among individuals strengthened group action • Positive interactions between stakeholders and underserved/marginalized groups were fostered	• Increased networks among participants	• Increased understanding, empathy, and the value of working together • Visible changes in relationships	• Discussions among participants and politicians integrated with research • New partnerships • Shared findings with other disenfranchised communities • Strengthened potential for group action • Common concerns and experienced were identified, both within and between communities • Built common ground to go forward • Launched a national conversation to inform federal action • Break-through, synergistic thinking
Program / policy level effects	• Plans to develop a framework for healthy living interventions • Reformed curriculum based on problems and solutions identified • Hired community occupational therapists, culturally adapted messages, collaborated to conduct a community conference, recruited new community representatives • Government decision to against body cameras	• Priority directions for policy were formed	• Increased different types of community capital (built, social, human, financial, political, natural, cultural)	• Created new 'research communities' Practitioners used the evidence in lobbying • Community groups implemented practical interventions based on needs identified • Adopted and implemented policy recommendations, with subsequent effects • Recommended priorities were approved

Some processes focused on groups with specific health issues including HIV, dementia and mental illness.

Types of deliberative public engagement processes

Four main types of DPE processes are reflected in literature that can be differentiated by their duration: one day, multiple days, multiple weeks and extended. Duration was chosen as the main grouping factor to facilitate meaningful comparisons across a wide array of DPE processes. A single DPE process was considered one that involved the same group of people. A process was considered to be integrated if a combination of processes was used to achieve one purpose; these processes took place over extended time periods (e.g., months, years). Most DPE processes were single events that brought participants together for 1-2 days. Other single processes brought participants together for shorter durations (e.g., 1-3 hours) over multiple weeks. The number of underserved participants was not reported in all papers, but the range for those that did was 10-868 participants.

Who was engaged?

People representing diverse racial / ethnic minorities, older adults and low incomes were common participants of the DPE processes. Some processes focused on groups with specific health issues including HIV, dementia and mental illness. Other groups engaged included immigrants, people living in rural and remote areas, children / youth and LGBTQ+. Underserved groups were engaged along with the public in most processes (5-7, 13, 16, 18-22, 26-29).

How were they engaged?

Inputs

All the DPE processes required investment of key inputs (i.e., financial, material or human resources). However, this information was described to varying degrees in the papers. Examples of inputs identified from the papers are listed in Table 3. Inputs across all types of processes were: advisory committees, community liaisons / champions, facilitators, meeting materials (agenda, presentations, videos, questionnaires), and a mix of citizens, professionals and research experts. Translated materials and translators were noted in one paper each.

TABLE 3. EXAMPLES OF KEY INPUTS INTO DELIBERATIVE ENGAGEMENT PROCESSES FOR UNDERSERVED GROUPS

	One day	Multiple days	Multiple weeks	Integrated process
Advisory committees	√	√	√	√
Audience Response System (ARS)	√			
Community liaisons / champions	√	√	√	√
Facilitators	√	√	√	√
Government support	√			√
Incentives (e.g., raffle prizes)	√	√	√	√
Key informant interviews	√			√
Locations familiar to and convenient for participants	√		√	√
Event materials (agenda, videos, surveys)	√	√	√	√
Note-takers	√			
On-site translators	√			√
Participatory research methods			√	√
Partnerships with community organizations	√		√	√
Patient, professional and research experts	√	√	√	√
Personal resources (e.g., capacity to listen)				√
Sufficient time	√			√
Translated materials	√			

Activities

Activities across the processes were quite similar (i.e., those taking place before, during or after the engagement process). Preparatory activities across all main types of processes were identifying participants using pre-existing databases, and recruiting participants using various methods (e.g., regular mail, word of mouth and existing networks). In order to ensure sufficient representation of the target population, recruitment strategies used technology and included over-sampling and community outreach. Participants contributed to planning for the DPE process by identifying key issues to discuss, and developing meeting materials. Participants and other members of the target population were also invited to share ideas and communicate with the convener prior to the event, and pre-test discussion questions and processes to ensure cultural appropriateness and clarity. Meeting materials were distributed to participants before events to ensure they had an opportunity to prepare for the discussion.

Agendas were tailored to the purpose of the engagement process (e.g., to identify common values or reach consensus). This included considering the needs, preferences and capacities of participants, and any overall engagement goals. Most of the engagement processes used combinations of technology-based (e.g., Audience Response System, online discussion forums) and in-person approaches. Once the agenda and approach to deliberation were selected, facilitators sometimes received appropriate training and background knowledge.

Most of the information and detail about how the DPE processes were carried out were identified from single session, daylong processes. Activities included providing information about technical aspects of the process (e.g., using any technology based tools) and the differences between deliberative dialogue, discussion and debate. Common activities also included exercises (e.g., sharing a personal story) to help participants feel safe and part of the process, and explanations about the purpose of the DPE process and how involvement may support change.

Evaluation questionnaires were distributed following most DPE processes in order to assess formative aspects of the process. Some questionnaires also assessed knowledge or attitude change. In some cases, advisory committee members met to reflect on their experience and provide input into the evaluation. In most cases, the content of the deliberations and the evaluation findings were summarized and shared with participants and other stakeholders.

Outputs

Outputs across processes were similar (i.e., tangible products intended to summarize and represent the ideas and views shared through the processes). Outputs were mainly reports that summarized the salient details of the DPE process, and that could be used as a source for shaping policy. Reports highlighted key findings and/or recommendations arising from the process. Other outputs included: presentations to government or community groups about the content of the deliberations, and public policy documents. The content of these outputs variably included: priority directions, conclusions, ethical value statements, action statements, resources that can be used to leverage actions moving forward, and ideas for follow-up work.

Note: It is not possible to discern from the analysis, which inputs, activities and outputs are unique to processes involving underserved/marginalized groups.

What were the outcomes?

Favourable aspects

Insight about favourable aspects of the DPE processes were captured through formative evaluations. The most favourable aspect across all main types of DPE processes was the interactive nature of sessions. Participants also appreciated that diverse and underrepresented groups were given the opportunity to participate, and the respect shown among participants. Daylong processes provided the most formative information. Aspects rated favourably for daylong processes included: use of an Audience Response System, fairness of the process, meeting face-to-face, and use of facilitators. Formative evaluations focused on design or implementation found the information received, networking, independence of conclusions, and the overall processes to be positive.

Unfavourable aspects

Far fewer unfavourable aspects were reported about the DPE processes. The ability to affect decision making and the tendency of some individuals to dominate discussions were common across single and multiple-day sessions. Aspects rated unfavourably for multiple-week processes included variations among participants in knowledge and awareness of the topic, and biases in the process. There were no unfavourable results reported for the extended processes.

Individual-level effects

Effects were most commonly assessed at the individual level by measuring changes in knowledge, awareness, and attitudes / beliefs. All the processes that measured these changes found that participation in the DPE process increased awareness and knowledge of the topic, and shifted attitudes in desired direction. Other measures included: intention to use the information, willingness to participate in similar activities in the future, and gains in personal skills. For example, one of the multiple-week processes found that participants gained personal tools to navigate a wide variety of challenges (22). Two of the integrated processes found that participants gained skills and confidence to voice concerns, discuss needs and adopt an active role in change (24,25).

Group / community level effects
Changes related to attributes of groups or communities were captured through interviews and anecdotal reports of researchers. These changes were most often reported in papers that described integrated processes. Generally, changes related to sharing information and ideas among group members, and the growth of new relationships. Discussion stimulated among participants helped identify common concerns and differences. The participants also made new connections and grew their networks of potential collaborators and partners.

Policy / program level effects
Evidence of change at the program or policy levels was described, but not measured, across each main type of process. A multiple-day process stated that the session achieved its goal of informing policy direction; however, details about how this was done were not provided (21). A paper that described a process that took place over multiple weeks reported that various types of community capital increased because of the process (22). The most detailed evidence of program or policy changes was described in the papers focused on integrated processes. One paper indicated that the policy recommendations that emerged from the DPE process were adopted and implemented, and led to subsequent shifts in societal thinking (5).

3.2 KEY INFORMANT INTERVIEWS

Interviews were completed with nine of 11 potential key informants. Informants were from: Ontario (n=5), British Columbia (n=1), Quebec (n=1), Nova Scotia (n=1), and the United States (n=1). They worked in the following types of organizations: university (n=5), NGO (n=3), non-profit community agency (n=1), and consultancy (n=1). Three different perspectives were represented: researcher (n=5), practitioner (n=5), and patient (n=1). Two informants were associated with multiple organizations and perspectives.

The informants had experience engaging underserved groups in many different types of deliberative engagement processes, including: civic panels, focus groups, participatory community research, public deliberations, deliberative dialogues, and talking circles. Key informants had worked with participants that included representatives and leaders from schools, hospitals, NGOs, patient and neighbourhood groups, as well as people with diverse life experiences, backgrounds and current life circumstances (e.g., low income, ethnic minorities, underserved communities, First Nations, LGBTQ+ community members, various age groups, education levels etc.). A list of the key informants is included in Appendix E.

3.2.1 Summary of interviews

In sharing their experiences, key informants provided useful insight and guidance for engaging underserved individuals in DPE processes. Generally, informants did not relate their input to any particular process in which they had been involved. Rather, they drew on all of their experience. Their insight and guidance is below, organized by main topics.

Trust

The basis of DPE with underserved groups is trust, which can be achieved through genuine collaboration and partnership. Some communities may be more or less receptive to participate depending on buy-in and support from leaders. Thus, it is necessary to establish trust and build connections with community members, as well as political, faith or organizational leaders, as early, widely and deeply as possible. Doing so will help overcome scepticism, get buy-in and support the overall process (e.g., recruitment, participation during the event, completion of follow-up evaluations).

Planning considerations

There are many ways to help ensure a successful DPE process. One way is to consider the diversity between and within groups, and implications (positive and negative) for structuring the DPE in different ways (e.g., small vs. large groups, homogenous vs. heterogeneous groups). For example, holding more dialogues with a specific (more homogeneous) underserved group, either as a way of preparing for subsequent public dialogues or in parallel to other dialogues, may help to more fully engage perspectives of historically hard-to-reach individuals.

Decisions related to using specific types of DPE processes (e.g., face-to-face, online) or activities (e.g., use of incentives, translators) should be informed by the objectives and context for the DPE process, as well as level of experience, perspectives and backgrounds of participants. Identifying or training an empathetic and technically skilled facilitator who is well informed about key issues is also critical, along with ensuring the overall process is appropriately resourced (e.g., paid outreach staff).

Time

Authentic engagement may require building capacities in people or groups over time (e.g., help people recognize the power of their own voice, confidence interacting with others, comfort representing a specific group, media relations) in order to take part in a DPE process. It cannot be assumed that underserved groups (and individuals) are waiting to be engaged and have the appropriate capacities, motivations and resources to do so. Taking the time to understand barriers to participation (e.g., language, location, internalized stigma, familiarity with topic, access) and consider ways to address them (e.g., translators, location known to participants, peer facilitators, preparatory materials, childcare or transportation arrangements) will help ensure meaningful participation. Planning and consultation phases are often too short, and any follow-up consultation is usually abbreviated, if it exists at all.

Recruitment

Recruitment is an important issue in DPE processes with underserved groups. Various outreach strategies may need to be used in order to reach those who need to be engaged. Outreach may include reaching individuals directly (e.g., knocking on doors) or indirectly (e.g., linking with community organizations to do the outreach). Community health or peer support workers can help reach people in local community spaces (e.g., health centres, food banks, places of worship). Other strategies include hosting weekly coffee groups, or using online, radio or print advertisements for recruitment. Depending on the objectives of the DPE process and intended participants, it may be appropriate to hire a professional firm to do random recruitment. Regardless of the type of recruitment, oversampling for particular groups and screening for particular characteristics (e.g., gender, race, age, income, values) will help ensure appropriate selection. Participants may be more likely to participate if they are remunerated for their time in some way (e.g., gift card, cash, or a meal). Participants should also be reimbursed for any costs incurred because of participating (e.g., parking, transportation, meals).

Managing expectations

In order to ensure participant expectations are not confounded by actual DPE activities or outcomes, it is important to be clear about the purpose of the DPE process, intentions of conveners, and what

might be achieved. Describing the purpose and intended outcomes of a DPE process focused on a complex systems issue (e.g., gender-based violence) may be more challenging than one focused on reaching consensus on a specific policy option (e.g., body worn cameras), however, effort should be made to explain the significance of short-term contributions within the context of longer-term change. If participants feel their voice was heard and that it will have an impact, they may be more inclined to re-engage at some point or participate in similar processes in the future. On the other hand, failure to provide information about outcomes back to the community (if the community had this expectation) may fuel distrust and contribute to a feeling of tokenism.

Maximizing potential impact

Making change happen following a deliberative engagement process can be frustrating. The deliberations may be intended to inform a decision; however, decision-makers may not be in the room and may need to provide "sign off." Including researchers and decision makers in the engagement process may help, but they should not dominate the discussion. The timing of deliberations is also important. Outcomes are more easily achieved if the timing is right, such as leveraging open policy windows, and aligning government or institutional aims with citizen values. Engaging strong allies in deliberations or follow-up activities may help to amplify the outcomes of deliberations and the voices of underserved groups. Ways of empowering underserved groups to take action may also be explored.

Technology

While certain technologies can support DPE processes, their use with underserved groups requires careful consideration. Conveners must consider the extent that participants are "tech-savvy" and the instruction and support that needs to go along with its use. Internet-based technologies (e.g., online discussion boards) may be expensive or unreliable in some communities. The benefits and costs of using technology must be considered carefully along with the purpose of the deliberative engagement process and intended participants. Online platforms (e.g., surveys, discussion boards) are particularly problematic when language and internet access are known challenges for particular target groups. Finally, while technology can be used successfully as part of an integrated approach, it should not replace face-to-face dialogue. The value of using technology may be mostly in reaching people (i.e., recruitment) and disseminating findings.

Evaluation

While DPE processes should be evaluated, most only focus on formative aspects. This includes asking for feedback at the end of sessions about features of the process. Pre- and post-assessments tend to focus on views about utility and value of participation, as well as knowledge and attitude changes about the topic. Outcome evaluations are rare outside of academic research. It is challenging to get resources for robust evaluations that examine longer-term outcomes. When evaluations do happen, collaboration with community and institutional partners helps achieve successful evaluation processes, and supports transparency throughout the entire process of planning, evaluating and sharing results.

Engaging strong allies in deliberations or follow-up activities may help to amplify the outcomes of deliberations and the voices of underserved groups.

3.3 KEY CONSIDERATIONS FOR DELIBERATIVE PUBLIC ENGAGEMENT PROCESSES INVOLVING UNDERSERVED GROUPS

Together, the results of the literature review and key informant interviews suggest some key considerations related to the DPE processes involving underserved/marginalized groups. The considerations relate to setting the stage for a successful DPE process from the outset, shaping specific design elements, and understanding potential outcomes.

Note: Although the intention at the outset of this scan was to explore best practices for engaging underserved groups, evaluation of public engagement approaches is limited in the literature, let alone of approaches used to engage underserved groups. Furthermore, the context of papers that are available is unique, which limits the transferability of findings. As a result, the results of this scan are summarized as key considerations.

3.3.1 Setting the stage for successful process from the outset

Trust is paramount

Underserved participants must feel safe, secured and valued before they agree to participant in a public engagement process. At least one paper prioritized the creation of trust relationships over formal data collection procedures (20). Demographic information was not used or collected in this paper to protect the privacy of participants and create a safe space for dialogue. As trust and relationships are built, the needs of the underserved group also become more understood and these needs can be integrated within the process. Trust can be established in multiple ways including consultations with the target population before the actual event. This helped shape one dialogue that took place for the purpose of healing and sharing local history by disclosing incidents of racism and discrimination, viewing an historical video and participating in experiential exercises (19).

The needs and capacities of participants can usefully tailor processes

In addition to the needs of decision-makers, conveners must consider the needs of participants. What resources and capacities do they need to provide input and ideas? Why would they want to participate? Motivation to participate may be about basic human concerns (e.g., deep distrust of police) for underserved groups, unlike more privileged members of a community that may be motivated by their democratic rights. Personal resources are fundamental prerequisites for substantive inclusion. The needs of decision-makers and participants should shape the organization and planning of the deliberative engagement process. For example, rather than focusing only on what the state required from participants, hybrid participatory spaces addressed the needs of participants, and in doing so strengthened individual capacities (e.g., speaking in groups)(24). Multiple activities over an extended time can maintain motivation, increase sense of agency, and strengthen commitment to participation, reinforcing the positive interplay between supply and demand-side factors. By working with participants to understand and address their needs, barriers to participation break down and people may overcome feelings of shame that may have contributed to feelings of isolation.

Deliberative public engagement processes take time

It takes time to build trust and develop relationships with underserved groups, if they are to be engaged meaningfully in the process. For example, perceived trustworthiness may have been rated higher among participants in a 2.5-day long citizen's jury compared to a 1-day workshop because they had more time to familiarize themselves with the conveners, witnesses and other participants (10). Longer term, multi-layered, and carefully designed processes have the most potential to effect complex health system issues.

There is no "one size fits all" process

Unique needs, experiences and challenges of participants, as well as the issue for discussion, suggests that there is no 'one size fits all' DPE strategy. An understanding of the purpose of the process and the participants will ultimately shape the process and engagement activities. Examples of factors that need to be considered are: the accessibility of the location, the length of recruitment period and whether outreach is needed to specific communities, representation of specific groups on planning committees, experience using technology, optimal methods of recruitment, comfort and experience in small- and large-group settings, motivations for participation, knowledge and information needs (topics and literacy level), and cultural protocols that may shape recruitment and engagement during or after the dialogue. In general, an understanding of barriers and facilitators to participation will usefully shape the process.

3.3.2 Shaping specific design elements

Clarity of purpose shapes expectations

The purpose of the DPE process must be clear. Decision-makers must carefully consider what type of input and ideas are needed, from who and why. What value does knowledge from particular groups add to understanding an issue or solving a problem? A clearly articulated purpose will help ensure participants have clear expectations for the dialogue. People may expect to reach a yes or no answer through deliberation or a verdict (i.e., outcome) that tells the entire community what should be done. Some people may be reluctant to engage with the nuances raised among the perspectives encountered. As such, participants may have unrealistic expectations that participation in the event will directly influence policy development. This may undermine the perceived legitimacy of the process. It may also be that some people who are underserved may be motivated by the chance to be heard, and are not as concerned about the chance to affect policy.

The most effective facilitators are empathetic and well-trained

Facilitators play an important role in ensuring all participants feel safe and part of the process. Facilitators may be a trusted representative of the convened group or a neutral third party (e.g., consultant) or part of the group. Third party facilitators may have formal training and skills related to dialogue and deliberation. A facilitator that is known to participants may not need to take time to establish trust among participants. Sharing personal stories, using a circular seating arrangement and experiential exercises may help facilitators establish trust with and among participants. Facilitators should adhere to common practices for deliberative dialogues and other facilitated sessions -- remain neutral, agree on ground rules, use flip charts, record discussions, and facilitate subsequent discussions (when appropriate).

Participant recruitment may require persistence, flexibility, and adaptability

Various recruitment strategies can be used for underserved groups. These include traditional "research based" approaches (e.g., stratified sampling) that help ensure specific demographic groups within communities are represented. A recruitment firm can be hired to perform random digit dialing. Approaches based in community engagement may use recruitment as a means to ensure meaningful participation of specific groups. Goals of recruitment may include establishing trust, starting where people are at and earning respect. Choosing an approach that fits with intended participants will help ensure recruitment is successful. For example, one informant described a situation where despite advertising in local newspapers, radio stations, leaflets and posters in the local area, and visits to local community groups to promote the meetings, attendance at a series of public meetings was poor. These practices were replaced with "going where the people were" (i.e., their normal meeting places), and resulted in well-attended groups. Efforts to recruit participants can also include personal and word-of-mouth invitations from community leaders or local organizations.

The gap in understanding about best practices for engaging underserved groups in public deliberations and dialogues bodes well for advocating for more work to be done to advance understanding and action in this area.

Controlling group composition may be necessary to ensure equity

A critical consideration is whether to have heterogeneous or homogeneous groups. Equity in the overall process can be achieved by aiming for homogeneity within each of the groups. In this structure, members of a given underserved group do not have to share airtime with another underserved group. However, in some cases it might be more appropriate to ensure a mix of participants (e.g., faculty / community members and transgender/cisgender people at each table). Heterogeneous groups of participants may have variable knowledge and awareness of the topic. This is especially true when underserved groups are engaged as part of broader public engagement processes. In order for a deliberative process to incorporate the views of members of typically underserved groups, it may be necessary to create spaces in which dominant voices are excluded or ways to ensure no participant is disadvantaged when trying to evaluate and analyze the knowledge given. The issue of intersectionality must also be considered. Labelling individuals with a particular life experience or situation, fails to acknowledge all other aspects that make them unique. Any group designed to be homogeneous must also consider the intragroup differences that exist (e.g., income status, sexual identity, age, etc.).

Technology may be used most effectively to support processes rather than as primary method

Overall, while there are many opportunities for using technology to support recruitment, it is still not clear from the literature and experts how to leverage technologies effectively to support dialogue and deliberation. The environmental scan identified several technologies and innovations that have been used as part of deliberative engagement processes. Descriptions and examples or their applications are described in Appendix F. Suggestions for using technology included: ensuring researcher familiarity with technology before initial use; using an Audience Response System during only one portion of the event, rather than intermittently between open discussions; and ensuring that equipment functions properly in the community.

3.3.3 Understanding potential outcomes

Underserved groups may benefit in unanticipated ways

Participating in a process can have benefits in ways not anticipated. Initial planning meetings built a sense of group ownership and social capital as part of a DPE process involving immigrants (24). As a result, group members displayed an uncommon commitment to the effort (e.g., effort to attend the dialogues despite barriers).

Other unintended benefits include feeling part of a community and being motivated to contribute to similar efforts in the future. There is intrinsic value of group dialogue and the opportunity to socialize with others that cannot be achieved through more one-way consultative engagement approaches. Furthermore, when participants know and understand that a government that values the perspectives of its constituents supports the process, the deliberations can be empowering.

4.0 CONCLUSION

This report describes an environmental scan undertaken to understand best practices for engaging underserved groups in public deliberation processes. Three conclusions can be drawn based on the results:

1. The goal of ensuring equity embedded throughout DPE processes involving underserved groups. Attention to the considerations that emerged from the environmental scan will help ensure barriers to participation are addressed throughout all aspects of DPE processes. Barriers will be addressed by establishing trust with participants, as well as by planning, executing and evaluating DPE processes with the unique needs, capacities and contexts of those participating in mind.

2. The environmental scan did not identify any DPE processes (including specific components) that could be labeled "best" or most effective. Despite a comprehensive search for published and unpublished evaluations of processes, a small subset of papers were identified that assessed the effectiveness of specific processes on changes in individual, group or program/policy change. DPE processes require resources (time, money, people) and evaluation may only be done when such processes involve a partnership with academic researchers.

3. The gap in understanding about best practices for engaging underserved groups in public deliberations and dialogues bodes well for advocating for more work to be done to advance understanding and action in this area. Useful lessons were identified from the scan that can be helpful to conveners of DPE processes. Application of the key considerations in this report may optimize equity, inclusion and effectiveness of DPE processes involving underserved groups. Incorporating suitable evaluations into DPE processes will help to gain further insight into what works, for whom, and under what conditions.

As a starting point, healthcare organizations can use this report to plan future DPE efforts. Insight from Canadian examples of large-scale DPE processes may be particularly useful. We can also learn from the broader public engagement literature that includes reviews (30, 31) about the effectiveness of specific dialogue approaches. Organizations can adapt practices for effectively engaging the public in deliberation about value-based and ethical issues to fit context and needs.

Overall, healthcare organizations have a collective opportunity to contribute to the lessons and literature through meaningful evaluations of engagement strategies to help advance equity to ensure underserved groups have access to appropriate and effective care. The underlying lesson is: learn to evaluate, and evaluate to learn.

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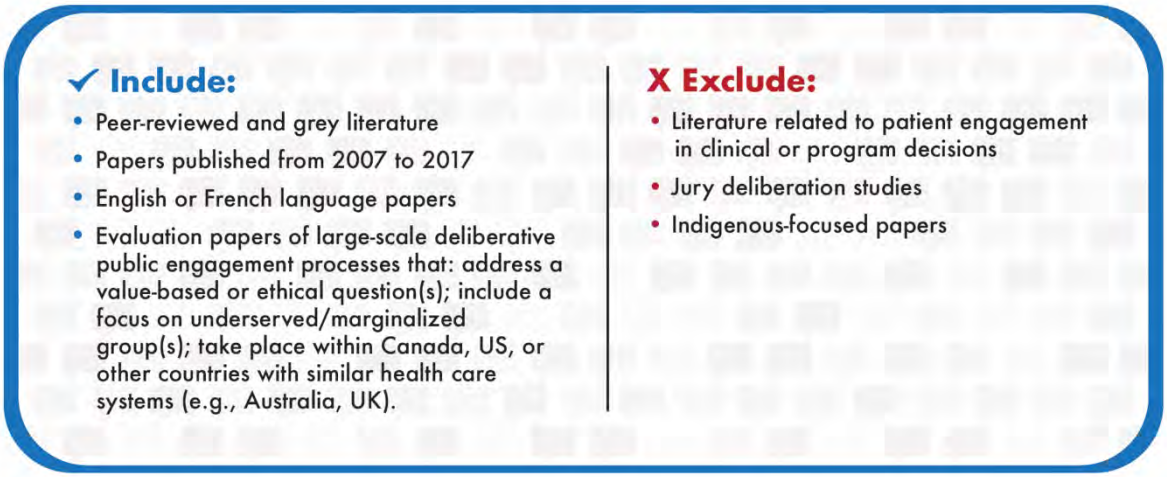
APPENDICES

1. Initial parameters for the literature search were developed based on the research questions, input from the Partnership and knowledge of Propel team members. Initial criterion were:



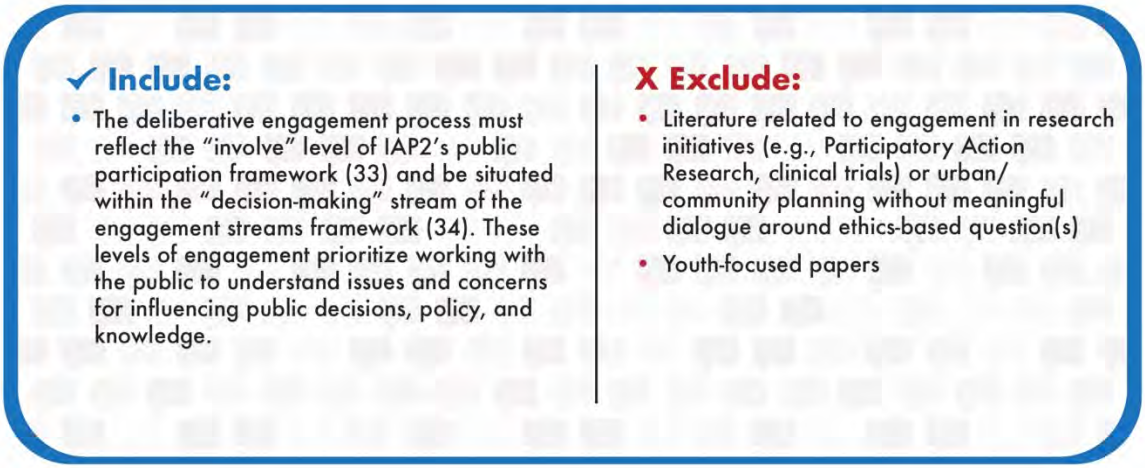
2. A detailed search strategy including key words, concepts and phrases was developed with the assistance of a librarian. A series of preliminary searches were carried out to fine-tune the strategy. Input from the Partnership was also incorporated. The final PubMed search strategy is included as Appendix B. It includes derivatives of the following key concepts:

   - Deliberative (e.g., Deliberative, OR Meaningful, OR Consensus)
   - Dialogue (e.g., Dialogue, OR Participatory, OR Engagement, etc.)
   - Underserved/marginalized (e.g., Underserved/marginalized, OR Hard-to-reach, OR Difficult-to-reach, OR Disadvantaged, etc.)
   - Public (e.g., Public OR Community OR Population OR Civic, etc.)
   - Process (e.g., process, approach OR method OR methodology OR strategy OR exercise OR procedure, etc.)

3. Five different databases were searched (PubMed, EMBASE, PsycNet, CINAHL, and SCOPUS). The search strategy was customized for each database as appropriate. Duplicates were removed, and the remaining titles and abstracts (n=2919) were screened by one individual. A second assessor screened approximately 10% as a way of minimizing selection bias. Assessors discussed and resolved any discrepancies in their selection processes.

4. The grey literature search was conducted using best practices as outlined in Godin et al.(32) This consisted of using a simplified version of terms used for the peer-reviewed literature and searching Google, grey literature databases, and relevant websites. Inclusion and exclusion criteria were applied to potential papers as they were identified.

5. The full-texts of papers (published and grey) that met inclusion and exclusion criteria were assessed (n=64). Inclusion and exclusion criteria were added to refine the focus and quantity of the final set of papers. Additional criterion were:



Using these additional criteria, all full-texts were assessed for relevance. The final set was 19 peer-reviewed and six grey literature papers. The final set was discussed and agreed upon by both assessors.

6. A standard data extraction template was developed in Excel. It was informed by considering the needs of the Partnership in terms of a comparative chart, as well as the research questions. Two individuals concurrently performed data extraction. One individual extracted data from each paper, and then another individual reviewed the data extraction. This helped to ensure that the most salient details were captured, and that pertinent information had not been missed.

APPENDIX B: SEARCH STRATEGY

The following PubMed strategy was appropriately adapted and run in Scopus, EMBASE, Cinahl, and PsycNet.

Underserved/marginalized[tiab] OR hard-to-reach[tiab] OR difficult-to-reach[tiab] OR disadvantaged[tiab] OR vulnerable[tiab] OR underserved[tiab] OR barriers to participat*[tiab] OR barrier to participat*[tiab] OR vulnerable populations[mesh]
AND
public deliberation*[tiab] OR public consensus[tiab] OR public dialogue*[tiab] OR public participation[tiab] OR public engagement[tiab] OR public consultation[tiab] OR public collaboration[tiab] OR public involvement[tiab] OR public empowerment[tiab] OR public discussion*[tiab] OR community consensus[tiab] OR community dialogue*[tiab] OR community participation[tiab] OR community engagement[tiab] OR community consultation*[tiab] OR community collaboration[tiab] OR community involvement[tiab] OR community empowerment[tiab] OR community discussion*[tiab] OR population consensus[tiab] OR population participation[tiab] OR population engagement[tiab] OR population consultation*[tiab] OR population involvement[tiab] OR civic participation[tiab] OR civic engagement[tiab] OR civic involvement[tiab] OR civic discussion*[tiab] OR civil society participation[tiab] OR civil society engagement[tiab] OR civil society involvement[tiab] OR citizen deliberation*[tiab] OR citizen dialogue*[tiab] OR citizen participation[tiab] OR citizen engagement[tiab] OR citizen involvement[tiab] OR citizen empowerment[tiab] OR stakeholder deliberation*[tiab] OR stakeholder consensus[tiab] OR stakeholder dialogue*[tiab] OR stakeholder participation[tiab] OR stakeholder engagement[tiab] OR stakeholder consultation*[tiab] OR stakeholder collaboration[tiab] OR stakeholder involvement[tiab] OR stakeholder empowerment[tiab] OR stakeholder discussion*[tiab] OR Deliberative dialogue*[tiab] OR Deliberate engagement[tiab] OR Deliberative engagement[tiab] OR Deliberative consultation[tiab] OR Deliberate discussion*[tiab] OR Deliberative discussion*[tiab] OR Meaningful dialogue[tiab] OR Meaningful dialogues[tiab] OR Meaningful participation[tiab] OR Meaningful engagement[tiab] OR Meaningful consultation*[tiab] OR Meaningful discussion[tiab] OR Meaningful discussions[tiab] OR consensus consultation[tiab] OR consensus collaboration[tiab] OR deliberate process*[tiab] OR deliberative process*[tiab] OR consensus process*[tiab] OR dialogue process*[tiab] OR participatory process*[tiab] OR participation process*[tiab] OR participative process*[tiab] OR engagement process*[tiab] OR consultation process*[tiab] OR consultative process*[tiab] OR collaboration process*[tiab] OR collaborative process*[tiab] OR involvement process*[tiab] OR empowerment process*[tiab] OR co design process*[tiab] OR discussion process*[tiab] OR deliberate approach*[tiab] OR deliberative approach*[tiab] OR consensus approach*[tiab] OR dialogue approach*[tiab] OR participation approach*[tiab] OR participatory approach*[tiab] OR participative approach*[tiab] OR engagement approach*[tiab] OR consultation approach*[tiab] OR consultative approach*[tiab] OR collaboration approach*[tiab] OR collaborative approach*[tiab] OR involvement approach*[tiab] OR empowerment approach*[tiab] OR Co design approach*[tiab] OR discussion approach*[tiab] OR deliberative method*[tiab] OR consensus method*[tiab] OR dialogue method*[tiab] OR participation method*[tiab] OR participatory method*[tiab] OR participative method*[tiab] OR engagement method*[tiab] OR consultation method*[tiab] OR consultative method*[tiab] OR collaboration method*[tiab] OR collaborative method*[tiab] OR involvement method*[tiab] OR empowerment method*[tiab] OR co design method*[tiab] OR discussion method*[tiab] OR deliberative strateg*[tiab] OR deliberate strateg*[tiab] OR meaningful strateg*[tiab] OR consensus strateg*[tiab] OR dialogue strateg*[tiab] OR participation strateg*[tiab] OR participatory strateg*[tiab] OR engagement strateg*[tiab] OR collaboration strateg*[tiab] OR collaborative strateg*[tiab] OR involvement strateg*[tiab] OR empowerment strateg*[tiab] OR discussion strateg*[tiab] OR deliberative exercise*[tiab] OR deliberate exercise*[tiab] OR meaningful exercise*[tiab] OR consensus exercise*[tiab] OR engagement exercise*[tiab] OR consultative exercise*[tiab] OR collaborative exercise*[tiab] OR discussion exercise*[tiab] OR deliberative procedure*[tiab] OR meaningful procedure*[tiab] OR consensus procedure*[tiab] OR dialogue procedure*[tiab] OR participation procedure*[tiab] OR participatory procedure*[tiab] OR engagement procedure*[tiab] OR consultative procedure*[tiab] OR collaboration procedure*[tiab] OR collaborative procedure*[tiab] OR deliberative practice*[tiab] OR deliberate practice*[tiab] OR meaningful practice*[tiab] OR consensus practice*[tiab] OR participation practice*[tiab] OR participatory practice*[tiab] OR participative practice*[tiab] OR engagement practice*[tiab] OR collaboration practice*[tiab] OR collaborative practice*[tiab] OR involvement ractice*[tiab] OR empowerment practice*[tiab] OR deliberate practise*[tiab]

APPENDIX C: INTERVIEW GUIDE

1. Drawing on your experience engaging underserved members of the public in dialogues or deliberations about value-based or ethical questions:

    - What types of engagement approaches were used?
    - What were the key features?
    - What topics were addressed?
    - What underserved groups were involved?
    - Why was it important to engage them?
    - How were participants identified, recruited or selected?
    - What considerations were made before, during or after to ensure meaningful dialogue or deliberation took place?
    - Was there use of any technologies or innovative tools?
    - Was there any evaluation? What were the outcomes or leanings?
    - Would you change anything about the approaches?

2. Drawing from your experience with engaging the general public:

    - What types of approaches might work best with underserved groups? Why?
    - What might be some unique considerations for engaging underserved members of the public?
    - How might participants be identified, recruited or selected?
    - What considerations would need to be made before, during or after to ensure meaningful dialogue or deliberation took place?
    - How could technology or innovative tools be used to support engagement? What value does using these technologies adds?
    - What challenges might you expect in working with underserved groups?

3. Are there any individuals you think we should contact who might have expertise in this area?

4. Are there any resources that you think would be essential to include in an environmental scan on this topic?

APPENDIX D: DESCRIPTION OF DELIBERATIVE PUBLIC ENGAGEMENT PROCESSES

Process	Country	Description
Community engagement symposium(12)	US	A community-partnered participatory research conference to facilitate bidirectional communication between stakeholders.
Management forum (13)	South Africa	A forum to promote interaction between participants and organizers. Serves as a communication channel and watch dog for identifying problems, and communicating the problems to authorities. Stakeholders become aware of each other's perspectives. Decision-makers have no obligation implement public views.
Focus groups (14, 15)	US	Participants are presented with an interactive, online game board (CHoosing All Together or CHAT). Participants play alone during the first and last rounds of the game, play in small groups in the second, and all together in the third.
Brief citizens' deliberation (6, 7)	US	A single in-person, 2-hour deliberative session with twelve participants. After participants review educational materials, they discuss one case study.
Focus groups (16)	US	Small groups discuss information that will be used to shape local policy.
Town hall (17)	US	A moderated discussion including expert panelists and community members. The moderator reads questions aloud. Participants respond using ARS keypads. Panelist give their input. Discussion, feedback and questions follow.
Community meeting (18)	US	A facilitated group discussion intended to identify assets and needs of the target community and identify intervention priorities.
Democratic deliberation session (8, 9)	US	A moderated daylong discussion including plenary presentations, and small and large group discussions. Goal is a group decision by consensus or majority.
Deliberative dialogue (19)	US	Short (3-hour) face to face facilitated discussions that incorporate video, discussion, and experiential exercises.
World Café (20)	US	A structured process for group discussion that includes: creating a comfortable "café" like environment, rounds of conversation that each ends with participants switching groups/tables, questions to focus or guide conversation, and opportunities to share ideas and insights with the larger groups.
Citizen's workshop (10)	UK	A six hour moderated group process. Three topics are addressed, each by a different small group. Groups summarize their discussions and present to the larger group. The large group discusses an overall question at the end.
Citizen's panel (6, 7)	US	An in-person, 20-hour deliberative session held over 2.5 days with 24-30 participants. Participants review educational materials and case studies. Moderated discussion occurs in small and large groups. Participants can interact with experts.
Citizen's jury (10)	UK	A panel of jurors meets for 2.5 days. The jurors are introduced to three different topics and deliberate about each. Each topic includes witness presentations and the opportunity to ask questions. The jury deliberates on an overall question, identifies things that most urgently need to be changed and by who. Goal is agreement on a final set of conclusions.

Process	Country	Description
Deliberative dialogue (21)	CAN	A two-day meeting that includes a series of presentations and panels on key topics, as well as small and large group discussions. Participants have an opportunity discuss what they think are the most important priority directions for the topic, as well as next steps.
Short (2-3 hours) weekly sessions (4-6 weeks) (22)	US	Includes various similar processes with different names (study circles, multi-phase process, embedded dialogue, neighborhood forum).
Community bioethics dialogue (11)	US	In-person facilitated group sessions (i.e., dialogues) held for 2 hr once weekly for 6 weeks, and final review session held 1 month after week 6 session.
Community deliberation (6, 7)	US	Two in-person, 2.5-hour deliberative sessions, separated by one week of online interaction. During the first week, participants review educational materials and explore issues in a case study. Over the next week, they have online discussion with group members and experts. In week two, they return to discussion of the first case study and discussed a second case study.
Online deliberative polling (6, 7)	US	Twelve participants meet for 1.25-hours once weekly for four weeks. Meetings take place through teleconference (synchronous online). Participants listen to a recorded Q&A via a moderator with three experts.
Citizen's Jury (23)	UK	A panel of 16 citizens meets for 2.5 hours, twice a week for five weeks. The first session introduces the jurors to the topic. Other sessions involve hearing from "witnesses" and asking for points of clarification. The final session involves constructing recommendations.
Hybrid participatory spaces (24)	Netherlands	An approach sensitive to top-down and bottom-up incentives for participation. Involves creating participatory initiatives or spaces, which are sponsored by public authorities but maintain a direct connection with the local user movement.
Participatory action research (25)	UK	Community practitioners lead and manage local engagement projects to support community-led data collection and sharing. Projects are supported through novel digital storytelling and web platforms, enabling community research groups to identify themes and share key findings to a wide audience.
Combination (choicebooks, story-telling, blogs, roundtables) (5)	CAN	A combination of processes used to engage the public and inform development of national mental health policy.
Multi-site rapid appraisal (combination) (26)	UK	A combination of qualitative, quantitative, and participatory research methods used to gather information. Includes: developing a community profile, identifying and interviewing key informants, holding open stalls with the general public at community hubs, focus groups, questionnaires, collating and analyzing data, providing feedback to local community.
Combination (roundtables, meetings, surveys) (27)	CAN	Various approaches are used to exchange views, promising practices and research with Canadians, and then advise the federal government.
Combination (Public meetings, surveys) (28)	US	A series of public meetings (held in various community locations) and a random-sample telephone survey are conducted to ensure citizen preferences are included in spending priorities.

APPENDIX E: LIST OF KEY INFORMANTS

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Director, CIHR Collaborative Centre for Community-Based Research in HIV/AIDS
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APPENDIX F: TECHNOLOGIES AND INNOVATIONS

Technology	Description	Considerations from scan	Examples
Participatory mapping	Creating physical or digital maps to mark or share information such as community resources or values, development plans, or hazards, etc. (35)	○ Using maps rather than tables or charts allows people to identify their place in a particular space. [Key Informant #4] ○ Can be used to identify where certain types of services or supports are located or lacking. [Key Informant #4]	Engaged community members by using asset based mapping to identify where health and social services were located, as to identify food deserts. This supported discussion about lived experiences among underserved groups. [[Key Informant #4]
Social media and email	Using social media or email to communicate with or facilitate discussion between key stakeholders.	○ Can be used to connect and communicate with groups of interest. ○ Can be used to facilitate communication among groups but more effective when individuals already know one another. [Key Informant #4] ○ Use as part of face-to-face activities to bring in outside views or questions. [Key Informant #4] ○ Consider age of target group: may work better for Millennials. [Key Informant #4]	Social media and emails were used to recruit for World Cafés. (20) live Twitter feed in a room while conducting an in-person dialogue. [Key Informant #2]
Web-based discussion board or forum or online deliberative polling	Hosting online forums to engage stakeholders in dialogue. Participants may be asked to review educational materials as part of this engagement method. (7)	○ Online forums alone are not as effective as face-to-face or combination (face-to-face and online) forums.(7)	Edmonton citizen's panel had an online space where citizens could work between sessions. [Key Informant #2] In Carman et al., two in-person deliberative sessions were separated by one week of online interaction.(7)
Teleconferencing	Calling stakeholders either directly or to link to stakeholder group dialogue.	○ May be preferred over email for some individuals or groups.(11) ○ Can be used to engage participants with accessibility barriers to attending in-person on online dialogues.(7)	Carman et al. used teleconferencing at the same time as online deliberative polling (7).
Tablets	Using a portable computer to engage stakeholders.	○ Can be helpful for reaching underserved individuals by going to where they are in the community.	Used for peer-to-peer story telling. [Key Informant #3] CHAT (see below) sometimes implemented on iPads [Key Informant #1].

CHAT (formerly "Choosing Health Plans All Together" now "Choosing All Together")	Interactive game board used to facilitate value-laden allocation decisions among the public (15).	○ Content of game should be credible, sufficient, and easy to understand to a lay audience (15).	Used to determine priorities for patient-centered outcomes research (15).
Q Sort	Participants are presented with a sample of statements about a topic and are asked to rank-order the statements.	○ None found as part of scan	None found as part of scan
Choicebook	Survey tool. Participants are asked to make choices about competing priorities.(5)	○ Can be done online or in-person.	Used in combination with other online tools (e.g., blogs) to engage the public and stakeholders in building consensus around the vision and goals of the Mental health Strategy for Canada.(5)
Audience Response System or other form of key pad voting	Providing participants with a hand-held controller that can be used to transmit information to an audiovisual display anonymously and in real time (36).	○ Equalizes voices when it comes to voting [Key Informant #2]. ○ Useful for evaluating the engagement exercise [Key Informant #2].	Used to evaluate impacts of and satisfaction with participation in a public engagement event that focused on cancer health disparities (17).
Theatre	Using dramatic expression to facilitate trust-building and public discussion about value-laden topics.	○ Transcends language (do not have to speak English) - and can be used to communicate needs. [Key Informant #5].]	Playback Theatre in Toronto: participants are convened around a scene that they are interested in. One person is interviewed and an improvisational troupe performs the experience. Witnessing the performance usually triggers another person to share his or her story. [Key Informant #5]
PhotoVoice or VideoVoice	Participants are given cameras and are asked to capture their lived experiences or points of view on a given topic. The content can be later discussed with peers and narratives can be created to highlight key themes.	○ Photography is an equalizer because it can transcend barriers such as disabilities [Key Informant #5.]	None found as part of scan

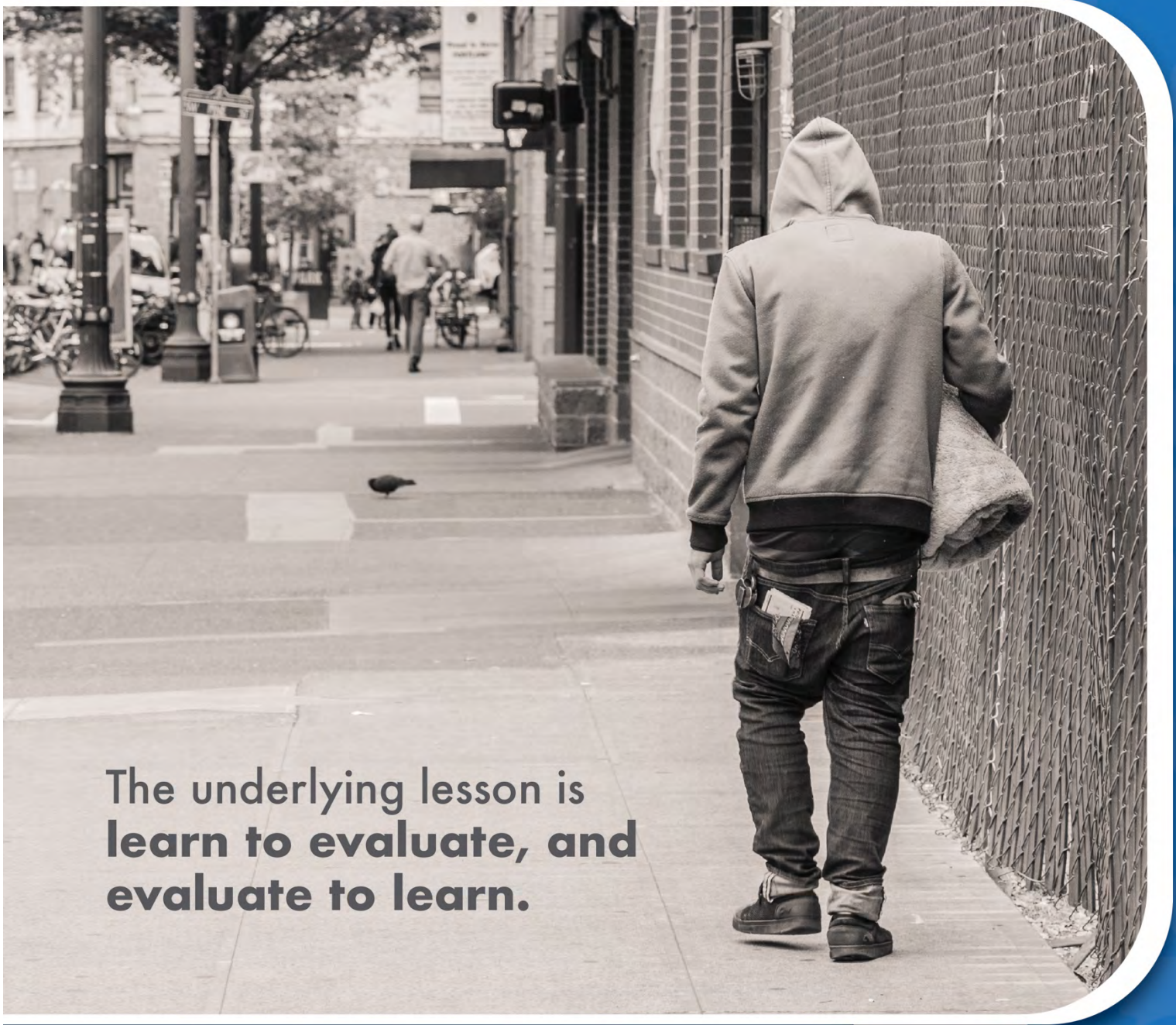
APPENDIX G: SUPPLEMENTARY RESOURCES

The table below provides a list and short description of relevant resources gathered while implementing the environmental scan. The majority of these were identified key informants. Others were found while searching for relevant literature, either as part of the search strategy or through cross-reference checking. Others still were known to the Propel team or identified while exploring resources provided by the Partnership as part of the Statement of Work for this project. The resources selected below do not constitute an exhaustive list of those encountered. Instead, only those believed to be most relevant to the Partnership's work engaging underserved groups in dialogue are included. These materials are meant to supplement information presented in this report and could be used to explore engagement methods without the focus on underserved groups or to dive more deeply into engagement practices focused on underserved populations.

Resource	Description
Large-scale public engagement	
Abelson, J., Gauvin, F.P., & Martin, E. (2010). Practicing the Theory of Public Deliberation: Case studies from the Health Sector in Ontario and Quebec. https://www.cpsa-acsp.ca/papers-2010/Abelson.pdf	Presents the experiences of health policy makers with public deliberation in the Canadian health sector. Rationales for use and impacts are discussed relative to goals for deliberative public participation.
Abelson, J., Montesanti, S., Li, K., Gauvin, F. P., & Martin, E. (2010). Effective strategies for interactive public engagement in the development of healthcare policies and programs. Ottawa: Canadian Health Services Research Foundation. http://www.cfhi-fcass.ca/sf-docs/default-source/commissioned-research-reports/Abelson_EN_FINAL.pdf?sfvrsn=0	Synthesis of the current state of knowledge on public engagement in the health field at a provincial (New Brunswick) / regional level. Focus on engagement of rural populations; in both official languages; and determinants of health.
City of Edmonton. (2013). Citizens' Panel on Edmonton's Energy and Climate Challenges. https://www.edmonton.ca/city_government/documents/PDF/CitizensPanel-EnergyClimateChallenge.pdf	Report detailing a citizen's panel that was convened in Edmonton in 2012 by the City of Edmonton's Office of Environment. The discussion focused on energy and climate change and resulted in a series of recommendations.
Degeling, C., Carter, S. M., & Rychetnik, L. (2015). Which public and why deliberate?–A scoping review of public deliberation in public health and health policy research. Social Science & Medicine, 131, 114-121.	Scoping review that identifies deliberative methods used in public health and health policy research. Distinguishes how deliberative methods engage different publics (i.e., citizens, consumers, and advocates).
Degeling, C., Rychetnik, L., Street, J., Thomas, R., & Carter, S. M. (2017). Influencing health policy through public deliberation: Lessons learned from two decades of Citizens'/community juries. Social Science & Medicine, 179, 166-171.	Provides a synopsis of what is currently known about Citizens' / community juries as well as considerations for using this type of approach for informing health policy decision-making.
Li, K. K., Abelson, J., Giacomini, M., & Contandriopoulos, D. (2015). Conceptualizing the use of public involvement in health policy decision-making. Social Science & Medicine, 138, 14-21.	Explores and defines the concept and process of public involvement use in health policy decision-making.
Street, J., Duszynski, K., Krawczyk, S., & Braunack-Mayer, A. (2014). The use of citizens' juries in health policy decision-making: a systematic review. Social Science & Medicine, 109, 1-9.	Systematic review focussing on the use and adaptations of citizens' juries. Examines overall process, recruitment, evidence presentation, documentation and outputs in empirical studies, and the relationship of these elements to theoretical explications of deliberative inclusive methods.

Reaching and engaging underserved groups	
Attygale, L. (2017). The context experts. Tamarack Institute. http://vibrantcanada.ca/files/the_context_experts.pdf	Grey paper that explores "How to increase the authenticity of community engagement and eradicate tokenistic community engagement through the meaningful involvement of context experts." Context experts are those who have lived experience and an understanding of a particular context/environment.
Bonevski, B., Randell, M., Paul, C., Chapman, K., Twyman, L., Bryant, J., ... & Hughes, C. (2014). Reaching the hard-to-reach: a systematic review of strategies for improving health and medical research with socially disadvantaged groups. BMC medical research methodology, 14(1), 42.	Systematic review focussing literature regarding the barriers to sampling, recruitment, participation, and retention of members of socioeconomically disadvantaged groups in health research and strategies for increasing the amount of health research conducted with socially disadvantaged groups.
Brackertz, N., & Meredyth, D. (2009). Community consultation in Victorian local government: a case of mixing metaphors?. Australian Journal of Public Administration, 68(2), 152-166. Brackertz, N., Zwart, I., Meredyth, D., Ralston, L. (2005). Community Consultation and the 'Hard to Reach': Concepts and Practice in Victorian Local Government. Institute for Social Research. Swinburne University of Technology. http://library.bsl.org.au/jspui/bitstream/1/753/1/HardtoReach_main.pdf	Peer-reviewed paper and grey report investigating how municipalities in Victoria (Australia) practice community consultation with underserved groups.
Casman, M.T., Vranken, Dierckx, D., J., Deflandre, D. & Campaert, G. (2010). Experts by Experience in Poverty and in Social Exclusion- Innovation Players in the Belgian Federal Public Services. Antwerp, Belgium: Garant. http://vibrantcanada.ca/files/goede_praktijkenboek_engels_def.pdf	A book that describes Belgium's Federal Public Service's innovative engagement approach whereby low income citizens were provided the opportunity to assume paid positions as "experts by experience" in the public service sector.
Etchegary, H., Bishop, L., Street, C., Aubrey-Bassler, K., Humphries, D., Vat, L. E., & Barrett, B. (2017). Engaging patients in health research: identifying research priorities through community town halls. BMC health services research, 17(1), 192.	Peer-reviewed article that describes a series of town halls convened in Newfoundland and Labrador to discuss patients' health research priorities.
Hanson LL, editor. Public Deliberation on Climate Change: Lessons from Alberta Climate Dialogue. Athabasca University Press; 2018 Feb 5.	Book that chronicles the Alberta Climate Change Dialogue that was first convened in 2010. The book contains chapters that focus on engaging underserved groups in deliberative dialogue.
Mulvale G, Chodos H, Bartram M, MacKinnon MP, Abud M. Engaging civil society through deliberative dialogue to create the first Mental Health Strategy for Canada: Changing Directions, Changing Lives. Social Science & Medicine. 2014 Dec 1;123:262-8.	Peer-reviewed article describing public engagement in the creation of the Canadian Mental Health Strategy.
Additional information about innovations identified in the scan	
Gamito EJ, Burhansstipanov L, Krebs LU, Bemis L, Bradley A. The use of an electronic audience response system for data collection. Journal of Cancer Education. 2005;20(1 Suppl):80–86.	Peer-reviewed article that explores the use of Audience Response Systems to capture data from community groups. The article provides a detailed description of using the system,

	application with underserved groups, as well as a list of advantages and disadvantages of using this technology.
Goold SD, Biddle AK, Klipp G, Hall, C, Danis M. "Choosing Healthplans All Together" A Deliberative Exercise for Allocating Limited Health Care Resources. J Health Polit Pol Law 30(4), August 2005.	Peer-reviewed article about using "CHAT" with good information about assessing quality of experience using this tool. underserved individuals were over-sampled as part of this study.
Toolkits and guidebooks	
Capire. (2016). Inclusive Community Engagement Toolkit: Version Two. Capire Consulting Group. Victoria: Australia. http://capire.com.au/#publications-section	Toolkit that identifies barriers that could inhibit participation of underserved individuals in engagement activities and how to address the barriers to maximize participation. The "Design and Implement" section provides a table identifying how various engagement types intersect with barriers to participation.
Snow, B., Tweedie, K., Pederson, A., Shrestha, H., & Bachmann, L. (2013). Patient engagement: Heard and valued. A handbook for meaningful engagement of patients that have not traditionally been heard in healthcare planning. http://www.cfhi-fcass.ca/sf-docs/default-source/patientengagement/awesome_handbook-fraserhealth.pdf?sfvrsn=2	The purpose of this handbook is to assist healthcare decision makers to plan, implement, and evaluate patient engagement processes with a focus on engaging patients whose voices have not traditionally been heard in healthcare planning, such as immigrants and refugees, those of low socioeconomic status, or people dealing with mental health and substance use issues.
Frameworks	
International Association for Public Participation (IAP2). 2007. IAP2 Spectrum. http://iap2canada.ca/page-1020549	Framework that identifies five levels of public participation along two dimensions: public participation goals and promise to the public.
National Coalition for Dialogue and Deliberation (2013). Engagement Streams Framework. http://www.ncdd.org/files/NCDD2010_Engagement_Streams.pdf	This framework is composed of two tables. The first table presents four "engagement streams" to help choose the appropriate form of engagement for the specific aim of the engagement. The second table provides details about various engagement methods (e.g., focus, size of group, participant selection).



The underlying lesson is
learn to evaluate, and evaluate to learn.

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