<table>
<thead>
<tr>
<th>Community Engagement: issues and priorities</th>
<th>Intent</th>
<th>Approach</th>
<th>Tools for engaging the public in population health improvement planning</th>
<th>Tracking and reporting (how to capture and roll up)</th>
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</table>
| All program, service and community areas.  | Incorporate the voice of those we serve, in all that we do. | Driven by needs of our clients and communities. PPH respects and values shared expertise and sources of evidence including lived experience. | • Ongoing relationships with groups and community, informal discussion with clients or community organizations, round table discussions with community  
• Partnerships – See [Practice Guideline – Clarifying and Learning from Partnerships](#)  
• Community level PHN and program staff work within local community area  
• Local Health Involvement Groups  
• Community Assessment  
• As part of strategic planning processes  
• Social media or input via website  
• Other methods as appropriate – e.g.  
• Surveys (Fraser Health, HealthChat) | Approaches and engagement efforts are summarized and shared quarterly:  
• Program monitoring reports  
• PHN tracking  
• Will be compiled and shared with public annually. |
| Concept phase, development, pilot phases   | Services which meet the needs of clients, families and communities. | Collecting and incorporating input during program/service development stages. Methods vary based on objectives but could include online survey, telephone survey or focus groups. | • Stakeholder consultation  
• Focus groups (round table discussions with community)  
• Surveys to gather input  
• Internal stakeholder feedback  
• Equity impact assessment  
• Professional survey services  
• Environmental scan (Peel Tool) | Captured and used to inform service, program planning. |
| Post-service feedback for improvement     | Facilitate ongoing improvements by incorporating client feedback on service. Consistent approach to facilitate program level roll-up. | Proposed core (consistent) questions as minimum set. Service areas may tailor wording (without changing intent) and/or may add additional questions relevant to their work. | • Evaluation forms, standard program feedback survey  
• Website pop-up questionnaire, analytics.  
• Social media feedback  
• Informal conversations with clients  
• Clients coming back or not (FFHV decline rate)  
• Client complaints, occurrences. |  
|                                            |                                                   |                                                   | Service areas, community areas collect and collate. PPH Quality Collates at program level; program level roll up to inform ongoing program and service improvements. |