

Community Engagement in the Right to Care Ordinance: Extending Nabatchi's Public Participation Framework Toward Transformative Communication

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ABSTRACT

Background and Objectives: Legal recognition of same-sex marriage is prohibited in most Southeast Asian countries. This has led a Philippine local government to pass the Right to Care ordinance, allowing LGBTQIA+ individuals to make medical decisions for their partners. In the development of local policy, community engagement is essential (Dada et al., 2023); however, there is limited understanding of how communication enables such engagement. Therefore, this study aims to answer how the Quezon City Local Government and MullenLowe TREYNA engaged the community in developing the Right to Care Card (RTCC) and how LGBTQIA+ couples and implementers describe their experiences and challenges in accessing and implementing the RTCC.

Methodology: This paper utilizes a qualitative research design, specifically a case study. Considering that this study focuses on community engagement, it is also anchored in the sociocultural tradition of communication, thus, emphasizing the importance of understanding community dynamics in a social and cultural context (Craig, 1999). The data were gathered through semi-structured interviews with stakeholders of the RTCC, selected through purposive sampling. For the first coding cycle, the researchers used Descriptive and Process Coding, while Pattern Coding was employed to determine the themes.

Results: It can be inferred that MullenLowe TREYNA and the QC LGU substantially engaged the LGBTQIA+ community, including other sectors, in developing the RTCC, with the forms of Modified Spectrum of Public Participation as the basis. Through the validation provided by the implementers and end-users of the RTCC, stakeholders can understand the expectations and limitations of the policy, specifically regarding the protection of their respective interests. In effect, as evidenced by the LGBTQIA+ representative's eagerness to push the passage of the ordinance to protect the lives of their partners, this eagerness demonstrates their empowerment. It reflects their ability to express their gender identity and their same-sex relationship, which aligns with the final form of public participation.

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Discussions: The researchers propose that the first form of public participation, Inform, has become in the case of RTCC, less applicable in the current context of public participation, given how governments engage the public for policy development. They suggest that Inform may be replaced with Identify. The researchers also suggest the placement of Participatory Communication and Transformative Communication in the proposed framework, as it was also found that the proponents and adopters' responses focused on grassroots mobilization and RTCC adoption in other cities.

Conclusions: The QC LGU and MullenLowe TREYNA have strengthened their image as an inclusive local government and agency, respectively, because they were able to consult various sectors and make it possible to implement the RTCC within the city. The implementation of the RTCC also showed that the LGBTQIA+ couples are empowered in securing the RTCC and protecting the lives of their partners. Empowerment should not be understood only in terms of access but should also be evaluated based on whether local government processes enable beneficiaries to realize the intended benefits of the policy. These findings recommend further studies on other cities that recently implemented the RTCC, as well as a quantitative study for further validation.

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Introduction

In planning and implementing a universal health policy, the study by Allotey et al. (2019) argues that governments engage in an intricate political and legislative process. The study also cites the value of community engagement as part of the process, as community engagement measures the impact of policy or project implementation. Communication has been an essential component in studying and implementing community engagement initiatives. The value of communication sources and messages was emphasized in the study by Dada et al. (2023) on community engagement for health programs to be implemented in developing countries. This is a precursor to Dada et al.'s (2023) argument that communication is a key component of community engagement. They even refer to it as "Community Engagement communication" (p. 1080), which shows that communication and its interdisciplinarity are essential to community engagement.

Building on these points, the Quezon City Local Government Unit (QC LGU) and MullenLowe TREYNA, both based in the Philippines, engaged the community members in the development of the Right to Care ordinance. The QC LGU, through its City Council, passed SP-3221, or the Right to Care ordinance, which allows LGBTQIA+ couples to provide care and make

decisions during a partner's hospitalization at any healthcare provider in the city by presenting the Right to Care Card (RTCC). To obtain the RTCC, one or both partners should be residents of Quezon City; they are required to complete the application forms and the Special Power of Attorney (SPA), and to attend a seminar to ensure that the scope and limitations of the RTCC are clear. When considering the array of gender-related initiatives undertaken by the QC LGU, it is evident that the city remains steadfast in its pursuit of opportunities for the betterment of the members of the LGBTQIA+ community, exemplified by the Right to Care ordinance.

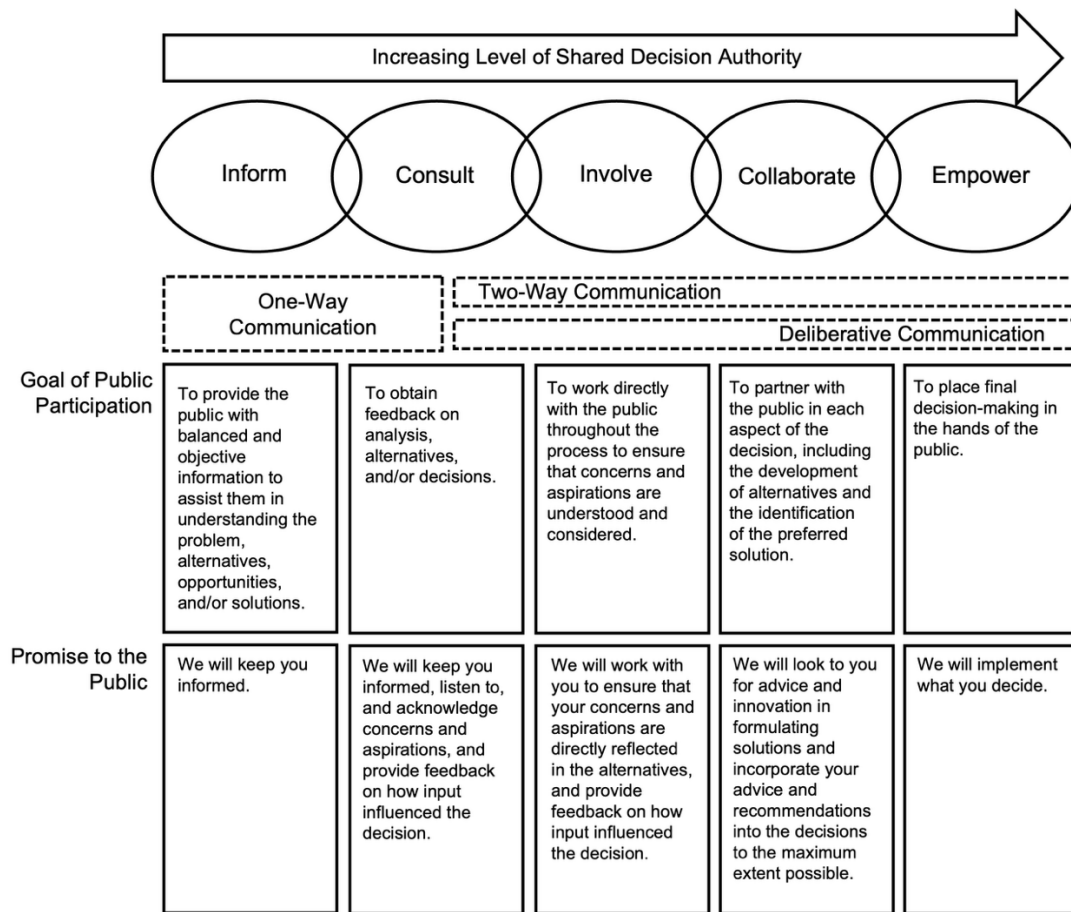
Although community engagement has been studied in policy development, there is still a need to understand the role of communication in supporting community engagement, particularly in marginalized communities. For example, Nabatchi's (2012) Modified Spectrum of Public Participation provides a basis for understanding how communication is used across different forms of public participation. However, the framework gives limited attention to less structured forms of participation, as well as how marginalized groups are identified and engaged, and how communication supports their participation in policy development. This is important in understanding how LGBTQIA+ communities can be involved in addressing their needs and concerns in the context of this study.

The findings of this study can contribute to communication theory or framework development by extending the understanding of communication in community engagement and showing how it can support the participation of marginalized groups in policy development. They may also serve as evidence for other local government units, national government agencies, and the legislative branch in developing policies that consider public participation. Therefore, considering the context of the RTCC as the first of its kind in the Philippines, its development by the QC LGU, and the identified research gaps, this study seeks to answer the following questions:

RQ1: How did the QC LGU and MullenLowe TREYNA engage the community in developing the Right to Care ordinance?

RQ2: How did LGBTQIA+ couples and implementers describe their experiences and challenges in accessing and implementing the RTCC?

In answering the research questions, the study is guided by Nabatchi's (2012) Modified Spectrum of Public Participation with Communication Modes (MSPPCM). According to Nabatchi (2012), one-way communication is only to share information from the proponents to the target audience through various mechanisms, while two-way communication is an exchange of information between the proponents and the target audience; therefore, it can initiate efforts to address community issues and problems (Nabatchi, 2012). Lastly, deliberative communication, as claimed in the study by Gastil (2008, as cited in Nabatchi, 2012), is also an exchange of information, but with emphasis on assessing and discussing the identified community issues and problems and proposing solutions considering the multiple perspectives presented.

Figure 1*Modified Spectrum of Public Participation with Communication Modes (Nabatchi, 2012)*

The study by Nabatchi (2012) also explains each form identified and defined in the IAP2's Spectrum of Public Participation. First is Inform, which indicates one-way communication; therefore, no influence on decision-making has been made yet. Examples of one-way online sources such as web pages and information sheets are also provided. Nabatchi recognizes the importance of selecting participants, especially in studies concerning marginalized communities. Identifying who should participate should be considered an important part of the participation and policy development process. The second form is Consult, which demonstrates one-way or two-way communication and hence provides minimal input in the decision-making process. This could be done through public consultations and focus group discussions; however, the extent of their participation still depends on how their inputs are considered and is not necessarily for compliance and documentation purposes.

Furthermore, the third form is Involve, which employs two-way or deliberative communication. This form engages individuals or communities to ensure their concerns are acknowledged and addressed during the decision-making process (IAP2, 2007, as cited in Nabatchi, 2012). Nabatchi (2012) also adds that this could be done through "deliberative polling and national issues forums" (p. 703). Similar to Involve, the fourth form, Collaborate, employs two-way or deliberative communication, as this involves partnerships with groups and the development of options and solutions during the decision-making process (IAP2, 2007, as cited in Nabatchi, 2012). This also recognizes the role of an advisory committee in the process

(Nabatchi, 2012). Lastly, the fifth form is Empower, which indicates deliberative communication. This is crucial as the decision lies with the public, which reflects the role the proponent or government intends to support (IAP2, 2007, as cited in Nabatchi, 2012). This framework is useful for public participation that is implemented by governments, anchored in their policies. However, considering the emergence of various channels today, the participation of citizens in less formal settings would also be valuable, as these provide opportunities to express their needs and experiences, especially for marginalized communities. Considering that the goal is to acquire insights for policy development, participation should be continuous to support changes in community engagement and other institutions.

Literature Review

The Value of Community Engagement in Developing Policies

The study by Matthews (2020) explains that community engagement with civil society organizations is essential in policymaking that intends to improve health services and outcomes, particularly in relation to sexual and mental health among LGBTQIA+ individuals. However, in some countries, such as England, the transgender community was not engaged in policymaking concerning health and equality. As a result, the policies developed still failed to address their needs, particularly the need for safe spaces in these cities (Smith et al., 2023). Aside from addressing the needs of the LGBTQIA+ community, some policies, particularly in the United States, also contain stereotypes. This has led to opposition to these policies from various minority groups, especially in schools. These gaps raise the question of how community engagement can better involve marginalized communities in policymaking and address their needs.

Given these gaps, Holton et al. (2020) suggests that forging partnerships with communities may benefit them in communicating their goals. However, the assessment of community resources and how these resources benefit communities remains limited. Thus, more research is needed. This also limits the understanding of how these resources can support community engagement. A similar issue is also present in India, where the effectiveness and outcomes of community engagement have not been sufficiently measured, particularly in health access and equity (Dutta et al., 2020). This suggests that community engagement should not be limited to participation, but also in ensuring that these efforts benefit the communities involved.

This is supported by a study showing that in the Asia-Pacific region, community engagement can strengthen healthcare services, particularly by increasing demand for these services (Dodd et al., 2019). Therefore, evaluating community needs and providing support through government institutions may lead to effective community engagement.

Legal Recognition of Same-Sex Partnerships and its Impact on Health

There has been an increase across nations in legal recognition of same-sex partnerships. Southeast Asia exhibits regional variations in LGBTQIA+ community visibility and social acceptance; however, same-sex couples are still excluded from legal recognition, which represents a gap in equality in the region. For example, same-sex marriage in Indonesia is not allowed as it violates the *maqasid syari'ah* and Indonesian law, which limits marriage to a man and a woman and is anchored in its religious context. This is similar to Malaysia, where Islam also influences views on marriage. Aside from Islam, religious institutions generally do not perform or

condone same-sex marriages (Mulyono, 2019). In Vietnam, political considerations and policies on non-discrimination are vital to the possible introduction of same-sex marriage in the country (Nguyen & Doan, 2022). These reflect differences in the legal and socio-cultural contexts across Southeast Asian countries.

These limitations in legal provisions for LGBTQIA+ couples contribute to the stress and mental health challenges that they currently experience (Alibudbud, 2023). For instance, the legalization of same-sex marriage in the Netherlands in 2001 significantly increased the number of LGBTQIA+ couples, boosted the community's mental well-being, and helped close the mental health gap compared to the general population (Chen & Ours, 2021). A similar development can be observed in Thailand, which approved the Equal Marriage Law (Hasan, 2025), allowing LGBTQIA+ couples to marry and make medical decisions for their partners. Considering the country's beliefs and traditions, these cultural factors may have contributed to the enactment of the law.

Given these developments and gaps, especially in Southeast Asia, the literature suggests conducting further studies to evaluate the needs and experiences of the LGBTQIA+ communities, particularly on the implications of exclusion. These studies may support the development of more inclusive policies and the recognition of LGBTQIA+ rights in the future.

Research Methods

Research Design

This paper utilizes a qualitative research design, specifically a case study, to explore the development of the Right to Care Card Ordinance. The QC LGU was selected as the case because it was the first to implement the RTCC and, at the time of data gathering, the only LGU implementing the policy.

Because this study focuses on community engagement, it is anchored in socio-cultural tradition of communication, which involves examining and understanding community dynamics within social and cultural contexts (Craig, 1999).

Participants and Data Analysis

The data were gathered through semi-structured interviews with the informants, specifically the key stakeholders of the Right to Care Card. The informants were selected through purposive sampling. The researchers developed a coding sheet to analyze the data collected from the informants. They organized the answers according to the concepts present in the framework, shortened the responses, and identified preliminary codes. Descriptive (RQ1) and Process Coding (RQ2) were utilized, while Pattern Coding was employed to determine the themes. Both researchers were involved in the analysis and conducted repeated reviews of the transcripts and compared their coding to ensure consistency. Differences in coding were discussed and resolved between the researchers. The findings were also linked to the interview data to ensure credibility, accuracy, and confirmability.

A total of 19 informants were interviewed for the study, comprising five participants in the public consultation, four implementers, and 10 LGBTQIA+ couples who were interviewed jointly as RTCC end-users. The sample size was determined based on the relevance of the informants to the research questions and the sufficiency of information gathered during the interviews. Data

collection continued until data saturation was reached, when subsequent interviews no longer generated new categories or insights.

The adequacy of the sample was also analyzed based on information power, considering the informants' direct experience with the consultation, implementation, and application process of the RTCC. This has provided sufficient and relevant information for the study.

For **RQ1**, the initiation and adoption of the Right to Care ordinance were carried out by the public relations agency, MullenLowe TREYNA, and the QC LGU, through its mayor, represented by the GAD Council. They were interviewed to answer the objective of how MullenLowe TREYNA and the QC LGU engaged the LGBTQIA+ community in developing the RTCC. To validate their responses, selected resource persons invited during the public consultation on the QC Right to Care Ordinance were also interviewed. RP1, based on the proceedings of the public consultation, was the only LGBTQIA+ individual in attendance, representing the LGBTQIA+ community. While RP2 and RP3 were the resource persons from the district hospitals of Quezon City.

Table 1

Informants: The Community Engagement Fostered by the QC LGU and MullenLowe TREYNA in the Development of the RTCC

Informants	Role in the Study	Affiliation
PR1	Proponent, RTCC	MullenLowe TREYNA
AD1	Adopter, RTCC	QC LGU
RP1	Resource Person, Public Consultation, RTCC	QC Pride Council
RP2	Resource Person, Public Consultation, RTCC	Rosario Maclang Bautista General Hospital (RMBGH)
RP3	Resource Person, Public Consultation, RTCC	Novaliches District Hospital (NDH)

For **RQ2**, the LGBTQIA+ couples and implementers were asked about their experiences and challenges in accessing and implementing the RTCC. [5] The study included four personnel directly involved in the RTCC implementation, including administrators from the three district hospitals and the personnel responsible for the application and orientation based in the QC LGU.

Table 2

Informants: LGBTQIA+ Couples' and Implementers' Experiences and Challenges in Accessing and Implementing the RTCC

Informants	Role in the Study	Affiliation
IP1	Implementer, RTCC	GAD Council
IP2	Implementer, RTCC	Administrator, Quezon City General Hospital
IP3	Implementer, RTCC	Administrator, RMBGH
IP4	Implementer, RTCC	Administrator, NDH
LC1 to LC10	10 LGBTQIA+ Couples/ End-users, RTCC	General Public

The interview took approximately 15–20 minutes for each informant. Before the interview, the researchers provided a brief overview of the study and secured informed consent from the

informants, specifically explaining where the data would be used and that their identities would not be collected or published in the study. The interviews were conducted in Filipino and English, depending on the preference and responses of the informants. The instrument used was reviewed for ethical compliance, and a certificate (No. 2024-221) was issued on 24 November 2024 by the Chief of the Center for Research and Extension, the Polytechnic University of the Philippines.

Findings and Discussions

The Community Engagement fostered by the QC LGU and the MullenLowe TREYNA in developing the RTCC

Soliciting Immediate Feedback

Based on the form, **Inform**, the proponent and adopter were asked how they informed the LGBTQIA+ community and other stakeholders during the conceptualization and potential adoption of the RTCC. The responses of the proponents and the adopters revealed that their focus was primarily on potential implementers of the RTCC, such as Health Maintenance Organizations (HMOs), private hospitals, and other implementing stakeholders. The adopter said:

AD1

"Importante sa amin yung consultation with various stakeholders, lalong lalo na kapag yung... mga involved in implementing that." [Consultation with various stakeholders is essential, especially if we know who implements that.]

It was observed that there was no direct reference to the LGBTQIA+ community. This is similar to the findings of Wukich and Mergel (2016) that governments focus on acquiring information from other institutions rather than providing information to the citizens. This may imply that the community engagement focused more on institutional coordination than on directly involving the LGBTQIA+ community, whether through districts or barangays in QC. Additionally, the resource persons who participated in the QC Right to Care Ordinance public consultation were asked how they learned about the proposed RTCC for validation. Their responses indicate that feedback was solicited before the formal public consultation organized by the Quezon City Council.

RP1

"Nagpapagawa siya [Mayor Belmonte] ng on-site seminar... Mga five months siguro yun or six months kaming nagbe-brainstorming..." [Mayor Belmonte holds an on-site seminar for around five or six months. We are brainstorming...]

This implies that the representative's continued attendance in the activities mentioned above means that the representatives are determined to participate if they have concerns to share and resolve; hence, the quality of interaction may have been shaped not only by the activity itself but also by the opportunity for continued communication between the government and the representatives (Ambrose & Siddiki, 2024). This may have allowed the LGBTQIA+ representative to raise the community's concerns beyond the formal consultation it had for the RTCC.

Supporting Open Government-Citizen Communication

Based on the **consultation**, the proponent and adopter were asked about the consultative initiatives undertaken during the conceptualization and potential adoption of the Right to Care Card. The proponent and adopter mentioned that during the development of the RTCC, various sectors were consulted multiple times: legal, basic and higher education, health, and religious sectors. The proponent of the RTCC mentioned that its consultation phase was focused on the legal aspect of the RTCC, particularly the review of its draft SPA.

PR1

"Nakapag-consult na sa mga lawyers, nakapag-draft na ng sample document of the special power of attorney... cliente ang kailangan mo na lang..." [We were able to consult with lawyers and draft a sample SPA, and we only need, that time, a client.]

This action aligns with the claims of Plantinga et al. (2024) that public participation acknowledges that lawyers play a significant role in policy development, concerning data privacy and protection, and in drafting the policy itself. This can also help ensure that the solutions provided are considered within the Philippine laws. The resource persons were also asked how they were consulted about the RTCC, especially during the joint public consultation held on August 30, 2023. They mentioned their participation alongside other stakeholders invited by the QC LGU.

RP2

"Yung sa akin is from the launching and public consultation. So that was attended by various stakeholders... maraming queries regarding the legalities..." [My participation was from the launch and public consultation. So, various stakeholders attended... there were various queries regarding the legalities...]

They specifically noted the involvement of councilors, hospitals, lawyers, and the QC Health Department in order to validate the participation of various sectors during the public consultation. These representatives are from the offices of the QC LGU who also serve as focal persons for the RTCC, which indicates that they can maintain communication not only with the representatives but also with those who applied for and used the RTCC during its implementation, and can support its evaluation after five years. It has been claimed that multi-sectoral participation is essential to policy making as it reflects the needs of citizens (Sharma & Kumar, 2023).

Understanding Policy Expectations and Limitations

Still based on **Consult**, another general theme was developed based on the responses of the resource persons on how they were consulted about the RTCC during the joint public consultation.

The LGBTQIA+ representative detailed that when they started cohabitating, she was able to see the events, especially during periods of illness, that had happened to her partner, which the parents did not entirely know. Given this, she may already make medical decisions for her partner, adding that both are of legal age. However, one of the district hospital representatives

noted that even if a partner is of legal age, they are still classified under the pediatric group, not until the day that they turn 19.

RP2

"Parang 'pag titingnan natin kasi may may mga ano siya, may mga parang gray area like, ah 18 and 300 something days. Nasa pediatric group sya... [If you check it, it has gray areas, for example, 18 and 300 something days, he/she is under the pediatric age...]

A similar point was also found in the study of Elton and Gonzales (2022). However, in the case of married LGBTQIA+ couples, they can receive proper medical care without delays, considering each other's health observations. This finding emerged through an interview survey covering 2015-2018. Therefore, this may imply that the RTCC may reduce barriers to healthcare access and allow partners to be considered in healthcare decisions. Furthermore, healthcare should not be limited by age or marital status, as patients should be treated based on their needs. The resource persons also highlighted the limitations discussed during the joint public consultation. One of the resource persons mentioned that if disagreements arise between a couple and one intends to revoke the RTCC, this cannot be prevented. She added that this is a favorable aspect of the SPA, despite the limitations it entails.

RP1

"Sa special power of attorney na 'yun, 'pag kinancel nung isa, walang magagawa 'yung isa..." [That special power of attorney has limitations. Once he/she cancels the RTCC, the other partner cannot do anything about it...]

This could also be avoided, as suggested in the study by Zietlow et al. (2022), which emphasizes that prior to signing an SPA, it is vital that a couple or an individual is psychologically stable. They also added that individuals may consult medical experts to ensure that decisions align with their partners' best interests. This can be seen as the flexibility of the RTCC, as aside from its legal nature, it also acknowledges that relationships can end; hence, there should also be a way to cancel the RTCC through the SPA.

Protecting Organizational and Personal Interests

Based on **Involve**, the proponent and adopter were asked about the concerns raised and how they were addressed during the development of the RTCC. Their responses focused on the fact that medical practitioners may have to face the family members of an LGBTQIA+ patient, who might question why the SPA supersedes their authority and jurisdiction. As a result, the LGBTQIA+ partner would have the legal right to decide on behalf of their partner. The adopter emphasized that no legal cases can be filed against medical practitioners, given the authority of the SPA.

AD1

"It was explained naman from the DOH and the City Legal Department na walang magiging liability ang mga hospital..." [It was explained from the DOH and the City Legal Department that hospitals do not have liability...]

The consent form and the SPA are the legal documents being completed by LGBTQIA+ couples applying for the RTCC. These documents, as mentioned in the study of Risdawati and Kes (2024), are not the patients' responsibility but support the legal protection of medical practitioners. This shows that the RTCC also addresses the concerns of medical practitioners raised during the public consultation. It may give them greater confidence in treating patients based on the decisions of the patient's partner. On the other hand, the resource persons were also asked how the QC LGU addressed their concerns during the joint public consultation. The LGBTQIA+ representative mentioned that she and the hospitals agreed on the stipulations and scope of the RTCC, acknowledging each party's perspective, which led to the passage of the QC Right to Care Ordinance.

RP1

"Kasi yung point niyo [doctor] kasi medically, maganda, 'pag may nangyari... Pumirma naman sila e... may liability sila. Ayun, naipasa naman." [We never see that point, since your [doctor] point is medically good, that is correct if something happened...they have a liability. Then, the ordinance was passed.]

However, it was found that not all public consultations result in the passage of a policy through discussions. For instance, in Hong Kong, the public and the government negotiate during public consultations due to varied standpoints; hence, the study of Choi and Wong (2024) suggested that the public groups unite with other groups and individuals to make their standpoint more influential in the policy being developed. This implies the value of not limiting consultations to institutional coordination and of having informal meetings with LGBTQIA+ representatives, as these may provide opportunities to involve more groups and develop a stronger position in policy development.

Undervaluing Community Collaboration

Based on **Collaborate**, the proponent was asked how the agency collaborated with stakeholders in finalizing the RTCC concept, while the adopter was asked how the QC LGU collaborated with gender equality advocacy groups before implementing the RTCC. The former's response highlighted its proposal with the QC LGU, specifically to the decision makers, the local chief executive, and the department heads.

PR1

"Sino na lang ba yung may governing powers to change the policies themselves, 'di ba? Tapos parang, sabi na if pwede kaming makapag-present [to the QC LGU]" [Who else has more governing powers to change the policies, right? Then, it was mentioned that if we can present [to the QC LGU.]]

It shows that the RTCC became possible through a public-private partnership (PPP). This is based on the study published by the Asian Development Bank (2023), which also suggested a kit to further enhance the implementation of gender-related services through a PPP, specifically offering gender-sensitive strategies throughout project development, implementation, and monitoring. This shows that private institutions, like MullenLowe TREYNA in the context of this study, may contribute to the gender-related programs of an LGU that complement their

resources and capacity. Additionally, this became possible because the Mayor of QC, Ms. Josefina Belmonte, allowed MullenLowe TREYNA to present the RTCC and later implemented it. Therefore, this also reflects the role of political leadership in QC. On the other hand, the resource persons were asked to confirm whether formal collaborations were made with them or other groups for the RTCC during its conceptualization stage. However, the LGBTQIA+ representative mentioned that she was the sole representative from the LGBTQIA+ sector during the consultation stage of the RTCC.

RP1

"No. Ako lang ang LGBT sa lahat ng sectoral [sector] kasi kailangan lahat ng sector malalaman nila na magbibigay sila ng mga insights..." [No. I was the only LGBT person in all the sectors present since it needs to be well represented for them to know that they will give insights.]

Therefore, it can be inferred that there was an underrepresentation in informing and involving more LGBTQIA+ individuals/groups, GAD focal persons, and medical practitioners. The result is similar to the findings of Ceatha et al. (2022) that in Ireland, the LGBTQIA+ community is also underrepresented during consultations in policy development. They also added that this underrepresentation is linked to increased stigma and exclusion.

Acknowledging One's Role and Capacity

Based on **Empower**, the proponent was asked about its proposal to the QC LGU and how it presented the feasibility of the RTCC. It was confirmed that the provision allowing a partner to claim the remains of the deceased should be removed. Additionally, it was also stated that using an SPA had already been valid even before the RTCC. This is evidenced by the Philippines' Health Department's Health Privacy Code. However, the RTCC gained attention due to its focus on LGBTQIA+ couples.

The resource persons were also asked about their major considerations in accepting (for the LGBTQIA+ community representative) and implementing (for the district hospitals) the Right to Care Card. The lone LGBTQIA+ representative emphasized the importance of the RTCC and a partner's role during a life-threatening situation. She added that if no immediate family members are present, the partner is the closest person to the patient who can make urgent decisions. She highlighted the RTCC's value in potentially saving a partner's life.

RP1

"Pag nasa ospital kayo, nasa bingit ng kamatayan... sino 'yung taong malapit sa tao na kayang kayang magdesisyon sa araw na 'yun?" [When you are hospitalized, in a critical condition, who is the person closest to the patient who can decide that day?]

This implication is supported by the claim of Samir Kumar et al. (2023) that when individuals have an improved sense of decision-making, in this study, serving as a health agent for their partner empowers them as individuals and extends to the communities. Meanwhile, the district hospital representatives provided directives to the heads and medical practitioners to

implement the RTCC. For instance, one district hospital representative stated that she echoed the information to department heads.

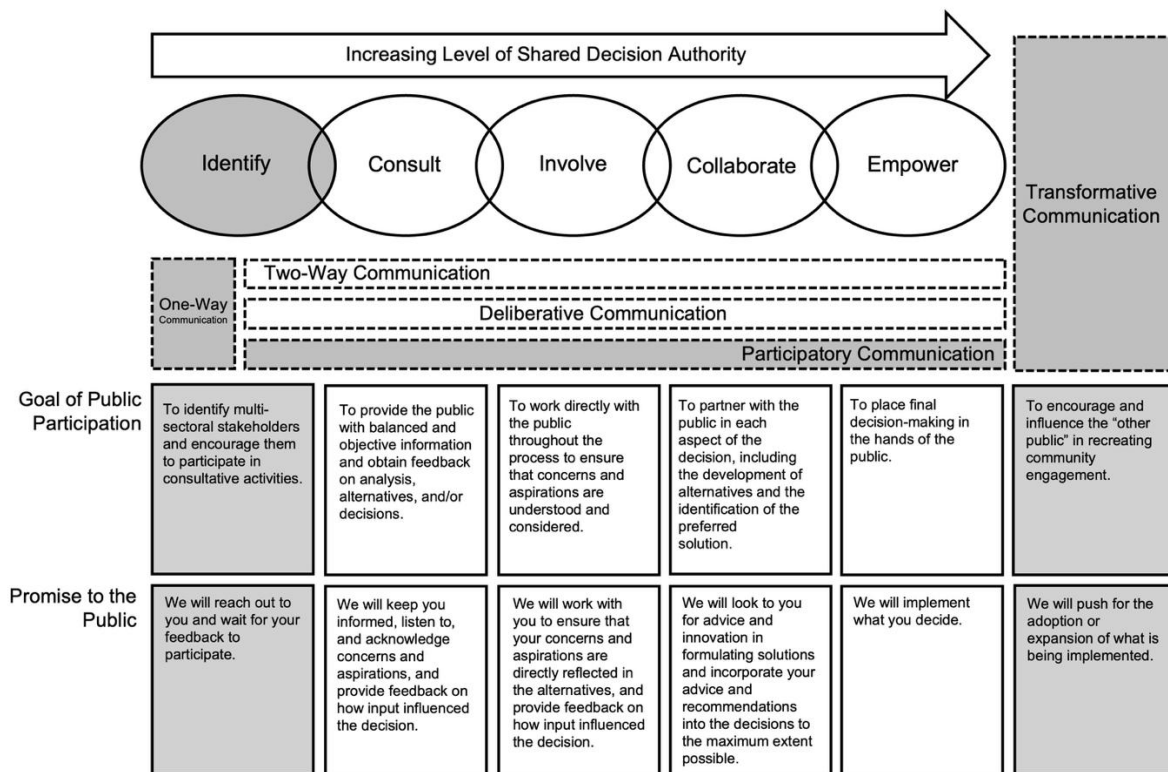
RP2

"Na-echo ko siya with the heads so para aware sila with the Right to Care Card. Meron siya dapat office order na we will be implementing this." [I echoed it with the heads so they know about the Right to Care Card. It needs to have an office order that we will be implementing this.]

This could be a good implication, considering that the structure and communication channels in the district hospitals are being observed. These factors were not recognized in a city in Indonesia, where there were constraints in implementing local policies (Haryani, 2021). However, it was also revealed that one hospital had not issued any internal formal communication, such as an office order or implementation guidelines, for the RTCC. Given this scenario, the absence of an office order may be a concern. This may affect the early implementation of the RTCC, particularly on uncertainty in handling RTCC-related requests and may result in differences in how the ordinance is applied in the district hospitals.

Figure 2

Transformative Communication through Community Engagement Framework (TCCEF)



Note. Changes made in the MSPPCM, as the basis, were shaded in gray.

The findings show how the five forms of the MSPPCM were observed in the RTCC development process. First, Soliciting Immediate Feedback, anchored on Inform, does not coincide with how this form was explained, as the participants were also involved in providing

feedback. Meanwhile, Supporting Open Government-Citizen Communication and Understanding Policy Expectations and Limitations, anchored on Consult, aligns with the framework, as resource persons were solicited for feedback about the proposed ordinance. Similarly, Protecting Organizational and Personal Interests, anchored on Involve, was also achieved, as participants considered their roles and interests in the process. However, Undervaluing Community Collaboration, anchored on Collaborate, partly conforms to the framework, as the findings indicate limited collaboration among the sectors involved. Finally, Acknowledging One's Role and Capacity, anchored on Empower, aligns with the framework, as participants recognized their roles and capacity in the process. Based on these findings, this study forwards this tentative framework as an emerging extension to Nabatchi's MSPPCM. However, considering that this framework emerged from a single case study, the researchers acknowledge that it remains exploratory and needs to be validated through further research across other cities, policies, and contexts for comparison, as well as through quantitative studies. Lastly, due to the political and institutional characteristics of the QC LGU and the RTCC, these factors may have shaped the participation processes; hence, the researchers propose extending Nabatchi's existing framework. Below are the proposed modified and new concepts of the MSPPCM:

1. Inform to Identify (Including the Goal of Participation and Promise to the Public).

The researchers suggest that the first form, Inform, in the context of RTCC development, is less applicable to public participation, given how the QC LGU engaged the public in developing the ordinance. This may explain why the findings do not coincide with the presumed one-way communication. The researchers also suggest that it may be replaced with Identify instead of Inform. The study revealed from the proponents, adopters, and the resource persons as validators that before the consultation proper, they mentioned that various sectors were invited to be consulted on RTCC.

In the study of Nabatchi (2012), Inform describes what government communicates to citizens; however, it does not cover the process of identifying the participants, their issues, and concerns. Additionally, Identify is suggested in this study, as Nabatchi (2012) acknowledges that voluntary participation may produce bias; hence, the value of specifically identifying sectors or communities in public participation activities.

In this form, the Goal of Participation is to identify multisectoral stakeholders and encourage them to participate, while the Promise to the Public is to reach out to them during consultations and wait for their feedback.

2. One-Way Communication (Extended to Consult) to One-Way Communication (Limited to Inform).

Although the researchers retain the concept of one-way communication, it suggests limiting it to Identify, considering that the public may ignore invitations from the government to participate. This acknowledges that confirmation is not always guaranteed.

3. Added Participatory Communication.

Nabatchi's highest communication mode is deliberative communication, which involves structured and reasoned discussions toward a decision. However, the findings of this study suggest that participation may also occur through less structured opportunities where citizens can express their needs and experiences and contribute to the policy process. This is similar to what

has been found in China, where informal participation is pivotal in government decision-making processes, and Cao (2022) termed this as participatory governance. Participatory Communication is therefore introduced as it was revealed that the proponents and adopters' responses focused on mobilizing the ground, particularly the end-users and hospitals that would implement and interact with them.

4. **Added Transformative Communication (Including the Goal of Participation and Promise to the Public).** The researchers also suggest the placement of Transformative Communication. In the said communication mode, the public is urged to encourage and influence the "other public," a term developed by the researcher. The "other public" refers to a different community from another local government or jurisdiction that might replicate the community engagement efforts and encourage policy adoption. This reflects the Goal of Public Participation illustrated in the framework. The researchers intentionally did not add another form after Empower, as the outcome of Transformative Communication must be reinitiated by another government entity when adopting or expanding a policy. Hence, the Promise to the Public is to push for the adoption or expansion of the policy being implemented.

LGBTQIA+ Couples' and Implementers' Experiences and Challenges in Accessing and Implementing the RTCC

Upholding Policy Implementation

Based on **Observation**, the QC GAD Council and the administrators/ representatives of the district hospitals were asked about their initial observations on the implementation of the RTCC. The same question was also asked of the LGBTQIA+ couples, especially on the status of their RTCC. The informants generally uphold the policy implementation, specifically the Right to Care ordinance.

The district hospitals expressed no objections to implementing the RTCC, acknowledging that some people would still oppose the RTCC. This can be anchored to the study of Milionis and Toska (2023), which suggested that beliefs should be set aside and should not hinder medical services for transgender individuals. The results also show that the QC GAD Council is supportive of the RTCC, which may also reflect the position of the QC LGU as a whole and its three district hospitals under its management. Therefore, this governance structure may support smoother coordination and implementation of the RTCC. This could be a good implication as other governments resist implementing gender-related policies.

On the other hand, it was also revealed that the LGBTQIA+ couples are experiencing delays in the RTCC distribution; hence, the need to uphold the policy, particularly in addressing this concern.

LC8

"Bali sa amin yung Right to Care Card is wala pa. Nag apply kami February 17. Ang sabi sa amin may magte-text na lang pero hanggang ngayon wala pa." [In our case, the Right to Care Card is not yet available. We applied on February 17. It was mentioned to us that they will send an SMS, but until now, we are not receiving any.]

This delay is one of the problems that the QC LGU needs to address, as timeliness is a big factor to satisfy and increase the trust of the citizens in the government in terms of its services, as evidenced by the study conducted in India (Pareek & Sole, 2022). This may discourage future applicants from applying for the RTCC and may also affect their confidence in the process.

Broadening the Scope of Implementation

Based on **Recommendations**, the QC GAD Council and the administrators/representatives of the district hospitals were asked about their recommendations for improving the implementation of the RTCC, especially in terms of communicating its benefits. The same question was also asked of the LGBTQIA+ couples. The informants generally suggest broadening the scope of implementation. The QC GAD Council and the district hospitals mentioned that other cities may adopt the RTCC, but the QC LGU has to prove that the RTCC is working. The district hospitals also added that providing guidelines for medical practitioners would help. Meanwhile, the LGBTQIA+ couples expressed that the RTCC should be expanded, in general, to provide them with rights similar to those of opposite-sex or married couples.

LC4

"Sana maging mas malawak pa yung sakop ng Right to Care Card. Hopefully soon, it will happen." [I hope that the scope of the Right to Care Card will be widened. Hopefully, soon, it will happen.]

The QC GAD Council and one hospital administrator/representative aspire for the RTCC to be adopted and implemented in other areas of the Philippines.

IP1

"Quezon City Government lamang ang meron sa buong Pilipinas... So, we are really promoting and asking na yung ibang cities na magkaroon na talaga ng Right to Care Card." [Only the Quezon City Government has... So, we are promoting and asking other cities to have the Right to Care Card.]

However, the Philippines is being perpetuated by political dynasties; hence, affecting its democratic system. This political landscape may affect the possible adoption of gender-related policies in governments (Taylor et al., 2020). Considering, as well, that the Philippines experiences crises in transportation, infrastructure, and disasters, among others, gender-related problems may increase while receiving less priority. This is why it is vital that such an ordinance, the RTCC, be implemented through localized actions.

Conclusions

The empirical findings indicate that the QC LGU and MullenLowe TREYNA have strengthened their image as an inclusive city and agency, respectively, because they were able to consult various sectors and make it possible to implement the RTCC in QC; however, it can be mentioned that the LGBTQIA+ community experienced partial inclusion as there was only one representative who attended the public consultation. Theoretically, this suggests that consulting

various sectors does not lead to meaningful participation. Although it promotes inclusivity, the limited representation, especially the target end-users, shows that the representation of participation should be considered in governance.

Furthermore, the implementation of the RTCC also showed that the LGBTQIA+ couples are empowered in securing RTCC and protecting the life of their partners. On the other hand, the LGBTQIA+ couples observed that after their application, most of them do not have the physical RTCC yet due to delays; therefore, they suggest scheduling updates and distribution. This finding indicates that empowerment should not be understood in terms of access but should also consider whether processes of a local government, in the context of the study, enable beneficiaries to realize the intended benefits of that policy.

Since this study only focused on the development and implementation of the RTCC, this is only a single-case study, which limits the theoretical generalizability of its findings to other contexts. It also recommends further studies on other cities that recently implemented the RTCC and a quantitative study for further validation of the findings and the proposed concepts.

This study shows how the QC LGU and its district hospitals can develop policies that respond to the needs of different sectors. The findings also suggest that community engagement can support transformative communication by giving citizens opportunities to participate in policy development and have their inputs considered in government decision-making. While the findings are specific to the RTCC, they may encourage other LGUs to further explore community engagement in policy development.

Author Contributions

NV: Conceptualization, data curation, investigation, methodology, formal analysis, writing – draft preparation, visualization; EC: Conceptualization, data curation, validation, formal analysis, writing – review and editing, supervision

Declaration of the Use of Generative AI

During the preparation of this manuscript, the authors used ChatGPT-3.5 and GPT-4o. The tool was used solely to check the grammar and mechanical errors (punctuations) of selected paragraphs of the manuscript. The authors reviewed the manuscript and are taking full responsibility for its content.

Ethics

The study, particularly its instrument, was reviewed and approved by the Center for Research Extension Office of the Polytechnic University of the Philippines. A certification/ethics review clearance (No. 2024-221) was issued to the researchers in November 2024. Informed consent, data privacy, and anonymity were ensured.

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