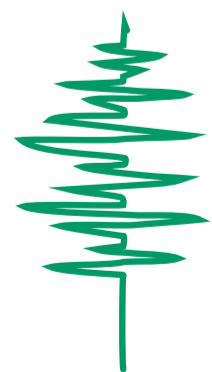


# Patient, Family, and Caregiver Partnership and Engagement Strategy

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ÉQUIPE SANTÉ  
**ALGOMA ONTARIO**  
HEALTH TEAM

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To embed community voices at all levels of AOHT work in order to co-design and implement a health system that reflects the unique needs of Algoma, build shared understanding, and foster trust.



Collaborative



Accessible



Culturally Safe



Accountable

Governance and Leadership

Project Design and Operations

Advisor and Volunteer Community

Awareness Engagement



Share

Consult

Deliberate

Collaborate



Commitment to Shared Understanding and Building Trust

Community Representation

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Clarity of Roles and Expectations

Measurement and Evaluation

Removal of Barriers

Growth and Innovation

An integrated health system focused on the unique needs of Algoma residents, where people receive seamless, effective care where and when they need it.



**Orienting community voices at the centre of the health system is intrinsic to Ontario Health Teams. However, integrated care isn't only achieved by changing the way care is delivered and organized – it's also influenced by community voices in system and project design.**

Our team has committed to upstream community engagement and co-design to ensure that our work is truly reflective of the needs of Algoma residents.

Early in the Algoma Ontario Health Team's (AOHT) first official year of operations, we convened the Algoma Citizens' Reference Panel on Integrated Care to inform our priorities and principles for care moving forward. The panel was composed of 33 representatives from Algoma who met over three weekends to hear from health system experts and craft a guiding report<sup>1</sup>. Many of the principles

and recommendations from the final report have influenced the writing of this engagement strategy and how we will embed community voices moving forward. In particular, we're targeting the theme of "Low Levels of Trust". In addition to having been identified as a priority by the Citizens' Reference Panel, trust-building is included as a key consideration for engaging groups experiencing social marginalization<sup>2</sup>. By engaging, partnering, and co-designing initiatives with community voices, we hope to build and repair trust as well as establish projects and processes that meet the needs of the people our health system serves.

This strategy represents our commitment to embedding diverse community voices throughout all levels of OHT work. With the foundation laid by the Citizens' Reference Panel on Integrated Care and with additional community feedback, our Patient Partner and Engagement Working Group have crafted principles and strategies for engagement that are

both founded in community voices and best practices as well as feasible with the capacity and resources available in our OHT. An early engagement survey to AOHT members shows that engagement is already happening throughout Algoma with enthusiasm and consistency<sup>3</sup>; our engagement strategy is not designed to replace this work, but is rather an opportunity for us to build on this success and set standards for AOHT-wide projects. In this capacity, we will learn from each other in work that is already being done, while simultaneously evolving in capacity and practice. While these efforts are one piece of a large network of work that needs to happen to improve the health system in Algoma, we recognize community partnership and engagement as a critical input that must be prioritized and woven into OHT work to create impactful change over time. We look forward to implementing this strategy and finding areas for continued growth in engagement in the upcoming years.



## STRATEGIC GOAL

To embed community voices at all levels of AOHT work in order to **co-design and implement a health system that reflects the unique needs of Algoma, build shared understanding, and foster trust.**

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### Who is included in “Community Voices”?

For the purpose of this strategy, we use “community voices” to include patients, clients, families, caregivers, people with lived and living experience, traditionally underrepresented voices, and other citizens. This language also represents a shift from relying on individual patient perspectives and experiences to sustainably engaging broader communities in a variety of practices to broaden insight on the collective health system experience<sup>4</sup>.

## GUIDING PRINCIPLES

Our principles for engagement are designed to build and repair trust with the community. We will achieve this by being:



### Collaborative

The AOHT will ensure that all engaged voices will have space to share ideas and lived experiences without fear of judgment. Health and social system professionals will have the opportunity to learn alongside patients/clients, families, and caregivers and engage in/co-design project work in an environment that is welcoming, respectful, and open to growth.



### Culturally Safe

The AOHT will provide culturally safe engagement opportunities at every level. We expect that all citizens in the region will be treated with respect.



### Accessible

The AOHT will remove barriers to participation and create engagement opportunities that are transparent and easy to understand for participants of all backgrounds.



### Accountable

The AOHT will create and embed evaluative structures into engagement work to ensure that community voices are being acted upon and outcomes are consistent and continuously on track to meet our strategic engagement goal.

These principles are all based on the Citizens’ Reference Panel on Integrated Care Final Report<sup>1</sup>.





## What is “engagement”?

For the Algoma OHT, engagement includes any activity where knowledge is being shared or exchanged with community members. This can include one-way knowledge sharing, such as that which takes place on a website, or two-way knowledge exchange, such as a focus group. All engagement activities move community to the centre of our work, both by including community voices in leading health system change and by keeping all others apprised of the work we are undertaking.

## What is “co-design”?

Co-design is a specific form of engagement that involves actively crafting processes and solutions through partnership and shared decision-making. Our engagement strategy prioritizes co-design as a key approach to integrated care.

# ENGAGEMENT DOMAINS

After much deliberation, we have defined our domains for engagement in a way that prioritizes meaningful co-design with community voices at the governance and operations levels. Our domain choices reflect the capacity and resources of our OHT, while providing space for additional ad hoc engagement opportunities depending on the context of the project.

The domains and approaches outlined here apply to AOHT-wide projects. Recognizing that we have many partners and stakeholders with ongoing engagement activities and objectives that are specific to their organizations, we have also included a “developing guidance” section to promote alignment in engagement practice.

## Governance and Leadership

### (Approach: Collaborate)

At the governance level, it is important to the AOHT that community voices be represented in all collaborative decision-making spaces in order to contribute experiential expertise and take part in oversight, strategic planning, system-level discussion, and financial planning. This includes:

- A community representative tri-chair to lead Leadership Council

- Additional community representation on Leadership Council
- Supporting partners in embedding community voices on their respective Boards of Directors

## Project Design and Operations

### (Approach: Collaborate)

At the project level, it is important to the AOHT that ongoing meaningful engagement takes place with community voices. We recommend that a minimum of two community voices be embedded in every working group and additional engagement opportunities be undertaken depending on the nature of the project.

## Advisor and Volunteer Community

### (Approach: Consult-Deliberate)

It is important to the AOHT that community members who would like to contribute in advisory or volunteer capacities to AOHT work have diverse opportunities to do so. This community would consist of:

- Governance and leadership representatives (see above)
- Project design and operations representatives (see above)
- Advisors on Patient and Family Advisory Councils (PFACs) for partner organizations
- Other interested community voices

Our Community of Advisors and Volunteers would be contacted for isolated engagement opportunities at the system, partner, and project levels.

## Awareness Engagement (Approach: Share)

It is important to the AOHT to provide easily accessible engagement opportunities for the community, including:

- Social media engagement
- Website
- Project Percolator Meetings (AOHT project updates)
- Newsletter

## Developing Guidance (Tools, Policies, Procedures)

Recognizing that additional engagement will occur within partner organizations and outside of the AOHT, our team is committed to providing tools and resources to support organizations in advancing engagement. Examples of guidance may include:

- Tool kits for engagement projects
- Best practices for engagement activities
- Sample engagement policies and procedures
- Standards for measuring engagement activities

# ENGAGEMENT APPROACHES

In following the best practice of many engagement strategies and guides that have come before this one<sup>5,6,7</sup> we will be employing different approaches to engagement along a gradient of increasing involvement. Here we have adapted the spectrum of Health Quality Ontario's Patient Engagement Framework<sup>8</sup> in the context of our work:

	<b>Share</b>	Keeping the community apprised of the work our team is undertaking and how it will affect the care they receive across Algoma.
	<b>Consult</b>	Soliciting feedback from community voices on projects we are working on, materials we are producing, and decisions we are making.
	<b>Deliberate</b>	Engaging community voices to discuss project work and decision-making and propose potential solutions.
	<b>Collaborate</b>	Partnering with community voices to co-design projects that will improve health and social services in Algoma.

The focus of our engagement work will be collaboration, where we work together with community voices to build projects and processes through governance and operations (see domains above). This is a productive approach that prioritizes co-design and is in-line with recommendations from the Final Report of the Citizens' Reference Panel on Integrated Care<sup>1</sup>. However, we also acknowledge that it's important to have a variety of opportunities exist along this spectrum to ensure that a range of commitment levels are available for interested community members.



## Ad Hoc Engagement

Within this strategy, we are prioritizing our commitment to community voices being meaningfully engaged in co-design through governance and operations. However, we also encourage additional engagement within the different levels of the AOHT and across engagement approaches (especially consult-deliberate) depending on the context of the project. Examples of additional ad hoc engagement opportunities include, but are not limited to:

- Focus groups
- One-on-one interviews
- Online surveys
- Town halls

This work could be done in consultation with the AOHT Advisor and Volunteer Community or with alternate community voices that are more specific to the project.

## ENABLERS

We recognize that in order to lead meaningful engagement across the AOHT, we must first build a solid foundation and remove barriers to make this engagement possible. We've identified the following enablers to support community engagement within the AOHT:

### Commitment to Shared Understanding and Building Trust

The AOHT will promote active participation and foster collaborative, respectful, and safe spaces for engagement and co-design.

### Community Representation

The AOHT is committed to ensuring that engagement opportunities are inclusive of traditionally underrepresented voices, including Indigenous voices, Francophones, visible minorities, rural and remote community members, members of the LGBTQ+ community, and families that experience socioeconomic challenges. This work will include active recruitment strategies and adjustments to opportunities to ensure they are safe spaces for all.

## Training and Education

Lack of training/resources/education was identified as an area for improvement in an early engagement survey to our members<sup>3</sup>, while negative beliefs and attitude from providers has been identified as a frequent barrier in patient engagement<sup>9</sup>. To address these challenges, the AOHT will ensure that AOHT partner members and community voices are adequately prepared to work and learn together through training and education<sup>10</sup>. This work will include training for health professionals on how to engage with community advisors, as well as training for community advisors on the health system in Algoma and how to engage in health/social services work. This enabler can also include specialized training and education focused on engagement with communities experiencing social marginalization, which has been identified as a key internal preparation factor for equitable engagement<sup>11</sup>.

### Clarity of Roles and Expectations

The AOHT will work to outline community voice roles and expectations at the outset of engagement opportunities. This has been identified as an element of successful partnership with Indigenous representatives<sup>12</sup>,





## Ensuring Diversity in Engagement: Considerations

In practice, working to ensure that engagement activities represent diverse community voices will require new and innovative approaches. We've curated several best practices to help guide this work for the AOHT:

- Get specific about who is most impacted by a project, and therefore, who most needs to be at the table<sup>4</sup>; avoid using vague terminology like “vulnerable” or “underserved” to describe these communities, which can be harmful<sup>13</sup>
- Leverage partner expertise to reach new audiences<sup>11</sup>
- Don't tokenize advisors; ensure there is space for advisors to add value and be valued<sup>11</sup>
- Recognize that the health system has historically been an uninviting/unsafe space for many<sup>11</sup>
- Be flexible in recruitment and engagement approaches<sup>2</sup>
- Support implementation of training and education specific to engaging with communities experiencing social marginalization, such as cultural safety and anti-racism training<sup>12</sup> or gender identity training<sup>11</sup>

while lack of clarity on roles and expectations has been found to be a barrier to engagement activities<sup>10</sup>. Clear roles and expectations will also set a solid foundation for measurement and evaluation.

## Measurement and Evaluation

The AOHT will use ongoing measurement and evaluation to ensure that engagement activities are impactful and appropriate for the engaged individuals. Tangibly tracking contributions and impact of community voices was identified as an area for improvement in an early engagement survey to our members<sup>3</sup>. Debriefing and gathering feedback from advisors after engagement activities was identified as a facilitator for patient engagement in a 2018 scoping review<sup>9</sup>.

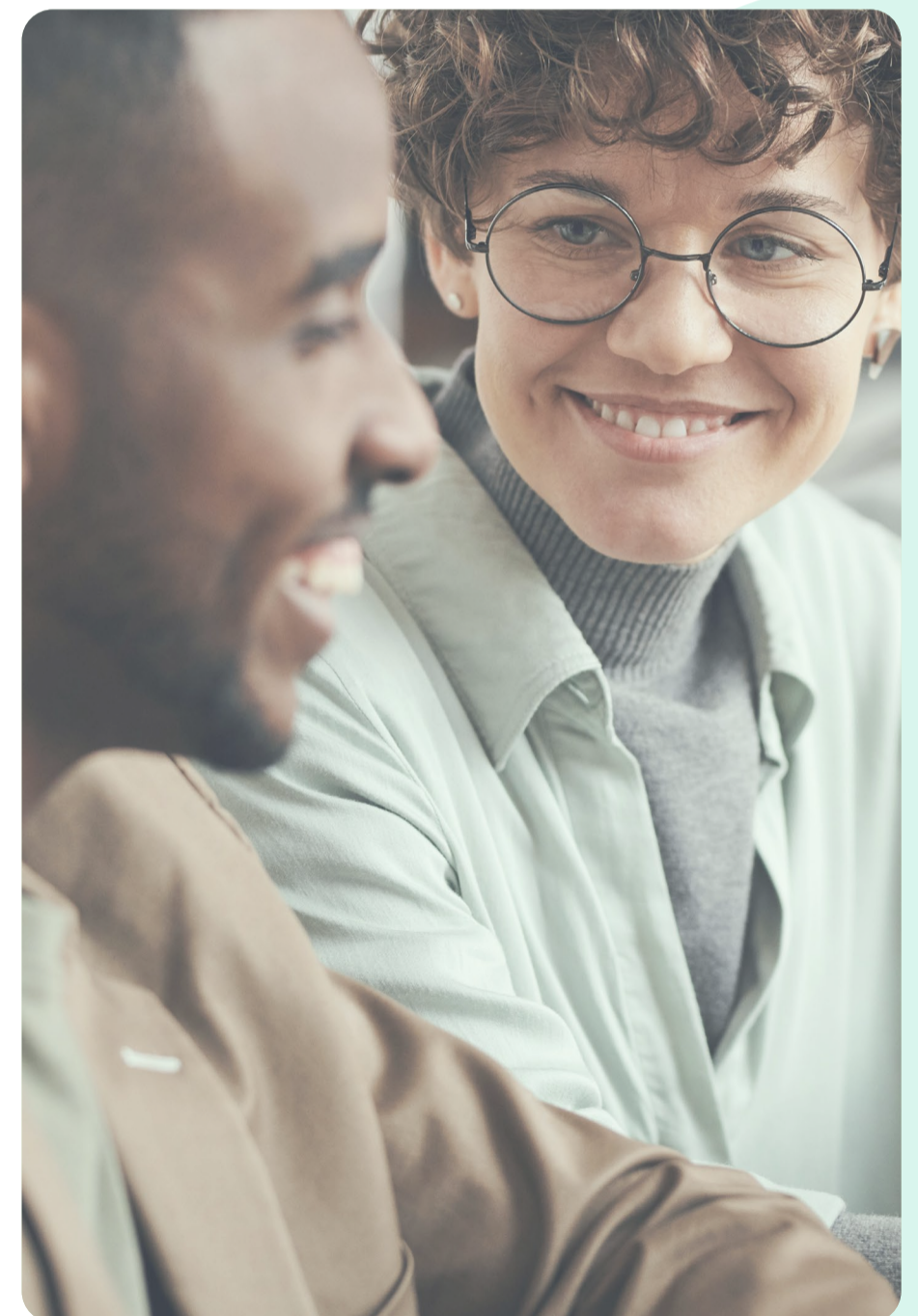
## Removal of Barriers

The AOHT and its members are committed to reducing barriers to participation in engagement opportunities, including adhering to [AODA accessibility guidelines](#) and being flexible in meeting times and approaches. Removal of barriers may also include promoting access to virtual supports (such as technology and wifi), reimbursement of expenses to participation (such as child care, elder care, and parking expenses), providing access to resources, providing resources

in secondary languages upon request, and providing hybrid opportunities where in-person is not possible (such as when engaging with rural and remote advisors).

## Growth and Innovation

The AOHT will work to create innovative engagement opportunities within all levels of project work and continue to learn from best practices in engagement research and experience.





## FUTURE VISION

Our vision as an OHT is an integrated health system focused on the unique needs of Algoma residents, where people receive seamless, effective care where and when they need it. In the upcoming months and years, we hope to bring this vision to life by actively engaging with community voices and ensuring that our work is truly being led *by and for* the people of Algoma.



<sup>1</sup> Algoma Citizens' Reference Panel on Integrated Care. (2021). *Final Report of the Algoma Citizens' Reference Panel on Integrated Care*. Algoma Ontario Health Team.

<sup>2</sup> Propel Centre for Population Health Impact. (2018). *Environmental Scan: Best Practices in Reaching Underserved Groups for Deliberative Engagement and Public Dialogues*. Waterloo, Ontario: Propel Centre for Population Health Impact, University of Waterloo. <https://s22457.pcdn.co/wp-content/uploads/2019/03/Environmental-Scan-Best-Practices-in-Reaching-Underserved-EN.pdf>

<sup>3</sup> Dorans, J. (2021). *Public and Patient Engagement: Baseline Report*. Algoma Ontario Health Team.

<sup>4</sup> Shaw, J., Sky, P., & Chandra, S. (2021). Commentary: Community Knowledge for Equity in Healthcare. *Healthcare Policy*, 17(1): 25-29. doi:10.12927/hcpol.2021.26581

<sup>5</sup> International Association for Public Participation (IAP2; 2018). *IAP2 Spectrum of Public Participation*. [https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum\\_8.5x11\\_Print.pdf](https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf)

<sup>6</sup> Ontario Local Health Integration Network (LHIN). (2016). LHIN Community Engagement Guidelines. <http://www.lhins.on.ca/Pan-LHIN%20Content/LHIN%20Community%20Engagement%20Guidelines.aspx>

<sup>7</sup> Shelter, Support and Housing Administration - City of Toronto (2016). Engagement Framework. <https://www.toronto.ca/wp-content/uploads/2017/10/971f-SSH-Engagement-Framework.pdf>

<sup>8</sup> Health Quality Ontario. (2017). Ontario's Patient Engagement Framework. <https://www.hqontario.ca/Portals/0/documents/pe/ontario-patient-engagement-framework-en.pdf>

<sup>9</sup> Liang, L., Cako, A., Urquhart, R., Straus, S. E., Wodchis, W. P., Baker, G. R., & Gagliardi, A. R. (2018). Patient engagement in hospital health service planning and improvement: a scoping review. *BMJ Open*, 8(e018263). doi:10.1136/bmjopen-2017-018263

<sup>10</sup> Bombard, Y., Baker, G. R., Orlando, E., Fancott, C., Bhatia, P., Casalino, S., Onate, K., Denis, J., & Pomey, M. (2018). Engaging patients to improve quality of care: a systematic review. *Implementation Science*, 13(98): 1-22. <https://doi.org/10.1186/s13012-018-0784-z>

<sup>11</sup> Cancer Care Ontario (CCO; n.d.). *Equity in Engagement Framework*. <https://hqontario.ca/Portals/0/documents/pe/cco-equity-in-engagement-framework.pdf>

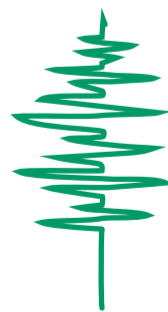
<sup>12</sup> Indigenous Primary Health Care Council. (2021). *Ne-iikaanigaana Toolkit: Guidance for Creating Safer Environments for Indigenous Peoples*. <https://www.iphcc.ca/publications/toolkits/Ne-iikaanigaana/>

<sup>13</sup> Sayani, A., Maybee, A., Manthorne, J., Nicholson, E., Bloch, G., Parsons, J. A., Hwang, S. W., & Lofters, A. (2021). Building Equitable Patient Partnerships during the COVID-19 Pandemic: Challenges and Key Considerations for Research and Policy. *Healthcare Policy*, 17(1): 17-24. doi:10.12927/hcpol.2021.26582

### Guidance from:

Government of Ontario. (2021). *Ontario Health Teams Patient, Family and Caregiver Partnership and Engagement Strategy: Guidance Document*.





ÉQUIPE SANTÉ  
**ALGOMA ONTARIO**  
HEALTH TEAM

**Connect with us!**

[info@algomaohr.ca](mailto:info@algomaohr.ca)  
[www.algomaohr.ca](http://www.algomaohr.ca)  
705-989-4813

