

RISE population-health management OHT collaborative: Partnering with patients/families/caregivers in PHM

August 19, 2021

Host



Dr. Rob Reid,
RISE Co-Lead

Moderator



Dr. Kerry Kuluski,
Dr. Mathias Gysler
Research Chair in
Patient and Family
Centred Care

Panelists



Betty-Lou Kristy,
Minister's Patient and
Family Advisory
Council (PFAC), Chair



Carole Ann Alloway,
Caregiver partner and
Family Caregivers Voice,
Co-Founder



Charles Zhu,
East Toronto Health
Partners OHT,
Community Advisory
Council, Co-Chair



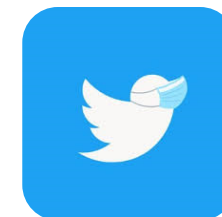
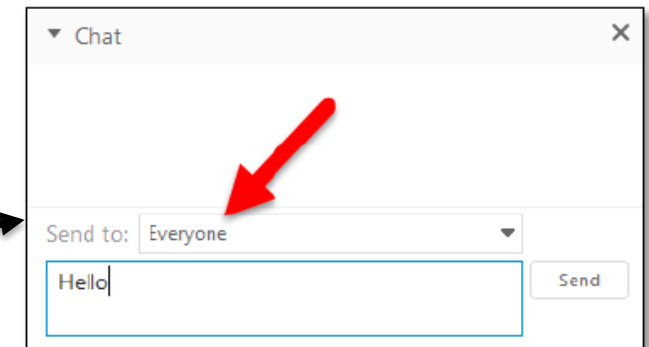
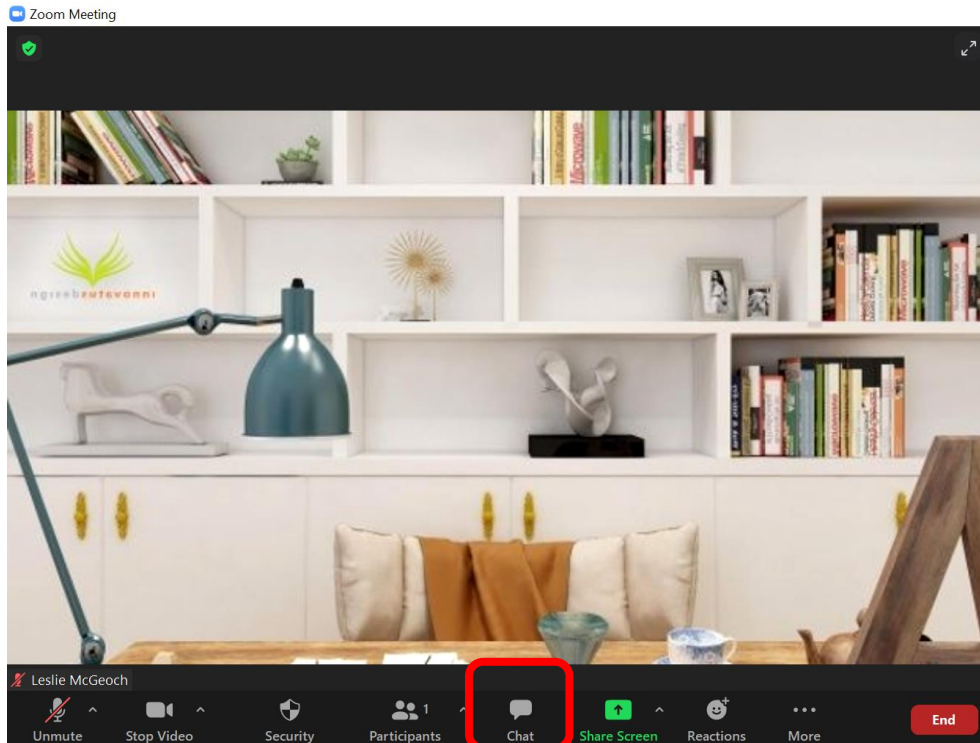
Lotje Hives,
Nipissing Wellness
OHT,
Patient Family
Caregiver Council,
Co-Chair

This session helps support OHTs in achieving the following OHT TPA milestones:

- Re-designing care for patients in your priority population(s)
- Helping every patient in your priority population(s) to experience coordinated transitions between providers

Welcome!

In the chat box, please select “everyone” tell us your name and your organization/OHT



You can also follow us on twitter
@ OHTrise to learn about
upcoming events and to post about
population-health management!

Land acknowledgement

“As we meet here today, we are in solidarity with Indigenous Peoples of Turtle Island and would like to begin by acknowledging that the land on which we gather is part of the Treaty Lands and Territory of the Mississaugas of the Credit, and before, the traditional territory of the Haudenosaunee, Huron and Wendat. We also acknowledge the many First Nations, Inuit, Métis and other global Indigenous Peoples who now call this area their home. We are grateful for the opportunity to be working on this land”.

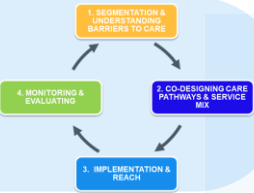
We invite you to visit the link provided, to learn more about treaties.

<https://www.ontario.ca/page/treaties>

Today's agenda

partnering with patients/families/caregivers in population-health management

1. Recap.



Population-health management and co-design



11:30-11:45

2. Fireside chat



Hear about **effective approaches and resources** for partnering with patients/families/caregivers in co-design



11:45-12:15

3. OHT panel



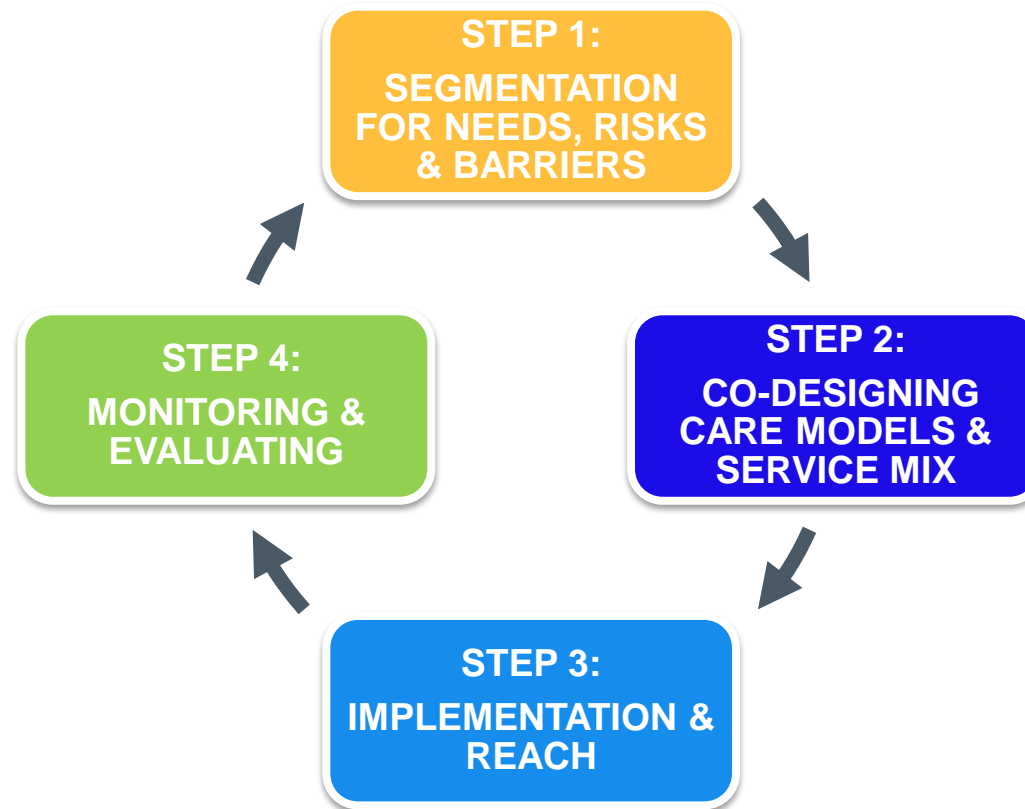
Learn from other OHTs through **examples** of how they are partnering with patients/families/caregivers in their co-design



12:15-1:00

Each discussion will be followed by Q&A, please add your questions to the chat box throughout the conversations today!

Recap: patients/families/caregivers need to be engaged throughout each step of population-health management



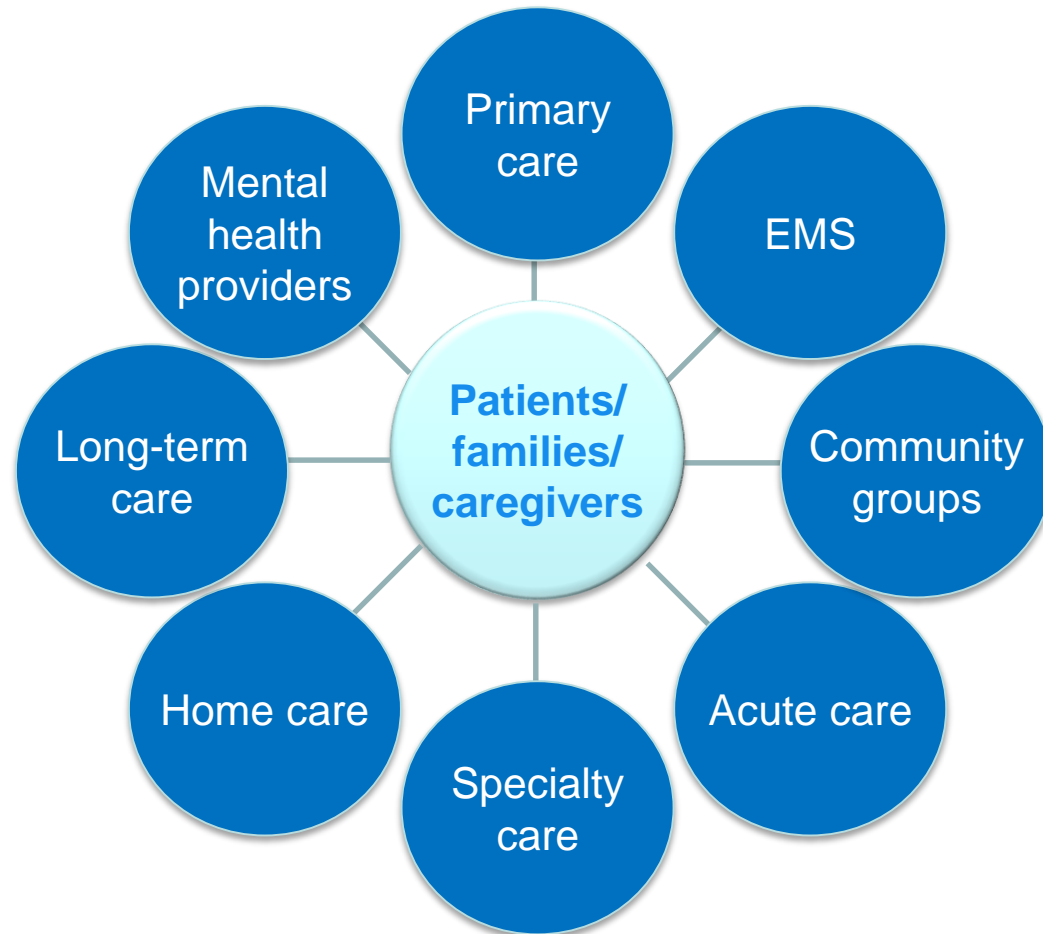
Source: Adapted from Population Health Alliance, 2012



Recap: co-design includes many different partners

System Redesign Concepts to be Considered:

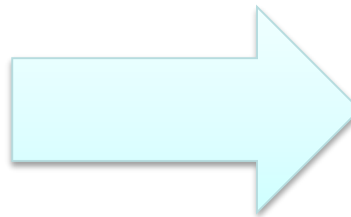
- Delivery System Redesign
- Clinical Decision Supports
- Information Technology Support
- Self-management Support
- Community Resources



What do we mean when we say engagement and co-design?

ENGAGEMENT

relationships between different stakeholders, (e.g., patient, community and family partners) which are **developed and sustained over time**.



CO-DESIGN

- **a type of engagement**
- can take **many forms**
- an **iterative process**
- **an activity** where various **stakeholders come together to focus on a problem and brainstorm solutions**

Priorities of Patient, Family and Caregiver Partnership within OHTs

- Within the Ontario Health Team (OHT) model, teams are to uphold the principles of patient partnership, community engagement, and system co-design, and **meaningfully engage and partner with patients, families, caregivers, and communities.**
- OHTs are asked to **design care in ways that best meet the needs of the populations they serve** in the planning, design, delivery and evaluation of services.
- Approved OHTs have been asked to create a **Patient, Family and Caregiver Partnership and Engagement Strategy** and a **Patient Declaration of Values** (based on the provincial Declaration of Values).
- Both of these foundational documents will guide OHT work **based on values and principles, with co-design at the centre and an equity lens considered throughout.**
- **To learn more about these documents, visit:**
 - [Patient Declaration of Values for Ontario](#)
 - [Ontario Health Teams – Patient, Family and Caregiver Partnership and Engagement Strategy: Guidance Document](#)

Importance of Values-Based Work

- Honours the individual as a person, holistically
- Honours the person as an expert in their own lived experience
- Empowers the person to achieve their wellness goals
- Reminds the person they have innate, unwavering worth
- Creates a space where safety and self-exploration may occur



Fireside chat



Dr. Kerry Kuluski,
Dr. Mathias Gysler
Research Chair in
Patient and Family
Centred Care



Betty-Lou Kristy,
Minister's Patient and
Family Advisory
Council (PFAC), Chair



Carole Ann Alloway,
Caregiver partner and
Family Caregivers Voice,
Co-Founder



Fireside chat key takeaways

❑ MOH Patient, family and caregiver partnership and engagement strategy: guidance document

- **4 key elements** (strategic goals, guiding principles, engagement domains and approaches, enablers)



Guiding principles – what does this look like on the ground?

- Examples of partnership & co-design
- Learning
- Empowerment
- Transparency
- Responsiveness
- Respect

❑ Challenges can be technical or adaptive

- **Technical challenge:** tried and true solution
- **Adaptive challenge:** no clear solution, requires different thinking, multiple perspectives
 - co-design is one way to address adaptive challenges!

❑ What is your North Star (you shared purpose and vision)?

- **Collectively decide** what this is with patients/families/caregivers

❑ Sharing power is (or looks and feels like.....)

- **Uncomfortable** and awkward (that's okay, embrace it!)
- **Asking perspectives of everyone** in the room
- Being present and **actively listening** instead of thinking about what you are going to say next

❑ How do you know you've been effective in your co-design work?

- **Short-term results:** experience of patient/family/caregiver partner is improved
- **Long-term results:** care experience is improved for patients/families/caregivers



Fireside chat Q&A

(please type your questions in the chat box)



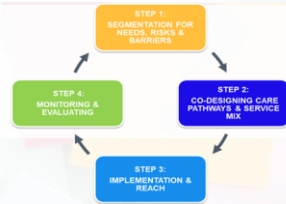
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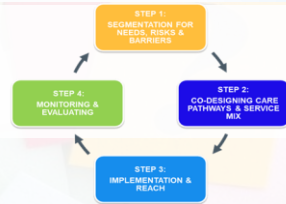


Questions and Answers

❖ **Would you speak to the importance of language? For example, at our OHT we have stopped using the term “stakeholders” and have adopted using “Interested and Affected parties” in our Engagement Framework.**

– **Answers:**

- **“Words matter as they paint a picture in your mind”. – Carole Ann Alloway**
- **“Words matter and the language we use evolves all the time. You may not get it right because it changes all the time but you need to show that you’re trying, Additionally, **sometimes being succinct is not the best** as it can exclude people. For example, we’ve found it helpful to use patient/family/caregiver rather than only referring to patient advisors” – Betty-Lou Kristy**
- **“Using **clear terms and language will help you focus your co-design work**. It is important to stay away from vague terms otherwise people may not know who you’re talking about. Using the term ‘interested and affected parties’ instead of the term ‘stakeholders’ is a great suggestion.” – Dr. Kerry Kuluski**



Questions and Answers

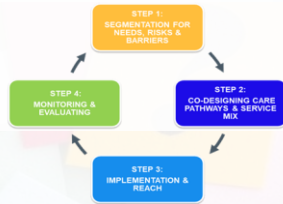
❖ What are examples of ways we can leave space for discussion or reflection after a patient/family/caregiver shares their experience?

– Answers:

- “Great question. **It is important to leave space** because sharing the experience is like ripping a scab off a wound over and over again. **Work with the person who is telling their story** (they may need a break, a social worker etc.). Once everyone is settled it is easier to ask questions from a technical perspective (why did you think this happened? How did you feel when this happened? Etc.). By deconstructing it, it is easier on the storyteller. **The storyteller needs to be part of the solution.**” – *Carole Ann Alloway*
- “That is a great question. **We need to prepare people** on how to disclose this type of information and **how to do this safely**. It is a distinct skillset. There are different approaches such as a written narrative so the patient/caregiver/family member does not need to present. **The Centre for Innovation in Peer Support has a toolkit** which includes different approaches on how to do this safely.” – *Betty-Lou Kristy*

RESOURCE

[The Centre for Innovation in Peer Support's Toolkit: Sharing Your Personal Journey for Public and/or Advisory Engagement.](#) provides trauma informed considerations when sharing your story.



Questions and Answers

❖ What are some practical steps we can take to ensure people who might not normally engage in these conversations, engage?

– Answers:

- **“Check-ins at the end are important, that is how we learn what worked well, what should we work on. We are all learning together, you’re going to make mistakes and it is OK. We are all going to make mistakes! We all have to be prepared to listen.”** – [Carole Ann Alloway](#)
- **“Check-ins and an intentional survey afterwards. Understand was their conflict, was it resolved? Be really reflective - where did the conflict come from? Did we come to consensus? This is a healthy part of growing together.”** – [Betty-Lou Kristy](#)
- **“There is so much pressure to get the answer and get it right but we will never fully have the answer as things are constantly changing. We need to adapt a learning mindset and continue the cycle of adapting.”** – [Dr. Kerry Kuluski](#)
- **“The space might be uncomfortable so it is important to adapt, build in additional time to ask questions and clarify. Look at where people are positioned in the room and give everyone the opportunity to participate. Sometimes you don’t get things right at the beginning or all the time but getting feedback at the end of each meeting helps!”** – [Zawar Patel \(Health Commons Solutions Lab\)](#)

IDEAS FROM THE CHAT BOX!

- ✓ producing meeting materials in **accessible formats** (e.g. easy to read)
- ✓ **pre-meetings** a few days before to answer questions and ensure people understand what is on the agenda
- ✓ **red/amber/green cards** everyone can hold up if they are not following or understanding the discussion help to demonstrate and normalize when things are not feeling right or clear
- ✓ **sitting patients/caregivers** and their supporters **directly in front of the co-chairs** (generally positioning people so that it makes it easier for people to follow and contribute to the discussion)
- ✓ to **explicitly document community contributions** in meeting minutes and address how these were acted on (or not) so that contributions are not lost
- ✓ Having **available resources** so people **feel safe and supported** in the event of triggers during a discussion.

Lessons we are learning in engagement and co-design key messages



- ✓ **Meet people where they are at** (literally!)
- ✓ **Invest in, strengthen and value relationships** (be transparent)
- ✓ **Provide options** (one size doesn't fit all)

Panel discussion: lessons we are learning in engagement and co-design



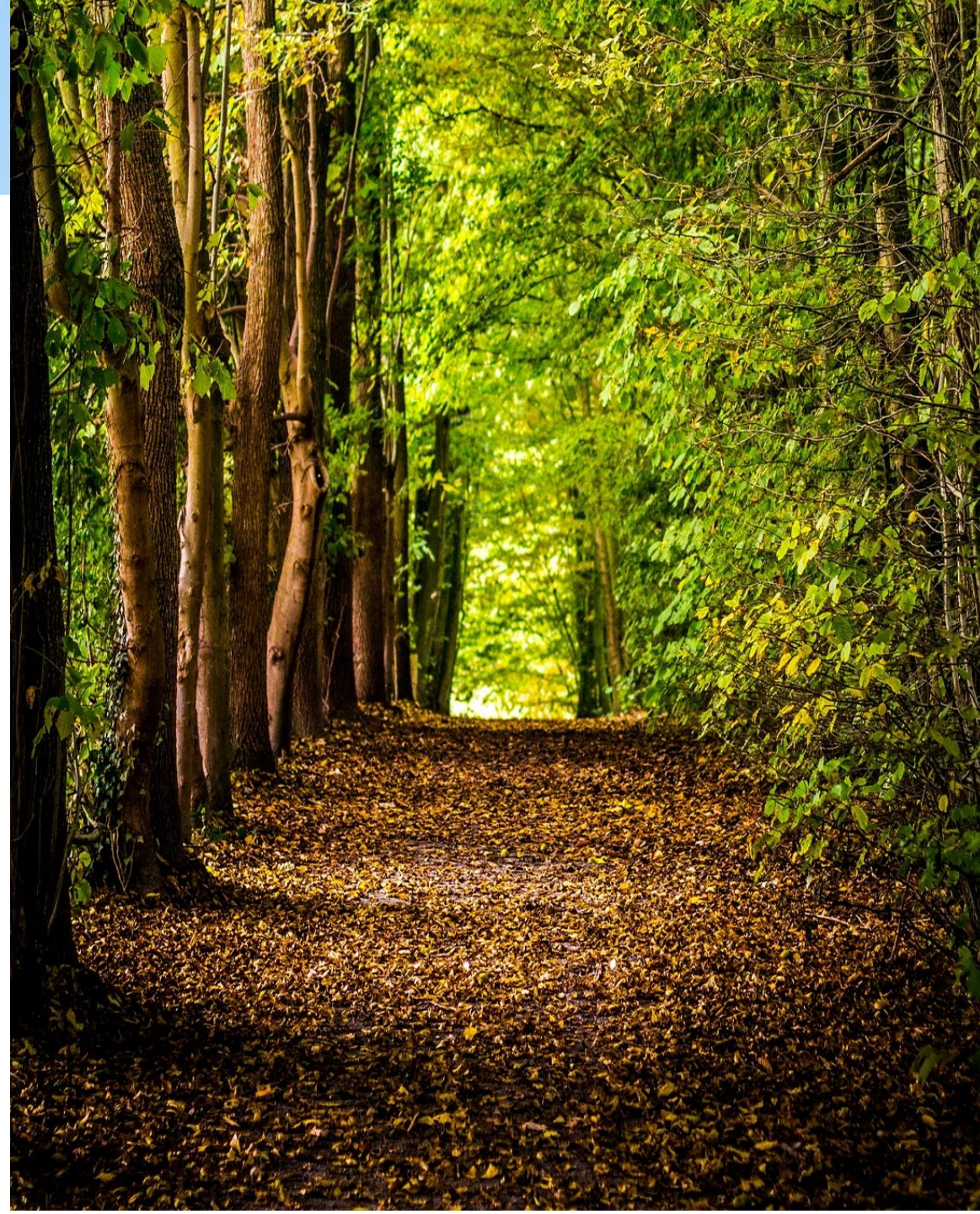
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A Community Partnership Building Model

“Build a tree structure when engaging the community!” – Charles Zhu, ETHP OHT, Community Advisory Council, Co-Chair

The branches and foliage represent our community



The roots of the tree represent the East Toronto Health Partners OHT

A photograph of a forest path covered in fallen leaves, with a winding white line and location pins overlaid. The path leads from the foreground into the distance, flanked by trees with green and yellowing leaves. A white line starts from the bottom right, moves left, then curves up and right, then down and left, then up and right, ending in an arrowhead pointing towards the path. Four location pins are placed along this line. Each pin is connected to a semi-transparent white rounded rectangle containing a question.

It's a journey!

Where did you start?

What is contributing to your success?

Where are you now? What are you learning?

Where are you going next? How are you continually reflecting on how to improve?

OHT panel: Lessons we are learning in engagement and co-design key takeaways

- ✓ **Meet people where they are at (literally!)**
 - **Find your community connectors** – the people who are plugged into the community
 - **learn with and from them** – what are the community needs? priorities?
 - work with them to **increase your reach** and to **build effective models** of care for the community

- ✓ **Invest in, strengthen and value relationships (be transparent)**
 - Involve patient/family/caregiver partners in **all aspects of the work** (e.g., steering committee, working groups)
 - Tell people **why they are needed** (important for all partners to have purpose, feel valued).
 - Ask people **what motivates them**.
 - **Play back** what you hear to ensure you “get it right”
 - Bi-directional mentors- **learning with and from each other**

- ✓ **It is a journey and everyone’s path forward is different!**
 - **Start where you can!**
 - **Continually reflect** on how to improve
 - **Provide options** (one size doesn’t fit all)
 - Different ways to find people (recruitment)
 - Different ways to get feedback (online, phone, in person, through community groups, etc.)



Themes which emerged through audience discussion

What teams are most proud of in their patient/family/caregiver partnerships

- ❖ Dedicating the time to build relationships and listen
 - “The slowing down to hear each other – everyone has given the **time to build the relationship and hear the stories.**”
 - “I’m proud that we spend lots of **time anticipating what challenges** might be, **how people might feel and understanding that empathy has it’s limits.**”
- ❖ Partnering with patients/families/caregivers is embedded within the OHT culture
 - “across the whole OHT membership all are cognizant of **sharing a culture of mutual respect**, everyone always aware and start our meetings with a review of our visions so we are all mindful of why we are coming together”
 - “Proud of the concept that we are **always asking – how we engage clients and families. At the start it wasn’t like this but staff now see how invaluable this is**”
 - “I’m proud that we **have engaged on engaging.** We are co-designing what engagement should look like. **We don’t assume how people would like to be involved or what it should look like.** We are also consistent on **scoping our engagement to things we can apply and change** to level set expectations. It is nice to create blue sky solutions but it is not always possible to execute. We can create creative and applicable solutions this way. **We also engage for the purpose of change management and co-design is a great tactic for this.** There are some changes we can’t co-design but can co-design the implementation of these changes.”

Themes which emerged through audience discussion

Ensuring a diverse representation of voices is critical

- “So important to include people with lived experiences in everything we do. I’d also add **ensuring we do so via an equity and inclusion lens to include a diversity of voices and needs.**”
- “We should also **look critically at who is not at the table** even in patient/family/caregiver engagement and co-design. We can tend to go with people we have existing relationships with and those who are comfortable engaging with formal organizations, structures and processes. **Many of the communities and populations who have relatively poor access, experience and outcomes are missing in our conversations and joint work.**”
- “Equity and inclusion is huge. And **we need to focus on this intentionally.**”

Themes which emerged through audience discussion

Strategies to help ensure a diverse representation of voices

- ❖ Go where the people are
 - *“It is important to think about this and we need to **go where the people are.**”*
 - *“**Identifying communities we can go to** as opposed to always asking individuals to come to the healthcare table.”*
 - *“Go where the people meet. **It also flips the power.**”*
- ❖ Build trust and relationships
 - *“Need to **build trust!**”*
 - *“Building **trust and consistency is important.** Keep up to date with what people want. **Work together** and build people up”*
 - *“Need to **build relationships** and trust”*
- ❖ Communicate supports in advance– *“Regular check-ins throughout the process. Having resources available in the event of triggers during the discussions so people feel safe and supported. **Letting them know this will be available as part of the recruitment process.**”*

This discussion is continued on slides 23-26

Example: How Downtown East OHT recruited new patient/family/caregiver members

“

*We have an Equity, Co-design and Evaluation Sub-group which has looked at drop-ins and sheltering sites for homeless people. We worked with Health Commons Solutions Lab to develop a draft equity definition and how to move forward in co-design work. This helped us to recruit three new patient/family/caregiver members into the group who's help has been really valuable" –
Downtown East Toronto OHT representative*

Themes which emerged through audience discussion

Strategies to help ensure a diverse representation of voices

- ❖ Engage with the community consistently *“The important thing is to engage with the community and **work with the community consistently, not just for projects or initiatives.**”*
- ❖ Create community ambassadors
 - *“**community ambassadors** in the high priority communities for the COVID strategy have been **key to improving** the response in those communities”*
 - *“empowering participants to become **self advocates which can lead to community advocacy**”*
- ❖ Seek advice from others who know and have a strong relationship with the community
 - *“seeking advice from equity-seeking groups and advocates **to engage on how to engage in ways that are accessible and respectful.**”*
 - *“Many **community health centres and service providers** already have **patient/family/caregiver councils** that could be drawn upon.”*
 - *“It would be cool for the various groups to **work together to identify how might we include people** who typically don't have access to these types of forums, conversations and interactions.”*

Example: How IPHCC engaged indigenous youth across the province

[Videos from the Indigenous Youth Vaccine Advocacy initiative](#)

“

*We engaged indigenous youth across the province around digital story telling and creating vaccine ambassadors in their communities. The process was **supported by an organization that knew how to engage the youth and use the tools.** There was **lots of communication before the youths were involved** so they knew the resources and supports available. **We had knowledge keepers and elders involved who could help the youth.** The youth knew they could go offline and work with them 1:1. Although, **many youth didn't want to tell their story, they still wanted to be part of the group** because it helped them feel supported and they got something out of being part of the team and they learned from it.” – Roma Pernerowski, [Indigenous Primary Health Care Council](#)*

Example: How Health Access St. James Town engage their local community

“

*In Health Access St. James Town, we have an active ongoing community engagement and partnership process - a) **community ambassadors** b) ongoing **annual consultations** in the community - **co-led** by service providers and residents c) regular **report back to community** d) applying for funding that **addresses the concerns that the community has raised** at the consultation events.” – [Health Access St. James Town representative](#)*

Themes which emerged through audience discussion

Continuing adapting and learning –mistakes are part of this process!

- ***“The “awkward feeling” means that there is lasting, meaningful and real learning happening!”***
- ***“Documenting thinking in your conversations helps the thinking to slow down and to be revisited with many perspectives. It helps the collective to see their own growth and next steps.”***
- ***“Not getting it right is an important part of the journey! The critical piece is an openness with everyone that we are trying things and evaluating them - together. It is an iterative learning process.”***
- ***“We take half the time to deepen our knowledge of each other before we do the work.”***
- ***“Progress, not perfection :)”***



Additional questions from the chat box

- ❖ What practical steps can OHTs take around 'power sharing' with communities?
 - “We do **consultations with community groups** having identified which communities and who are the leadership”
 - “Many **community health centres** and service providers already have **PFC councils, etc. that could be drawn upon.**”
- ❖ Do other OHTs have a list of questions used to interview patient partners they can share?
 - Both EHP and Nipissing Wellness OHT have kindly shared their interview questions and patient, partner and caregiver partner criteria on the OHT online space.
 - To access them:
 1. Sign into the [OHT online space](#)
 2. Click on the [OHT Patients Families and Caregivers](#)
 3. Under the attachments tab click on the resources folder

RESOURCES

Health Commons Solutions Lab resources for planning, designing and hosting 'community conversations':

- [A guide to hosting for Community Ambassadors](#)
- [Community Conversations: A handbook for hosts](#)
- [Playback session: what we heard from you](#) summarizes what HCSL heard from the community around effective engagement

10 Overarching questions to take back to your OHT and revisit regularly

How do you increase your reach and ensure diversity of voice?

1. Have you identified your **community connectors** (community members that are well connected who can inform the OHT/you what they are hearing)?
2. Is **more than one** patient/family/caregiver partner included in working structures (preferably three, at least two)?
3. Is there a concerted **effort continuously invested to bring a diversity** of patient/family/caregiver voices to the table, including those from Indigenous, Black or other racialized minorities, Francophone communities and other vulnerable sectors?
4. When you are planning/doing co-design work, are you working with patient/family/caregiver partners who are **impacted by the problem** (that you are co-designing for)?

How do you know you're engaging meaningfully?

5. Are there opportunities to **participate in different ways** for patient/family/caregiver partners?
6. Is there a **dedicated resource or staff to lead** patient/family/caregiver activities within the OHT (including leading engagement efforts)?
7. Are patients/families/caregivers continually **integrated into working and decision-making structures**, including as co-chairs?
8. Is training and **orientation assessed and evaluated** to ensure that patients/families/caregivers **feel comfortable, well supported and prepared** to provide counsel?
9. Is long-term, sustainable patient/family/caregiver partnership **supported through mentorship**, to also assist in smooth and effective onboarding?
10. Is patient/family/caregiver partnership and co-design being **maintained through challenging or unpredictable times**?



Upcoming events

RISE population-health management (PHM)

webinars/collaboratives occur on the 3rd Thursday of each month

Webinars



Ne'iikaanigaana: Creating safer environments for Indigenous Peoples (Sept. 16th, noon-1pm):

Led by the Indigenous Primary Health Care Council, this webinar will provide OHTs with a preliminary understanding of key Indigenous Cultural Safety (ICS) principles and share resources that will support/guide OHTs in their journeys to creating safer environments for Indigenous Peoples. You can register for this event here: [Creating safer environments for Indigenous Peoples \(mcmasterforum.org\)](https://mcmasterforum.org)

Coaching (Cohort 1 and 2 OHTs)



If you are a cohort 1 or 2 OHT priority population working group or population-health management lead and do not have a population-health management coach but would like one, please contact Leslie McGeoch (Leslie.McGeoch@thp.ca)

Ontario Caregiver's Organization

Webinars



Partners in Care : Including Caregivers as Part of the Care Team (Sept. 22nd, noon-1pm):

This session will share insights from the caregiver, OHT leads and Ontario Caregiver Organization perspectives on how and why it is critical to include caregivers as part of the care team. You can register for this event here : [Partners in Care : Including Caregivers as Part of the Care Team Tickets, Wed, 22 Sep 2021 at 12:00 PM | Eventbrite](https://www.eventbrite.com/e/partners-in-care-including-caregivers-as-part-of-the-care-team-tickets-22-sep-2021-1200pm)

*“Co-design is messy, it is a lot of work but it is so worth it!”
– Betty-Lou Kristy*

Thank you!

Thank you to everyone who contributed and participated today. It a learning journey and through the community we are creating, we can share our learnings and help each other along the way!

“By engaging with people, we are challenging our own assumptions and legacy processes in health care... and as a result, we are reshaping health care – together!” – Leslie Ashley (session participant)

RESOURCES

Resources

To be populated with resources shared in the chat box

Adaptive leadership

- [Adaptive leadership article](#) by Dr. Kerry Kuluski and Dr. Rob Reid (and Ross Baker)

Meaningful engagement

- [The Caregiver Perspective is a video on meaningful engagement](#) with Carole Ann Alloway (also available on the Ontario Caregiver Organization youtube channel)

Trauma informed considerations

- [An article on Determining Patient Readiness to Share Their Healthcare Stories](#)
- [The Centre for Innovation in Peer Support's Toolkit: Sharing Your Personal Journey for Public and/or Advisory Engagement.](#) provides trauma informed considerations when sharing your story.

Resources

To be populated with resources shared in the chat box

Engaging communities

- Below are some resources being developing at Health Commons Solutions Lab to facilitate community conversations, give space to people to share.
 - [A guide to hosting for Community Ambassadors](#)
 - [Community Conversations: A handbook for hosts](#)
 - [Playback session: what we heard from you](#) summarizes what HCSL heard from the community around effective engagement
- [Toronto Neighbourhood Organization \(TNO\)](#) offers a variety of community services and programs.
- [Videos from the Indigenous Youth Vaccine Advocacy initiative](#)

Example questions for patient/family/caregiver partner interviews

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Co-designing with patients/families/caregivers resources

Ontario resources

- Ontario Ministry of Health
 - [Patient Declaration of Values for Ontario](#)
 - [Ontario Health Teams – Patient, Family and Caregiver Partnership and Engagement Strategy: Guidance Document](#)
- Government of Ontario 's [Guidance for Health Care Providers and Organizations](#).
- Health Quality Ontario' s
 - [Ontario's Patient Engagement Framework: Creating a strong culture of patient engagement to support high quality health care.](#)
 - [Build Equity and Diversity Into Your Engagement Activities](#)

Additional resources

- [Mattersofengagement - podcast](#) covers different aspects of engagement from the what, when, how to the ethics involved.
- [The Beryl Institute](#) provides a number of resources including frameworks, case studies and podcasts for creating positive patient experiences
- [Planetree.org](#) provides toolkits and resources
- [Lollipop Moments and Leadership Ted Talk with Drew Dudley](#) who speaks to everyday leadership

Resources to Support Meaningful Engagement and Co-Design

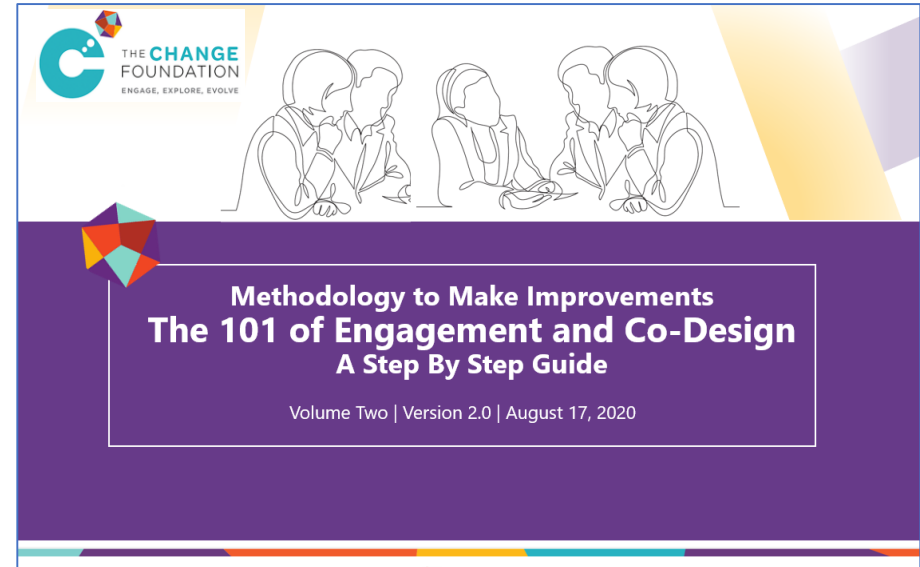
RULES OF ENGAGEMENT

15 WAYS TO SUPPORT THE MEANINGFUL ENGAGEMENT OF CAREGIVERS AND PATIENTS



Essential points to consider when starting or running a patient/caregiver engagement initiative

- 1 Consider a range of engagement formats depending on the objectives and stage of your engagement work.
- 2 Choose the best timeframe for meaningful
- 9 Give participants the tools they need to build knowledge and skills. This will increase their confidence and capacity to engage.
- 10 Expect the unexpected...and be open to it!



Key Links on OCO Website:

- [Resources to Support Meaningful Engagement](#)
- [Experience-Based Co-Design Resources](#)





HEALTH COMMONS SOLUTIONS LAB: Resources for OHTs to involve diverse communities in co-design, planning and delivery

SOME QUESTIONS FOR OHTS TO ASK THEMSELVES

- *Will the proposal/service/solution work for the population we have in mind?*
- *How can we design/plan for populations/communities have poorer access, experience, and outcomes*
- *Do we know who we need to engage?*
- *Do we know how to engage them?*

RESOURCES

- [Health Quality Ontario resources](#) to include equity in engagement activities. There is a specific [guide on recruiting to patient and family advisory councils](#)
- Health Commons Solutions Lab resources [*can be used/adapted to support equity approach to engagement and co-design*]
- Several resources developed to support ‘community conversations’ with a focus on COVID but the principles can apply to other scenarios.
- [Playback Session slide deck](#) includes information on under-represented groups, barriers to participation, and creating a safe space for people to engage
- [Community conversations handbook](#) includes some tips on organizing and running an inclusive community conversation/engagement, do's and don'ts, intersectionality to include different voices, and how to handle emotional conversations in populations who have experienced a lot of trauma
- [Community conversations](#) slide deck includes recommendations for compensation and choosing the facilitator
- OHTs will also need to connect with community groups that have been active in considering and supporting equity throughout the pandemic. For example, The Black Scientists Task force on Vaccine Equity <http://www.torontoblackcovid.com/> and others who may have done similar work

If you would like to connect with us to find out more about the community conversations work or any of our other resources you can also email - zawar.patel@sinaihealth.ca

Population-health management (PHM) equity resources

All or most topics

- **Health Commons Solutions Lab** has many helpful resources and examples of applying an equity lens
<https://www.healthcommons.ca/>
 - They worked with partners to improve socio-demographic data collection during COVID vaccine clinics. This document provides a summary of their learnings [Socio demographic data collection - Google Slides](#)
- **Ontario health's equity, inclusion, diversity and anti-racism framework:**
<https://www.ontariohealth.ca/sites/ontariohealth/files/2020-12/Equity%20Framework.pdf>
- **Indigenous primary health care council (IPHCC)** has helpful toolkits and resources for OHTs:
<https://www.iphcc.ca/about/resources/>

Data

- <http://torontohealthequity.ca/> for info on equity demographic data being collected across the TC-LHIN hospitals and CHCs
- A group that can help with neighbourhood and community level data in Toronto is the Ontario Community Health Profiles Partnership. <http://www.ontariohealthprofiles.ca/index.php>. They are moving into other regions as well and are actively working on using an OHT lens to their data.
- For those focused on older adults with frailty as priority population, here is link to frailty estimates by Ontario Health Region and which drills down to census division and neighborhood levels: <https://rgps.on.ca/resources/frailty-estimates-by-census-division-and-ontario-health-region/>

Population-health management (PHM) resources

RISE resources:

- [Resources by priority population](#)
- **Overview of PHM including application to COVID management** [webinar, deck](#) and [one page summary](#)
- **A [one page summary](#) on stratifying your priority population**
- **Redesigning care models through co-design** [webinar, deck](#) and [one page summary](#)
- **A deep dive into designing care models for your priority populations** [webinar](#)
- **Applying an equity lens** [webinar and deck](#)
- **Additional webinars on PHM:** [Spring 2020](#) and [Fall 2019](#)

Segmentation and evaluation resources

- [HSPN](#)

Resources by priority population

- **Older adults with greater needs**
 - [Provincial Geriatrics Leadership Ontario \(PGLO\)](#):
- **Palliative approach to care**
 - [Ontario Palliative Care Network \(OPCN\)](#) including the [Palliative Care Health Services Delivery Framework](#)
- **Mental health and addictions**
 - [Centre for Mental Health and Addictions Provincial System Support Program](#): including the [Ontario structured psychotherapy program](#) 40
 - [Mental Health and Addictions Centre of Excellence](#)