

# Patient, Family, Caregiver, and Community Partnership and Engagement Strategy

## **Prepared by:**

Patient, Family, Caregiver, and Community Advisory Committee (PFAC) 2023-2024  
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## **Acronyms**

**EDIB** – Equity, diversity, inclusion, and belonging.  
**EYRND** – Eastern York Region North Durham  
**HSU** – Health system user  
**IAP2** - International Association for Public Participation  
**OHT** – Ontario Health Team  
**PFAC** - Patient, Family & Caregiver and Community Partners Advisory Committee  
**PFCC** – Patient, Family, Caregiver and Community

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## About our OHT

The Eastern York Region North Durham (EYRND) Ontario Health Team (OHT) is composed of strategic partners across multiple sectors with a joint goal to develop an integrated health system that connects care for patients, families, and caregivers in the communities of Markham, Stouffville, Thornhill, Brock, and Uxbridge. Partner sectors include acute care, primary care, long-term care, home and community services, non-health sector and the regional municipalities of York and Durham. With the support of the Government of Ontario, the EYRND OHT organizes and deliver care that is more connected and centred on people with lived experiences, families, caregivers, and the wider community. The EYRND OHT is excited to have the involvement of Patient, Family, Caregiver and Community Partner (PFCC) partners as it takes this collaborative journey together to provide seamless care to residents.

*\*The use of the term patients refers to those accessing care and support in hospitals, primary care settings, community-based settings or in their homes, including long-term care. At EYRND we conceptualize the terms patient, family, caregiver, and community in their broadest sense, with the aim of being as inclusive as possible with our approach to engagement.*

## Commitment Statement

The Eastern York Region North Durham OHT – the OHT backbone, leadership, and partner organizations are committed to meaningful PFCC engagement. There is an explicit commitment from the OHT and its partners to abide by the goals, principles, values, and approaches laid out in this engagement strategy.

# Strategy Overview

## Patient, Family, Caregiver and Community Partnership and Engagement Framework

### THE STRATEGIC GOAL

Create a strong and respected patient, family and caregiver voice  
to enable high quality integrated health care

### THE GUIDING PRINCIPLES

Accountability

Transparency

Trust & Respect

Shared decision-making &  
leadership

Equity, diversity, inclusion,  
belonging

### ACROSS THESE DOMAINS

Policy, Strategy and Systems

Program and Service Design and Implementation

### ENABLED BY

Commitment to Diversity, Inclusion, Health Equity, and Cultural Competence

Skillset Matching

Minimizing Barriers

## **Element 1: Strategic Goals**

The Patient, Family, and Caregiver Partnership and Engagement Strategy is integral to the EYRND OHT Overarching Strategic Plan. Specifically, Patient, Family, Caregiver and Community (PFCC) partners are identified as a foundational component of the plan.

We aim to support meaningful engagement and co-design with PFCC partners who are embedded in OHT decision-making processes. This strategy will leverage their lived experiences and broad skillset through all phases of the program cycle from decision-making and program design, development, implementation, and evaluation. We prioritize engaging in a timely, equity-driven, and culturally safe and sensitive manner.

## **Element 2: Guiding Principles/Core Values**

### **Shared Decision-making & Leadership**

- We are committed to meaningful partnerships with our PFCC partners who will be actively involved in EYRND OHT decision-making, co-design of initiatives, and in implementation and evaluation of these initiatives as appropriate.
- We ensure that decision-making responsibilities are shared across PFCC partners, EYRND OHT, and EYRND OHT partners. PFCC partners are embedded in OHT decision-making processes as voting members of our leadership councils.

### **Equity, diversity, inclusion, belonging (EDIB)**

- We will ensure a safe and supportive environment for engagement where diverse voices are thoughtfully included in discussions.
- We will proactively seek out populations that do not typically have a voice in health systems planning, decision-making, and programming.
- We will work collaboratively with our PFCC partners to identify barriers to engagement and develop strategies to facilitate improved engagement for all.
- Our focus on equitable engagement will ensure that PFCC partners have the tools to engage meaningfully including having adequate time to participate, offering flexibility in terms of when and how engagement occurs, and offer diverse methods of engagement.

### **Trust and Respect**

- We will be respectful of PFCC partners and their opinions, values, ideas, and experiences throughout all processes of engagement and decision-making. We will respect the dignity of all our PFCC partners, value their contributions, and treat them ethically throughout all engagement work.
- We will consistently demonstrate appreciation for the time, input, skills and lived experiences of PFCC partners in their contribution to OHT work. We commit to provide acknowledgment and/or reimbursement when appropriate.
- We will aim to understand and always consider the needs of PFCC partners and approach solutions in a sensitive manner.

### **Accountability**

- We will ensure shared accountability between PFCC partners, the EYRND OHT, and EYRND OHT partners to enable meaningful engagement and ongoing bi-directional communication.
- We will ensure that PFCC partners' contributions are incorporated in relevant OHT processes.

- When information is requested by PFCC partners, we will follow-up in a timely manner as information becomes available.
- We will build feedback mechanisms into our decision-making and engagement processes to ensure that PFCC partners are kept well-informed of EYRND OHT initiatives and engagement activities as appropriate.

## **Transparency**

- We will facilitate an open, honest, and inviting environment for meaningful discussion between PFCC partners and EYRND OHT partners. We will ensure engagement and communication with PFCC partners emphasizes the use of clear, concise, and accessible language.
- PFCC partners will have ongoing involvement in planning of health initiatives, and we will share relevant project developments.
- We will also maintain an open line of communication for questions and feedback, with transparency regarding barriers and limitations in our work.

## **Element 3: Engagement Approaches and Domains**

The EYRND OHT and its partner organizations aims to engage PFCC partners in the following domains by:

### **Policy, Strategy, and System Level Discussions:**

- Embedding PFCC partners within decision-making structures. More than one PFCC partner will be included in the EYRND OHT Core Leadership Council (goal is a minimum of two) and PFCC partners will have voting rights.
- Including more than one PFCC partner in our Cross Sector Integrated Care Network, thematic working groups, sub-committees, and our Equity, Diversity, Inclusivity, and Belonging Committee (goal is a minimum of two).
- Establishing a Patient, Family & Caregiver and Community Partners Advisory Committee (PFAC) from our former HSU Network Table with representation from PFCC partners and EYRND OHT, focused on system-level decision-making and more accountable priorities, plans, and policies for EYRND OHT.

### **Program and Service Design:**

- Regularly consulting PFCC partners in program and service design. PFCC partners will be engaged early in the design process, and their perspectives will be incorporated during core planning stages.
- Centering the experiences, values, and knowledge of PFCC partners in program and service design processes, as PFCC partners are often the primary users of these services.
- Providing regular updates to PFCC partners regarding all EYRND OHT initiatives and identifying the most appropriate opportunities for PFCC partner contributions.
- Providing regular feedback to PFCC partners about how their contributions are being considered in program and service design and identifying areas for improvement as needed.
- Facilitating any sub-committees or working groups necessary on a time-limited, ad-hoc basis to work with PFCC partners in program and service design. Whenever possible, at least two PFCC partners will be incorporated into planning activities.

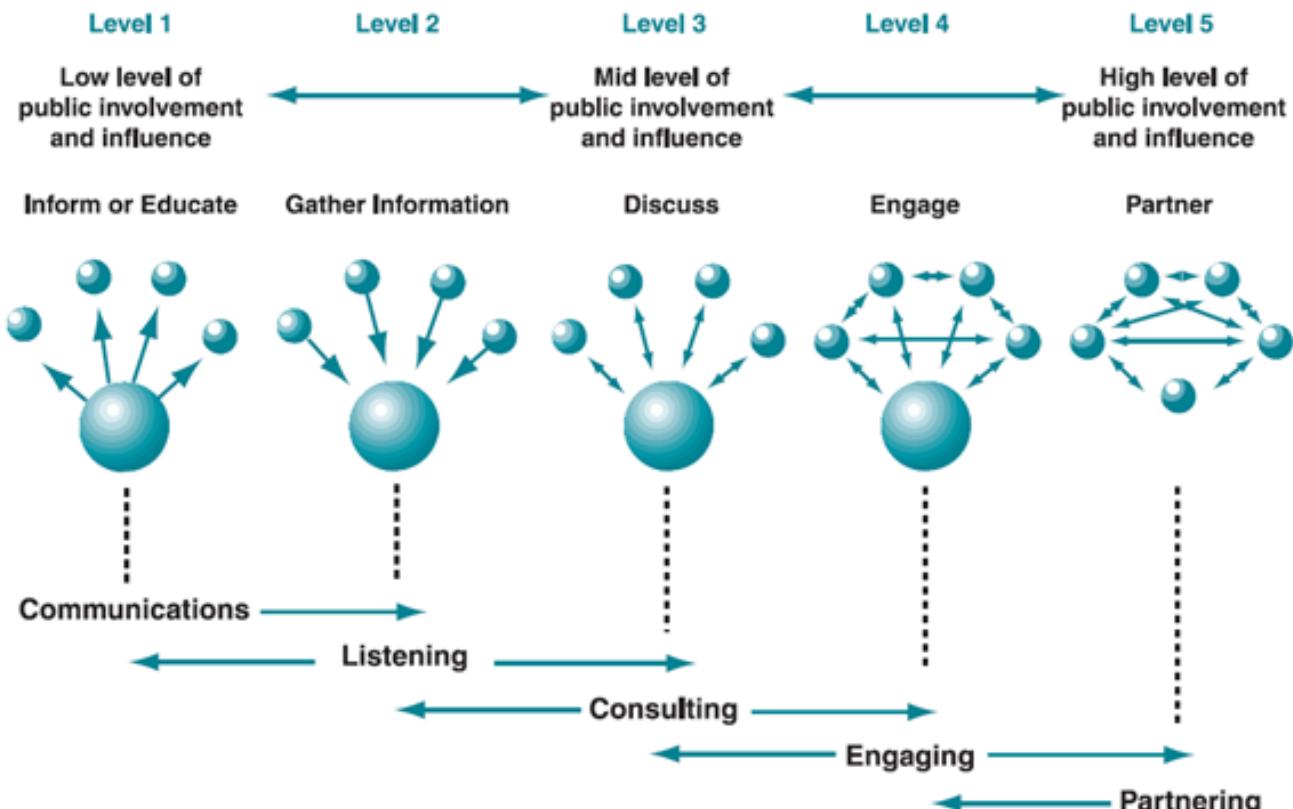
Our approach to engagement will be guided by a modified version of the International Association for Public Participation (IAP2) Framework for Public Participation. Specifically, we will be guided by the Health Canada Policy Toolkit for Public Involvement in Decision-making and the Community Engagement Continuum outlined in the National Institutes of Health's (NIH) Principles of Community Engagement (provide references for both). Both are modified versions of the IAP2.

Increasing Level of Community Involvement, Impact, Trust, and Communication Flow				
Outreach	Consult	Involve	Collaborate	Shared Leadership
<p>Some Community Involvement Communication flows from one to the other, to inform Provides community with information. Entities coexist. Outcomes: Optimally, establishes communication channels and channels for outreach.</p>	<p>More Community Involvement Communication flows to the community and then back, answer seeking Gets information or feedback from the community. Entities share information. Outcomes: Develops connections.</p>	<p>Better Community Involvement Communication flows both ways, participatory form of communication Involves more participation with community on issues. Entities cooperate with each other. Outcomes: Visibility of partnership established with increased cooperation.</p>	<p>Community Involvement Communication flow is bidirectional Forms partnerships with community on each aspect of project from development to solution. Entities form bidirectional communication channels. Outcomes: Partnership building, trust building.</p>	<p>Strong Bidirectional Relationship Final decision making is at community level. Entities have formed strong partnership structures. Outcomes: Broader health outcomes affecting broader community. Strong bidirectional trust built.</p>

Reference: Modified by the authors from the International Association for Public Participation.

Figure 1.1. Community Engagement Continuum

## Health Canada's Public Involvement Continuum



Adapted from Patterson Kirk Wallace

## **Element 4: Enablers**

### **Commitment to Diversity, Inclusion, Health Equity and Cultural Competence**

The EYRND OHT has an ongoing commitment to engage with and respond to the unique needs of equity-deserving groups, including but not limited to Indigenous, Black, or other racialized populations, newcomer, patients, families, caregiver, and community members.

To enable successful PFCC partner engagement we will maintain a safe and supportive environment for our diverse cultures so that all voices can be heard and included in discussions and decision-making. We will work together to identify and reduce inequities and power differences. Additionally, PFCC partners will have representation at our Equity, Diversity, Inclusivity, and Belonging Committee (with a goal of a minimum of two PFCC partners). We will proactively seek out diverse representation among our PFCC partners throughout current and future recruitment processes.

### **Skillset Matching**

The EYRND OHT prioritizes leveraging our PFCC partners' skillsets to support improved decision-making, program design, implementation, and evaluation. We will work with our PFCC partners to ensure that those with relevant lived experience, expertise, and skillsets are engaged to address the diverse spectrum of work in which the EYRND OHT and its partners are engaged. Skillset matching will be coupled with PFCC partners' interests and availabilities. We also aim to prioritize skillset matching as we build capacity in our PFCC Advisory Committee through recruiting new PFCC partners.

### **Minimizing Barriers**

The EYRND OHT commits to facilitate participation for PFCC partners by considering and addressing barriers to participation for the PFCC partners, including but not limited to: time, length, location, and frequency of meetings; methods of communication and information sharing; and monetary and non-monetary methods of compensation and recognition. The OHT will support capacity building for PFCC partners, as needed for the partners to be able to engage meaningfully in OHT activities. The EYRND OHT will be open to feedback regarding any barriers for PFCC engagement and incorporate the feedback in engagement policies and procedures, as appropriate, to maximize accessibility.

## **Appendix: Engagement Tools and Resources**

[Supporting equity-centred engagement: A step-by-step guide with tailored resources](#)

[Public and Patient Engagement Evaluation Tool \(PPEET\)](#)

[Engage with Impact Toolkit](#)

[Creating Engagement Capable Environments in Ontario Health Teams: A Framework for Action](#)

[Indigenous patient family and community engagement toolkit](#)

## **Acknowledgements**

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