



## KW4 OHT Community Council Design Committee (CCDC)

### Community Engagement Strategy Final Draft

#### KW4 OHT VISION AND PURPOSE:

“A Community where everyone thrives, and no one is left behind” (*Wellbeing Waterloo Region’s Community Aspiration*)

We enable collaborative health care relationships. All people are empowered to achieve health and wellbeing.

#### Strategic Goals for Community Engagement:

- Be guided by and honor the lived experiences and diverse ways of knowing and being of patients and recipients of care.
- Think and act in new ways to achieve equitable access to a safe, inclusive, and representative health and wellness care system.
- Focus intentionally on the historically excluded and our target populations: those homeless or precariously housed, elderly experiencing frailty and refugees

#### Guiding Principles:

- **Collective Visioning.** The strategy is guided by families, patients, recipients of care, and care givers representative of diverse identities in the community in partnership with health, care, or social service providers.
- **Relational Culture.** Our culture is built on trust and empathy.
- **Responsive and Representative.** We work with diverse populations and communities.
- **Learning Driven.** We will be nimble, courageous, and innovative as we strive to achieve excellence.
- **Whole Person Health.** We will incorporate the social determinants of health from infancy to end of life, to prevent illness, promote health and ensure dignity.

#### Engagement Domains and Approaches:

Domains are the areas of OHT work in which community engagement will occur, defined as:  
**Policy, Strategy, and System Level Discussions:** enabling system-level changes such as driving more accountable health priorities, plans, policies, and governance models.

**Program and Service Design:** at the health organization level, for the purpose of improving specific health programs, services, or other organization-wide projects such as quality and safety improvement initiatives.

**Personal Care and Health Decisions:** health care professionals partner with patients, recipients of care and their caregivers in processes of shared decision-making

The approach to engaging community can be described along a spectrum, as follows  
**Inform:** to share knowledge with the community to support in understanding the challenges, potential alternatives and solutions.

**Feedback:** to obtain community feedback on analysis, alternatives, and/or a decision.

**Input:** to work directly with the community throughout the process to ensure that concerns and aspirations are consistently understood and considered.

**Co-design:** to partner with the community in each aspect of the decision including the development of alternatives and the identification of the preferred solution.

**Decision:** to place final decision-making in the hands of the community

The most appropriate engagement approach depends not only on the domain, but also the specific knowledge and skill requirements for a particular task or decision as well as the time and resources available for the engagement. Regardless of the approach, two “must haves” are:

1. Clarity of expectations; being clear about the goal for engaging and the degree of influence on final decisions
2. Circling back when the work is complete so those who were engaged understand what resulted from their engagement

The following is a high - level guideline to begin the engagement planning process:

**Policy/Strategy/System:** Input, Feedback, Inform

**Program/Service:** Co-design, Feedback, Inform

**Personal Care/Health Decisions:** Co-design, Feedback, Inform

**Enablers** facilitate meaningful community partnership and co-design within the OHT. Key enablers and supporting tactics are:

- Commitment to anti-oppression, anti-racism, health equity and care provider cultural competence
  - Health Equity Strategy
  - Measurement of Health Equity
- Accountability
  - Community Engagement Council is in place
  - A process exists that holds the Community Engagement Council, Operations Team and working groups and partners accountable to deliver on these enablers
  - Articulation of Community as 50% of Steering Committee composition in the Terms of Reference
  - Requirement for the Community (Engagement) Council is in the CDMA (Collaborative Decision Making Agreement among OHT Members)
- Continuous quality improvement
  - Quality Improvement Framework
  - Rapid Cycle Learning Approach
- Evaluation
  - build in evaluation as this work mature

## Bringing This All Together to Guide our Health Equity Strategy

