

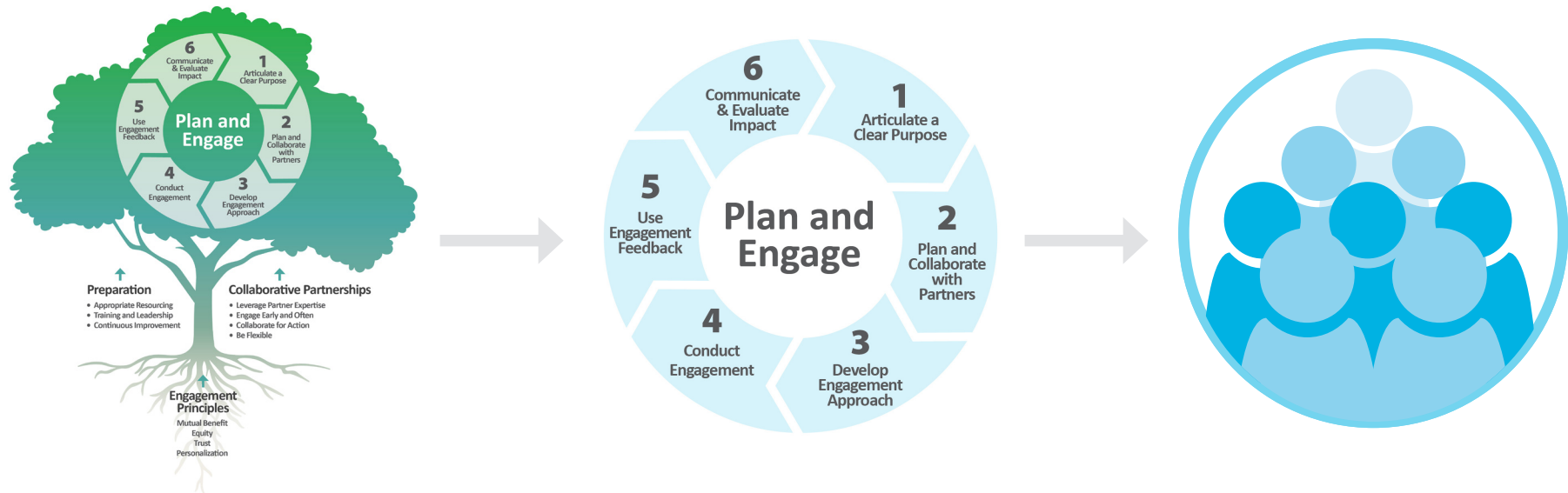
Equity in Engagement Framework



Executive Summary

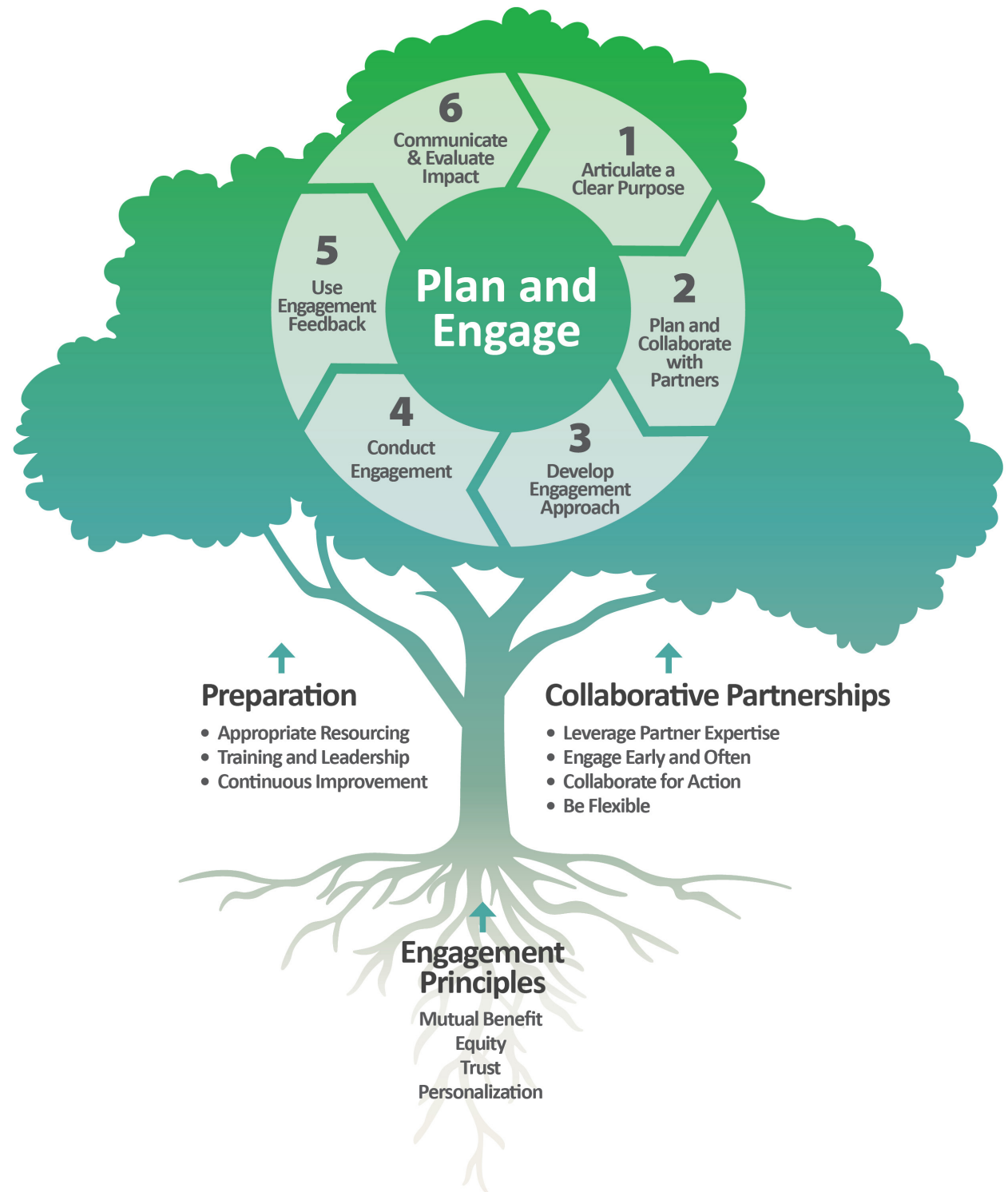
This document provides a framework to promote equitable engagement and tools to assist your organization in its efforts to engage and connect with diverse marginalized populations in Ontario. The report has three main sections:

- A** A framework to promote and prepare for equitable engagement
- B** A process within the framework to create engagement, and
- C** Considerations and opportunities for working with specific populations



Equity in Engagement Framework

The equity engagement framework has the same structure as a healthy, growing tree. At the roots are the engagement principles that set the foundation for the tree and ground your organization's engagement activities. The trunk acts as a stable space that prepares you internally for engagement and externally through collaborative partnerships to conduct equity-based engagement. All of this leads to the growth of healthy branches that, through the engagement process, enable your organization to facilitate meaningful participation during the engagement process, with the outcome of more equitable engagement.



First Nation, Inuit, Métis and urban Indigenous Groups Engagement

Contents of this presentation excludes relationships and engagement approaches with First Nation, Inuit, Métis and urban Indigenous groups. These are constitutionally recognized peoples where a dedicated approach to engagement is necessary for addressing their unique needs and barriers to equitable access to healthcare (i.e. decolonization, racism, intergenerational trauma, isolation, high costs).

The Indigenous Cancer Care Unit (ICCU) leads engagement work with these populations at Ontario Health (Cancer Care Ontario).

We encourage you to reach out to your respective Partnership Liaison Officers (within the ICCU) with regards to current partnerships, engagement and future work with First Nation, Inuit, Métis and urban Indigenous groups and leading engagement practices.

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Preparing for the Engagement Process

The Equity Engagement Framework has four components, organized into three sections:

Section A: Organizational Preparation

A culture of equitable engagement

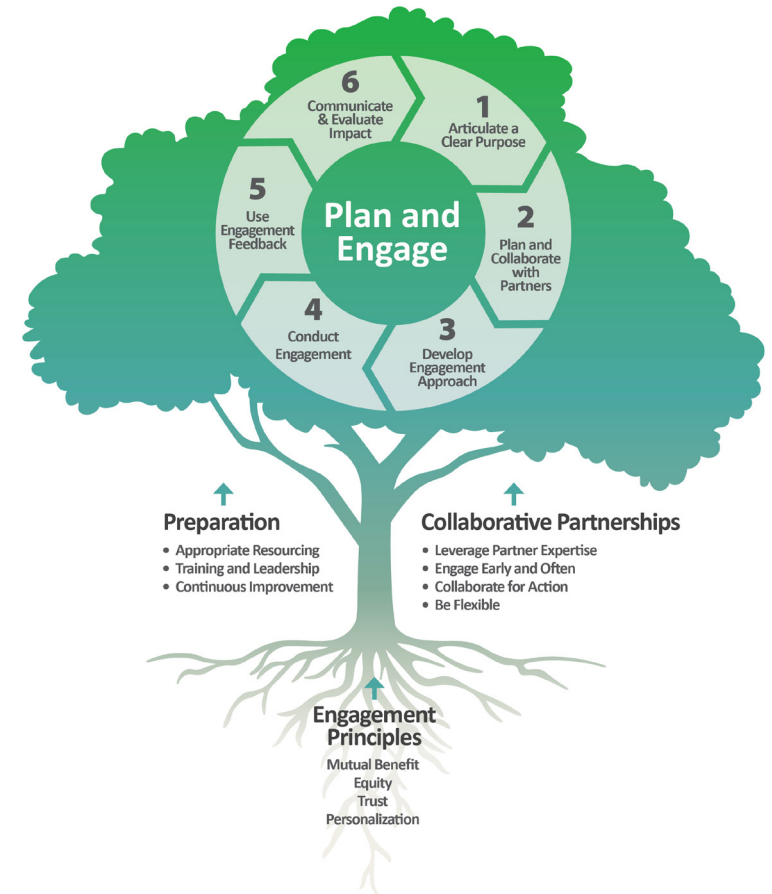
1. Defines engagement principles that, when internalized, foster an equity-positive approach to engagement;
2. Outlines what needs to be done to prepare internally for engagement;
3. Identifies that collaborative partnerships required for successful engagement; and,

Section B: Engagement Process

4. Provides tactical steps to creating partnerships and engagement

Section C: Population Considerations and Opportunities

To support the framework, provides considerations and opportunities for working with specific populations



Note: The first three components support organizations in developing a culture of equity in engagement. While the focus of this framework is equity in engagement, marginalized groups may require special consideration as they experience poorer access to health resources



SECTION A

Organizational Preparation

Components of Organizational Preparation

The following components of the framework assist in preparing for equity-informed engagement.

i. Engagement Principles

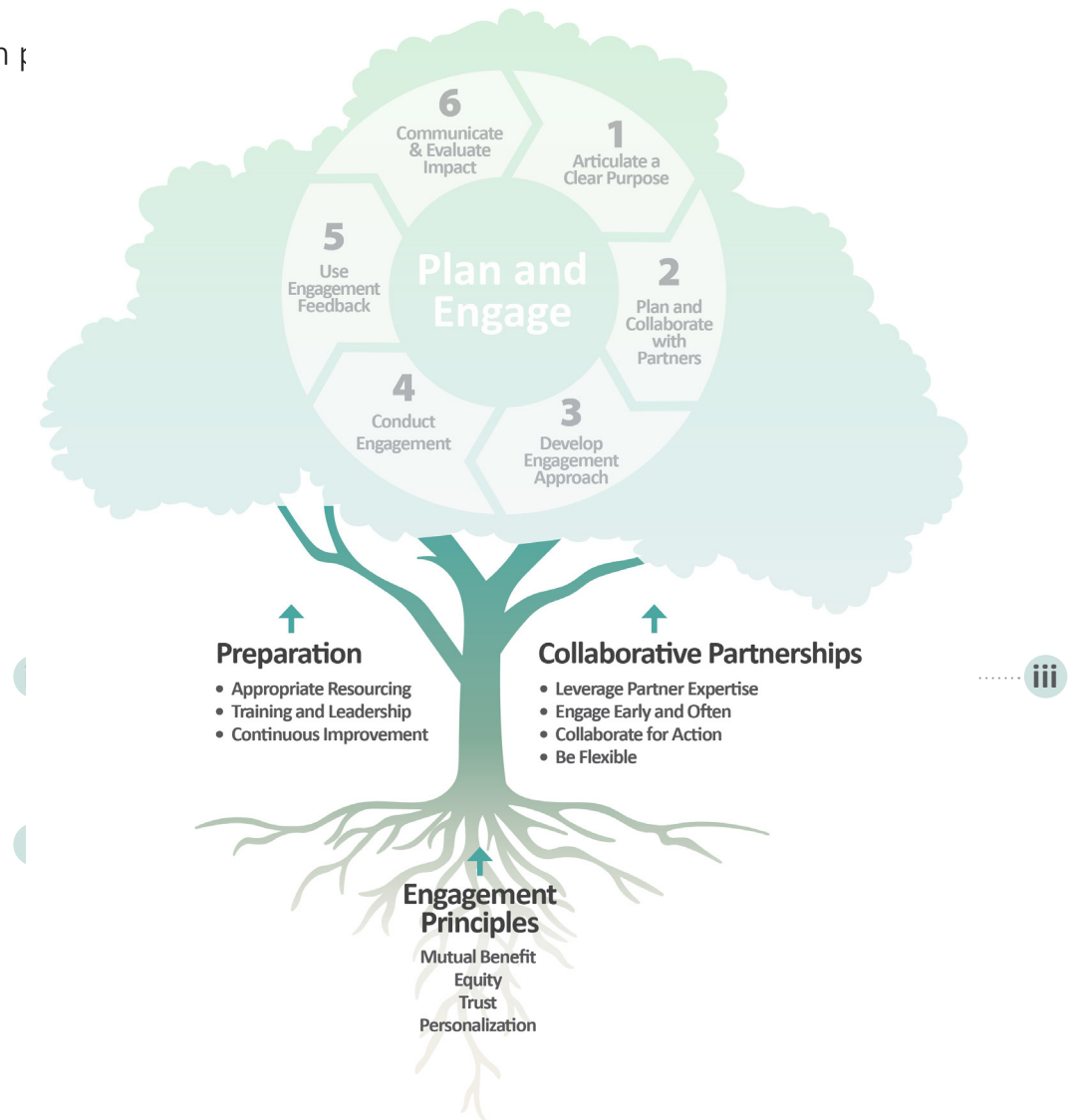
1. Mutual Benefit
2. Equity
3. Trust
4. Personalization

ii. Internal Preparation

1. Appropriate Resourcing
2. Training and Leadership
3. Continuous Improvement

iii. Collaborative Partnerships

1. Engage early and often
2. Leverage partner expertise
3. Collaborate for action
4. Be flexible





i. Engagement Principles

The engagement principles set the foundation for an equity-informed approach to engagement. These principles should be demonstrated throughout engagement activities and were informed by key stakeholders and populations as well as existing equity-based concepts (see following slide for further details).

Mutual Benefit

Relationships must be built on mutual support and benefit.

What will the population and our partners gain from this engagement that they will find valuable?

Equity

Design engagements with recognition that the health system and engagement is not equitable across all groups.

What inequities in engagement exist? What is the likely root cause of the inequity?

Trust

Be transparent and honest in communicating the motives and rationale for engagement; Follow through on commitments to change.

Have we been open with the community as to why we're engaging them and what we hope to achieve?

Have we set realistic expectations as to what change will occur?

Personalization

Recognize and value the unique nature of individuals, populations and organizations. One descriptor likely does not sufficiently describe the full group.

What are the priorities and values within subgroups of a population? Have we tailored the engagement to what we know works for them?

i. Engagement Principles

Building from Equity-Related Concepts

The engagement principles are informed by the concepts listed below, which challenge health system providers to understand and decrease systemic barriers that exist within Ontario for differing populations

Health Equity

Key Takeaway:

Health disparities exist in Ontario, made evident in differential health outcomes

Equity is prioritized when organizations:

Recognize and understand the health-related inequities of communities in Ontario

Anti-Oppression

Key Takeaway:

Action is needed to respond to embedded historical and current injustices

Equity is prioritized when organizations:

Proactively understand the role that health and other systems may play in marginalization (in the past and today)

Social Determinants of Health

Key Takeaway:

Multiple forces impact health, including: race, immigration status, income level, education

Equity is prioritized when organizations:

Understand the need to focus on improving structural conditions in order to create better health outcomes

Intersectionality

Key Takeaway:

Individual identities are the intersections of multiple factors, including marginalization and privilege

Equity is prioritized when organizations:

Acknowledge and appreciate the complexities of individuals' specific lived experiences, avoiding simplistic or reductionist understanding of individuals' identities and experiences



ii. Internal Preparation

Continuing to prepare for equitable engagement will support organizations in building the skills, processes and resources that will enable meaningful ongoing engagement practices. The following framework components will prepare your organization for partnership and engagement.

Appropriate Resourcing

Align resources to the engagement and partnership commitment. Dedicate resources so this is not done “off the side of one’s desk”.

What are the key organizational resources that need to be put in place to foster a culture of equitable engagement?

Training and Leadership

Investment in strong leadership to drive change management and adoption of the framework. Staff training to learn about specifics of engaging with a particular marginalized population.

What specific skillsets do we need to invest in to foster a culture of equitable engagement?

Continuous Improvement

Commitment to internalizing lessons learned and improving the engagement process and approaches.

How can we improve our framework and approach as we gather key learnings?

How can we leverage key learnings from our partners who have also engaged with these groups?

iii. Build on Collaborative Partnerships

Building collaborative partnerships is essential to engaging with the diverse perspectives of Ontarians and fostering lasting relationships. Partners can advise on the best engagement approach and have pre-existing connections to the communities. The following framework components will enable effective partnerships.

Engage early and often

Engage partner organizations and/or populations before decisions are made or finalized to create real opportunities to incorporate perspectives.

What can organizations do to engage with the population as early as possible in the process?

What are the potential risks of waiting too long to engage with the partner/population?

Leverage Partner Expertise

Use the expertise of partners as they know how best to engage with the marginalized populations they support or represent.

How does my organization ensure it is not reinventing the wheel?

Collaborate for action

Commit to working with the partner organization and/or population collaboratively throughout the process.

How can my organization co-design its projects, initiatives and activities to improve equity in engagement?

Be flexible

Commit to being flexible and open to new ideas and change.

What perspectives has my organization been missing? How can we capture and adopt the perspectives of marginalized populations into its work?



SECTION B

Engagement Process

Engagement Process

The section below provides the high level steps involved in the engagement process. It is represented as a cycle as the process is ongoing; with each new engagement your organization must learn, adapt and build on previous experience.

- 1. Articulate a Clear Purpose**
- 2. Plan Collaboratively with Partners**
- 3. Develop Engagement Approach**
- 4. Conduct Engagement**
- 5. Use Engagement Feedback**
- 6. Communicate and Evaluate Impact**



Step 1

Articulate a Clear Purpose

1. Define general purpose of engagement

- Engagement purpose can arise from a variety of sources (e.g., government priorities, specific initiatives or programs, research, or public discourse)

2. Identify disparities and inequities through research (e.g., data and interviews)

- Apply equity-related concepts to a review of data
- Apply a personalization lens appreciating the differences that exist within marginalized communities
- Validate equity issues through dialogue with stakeholders

3. Prioritize marginalized communities

- Confirm the purpose, problem and/or opportunity early on and prioritize the identified populations

4. Identify preliminary goals of engagement

- Define objectives and outcomes to assist in identifying potential partners and to allow your organization to clearly communicate engagement purpose to partners
- Develop clear preliminary goals but hold them loosely

Questions for Consideration

1. What is the opportunity or challenge we are trying to solve?
2. What equity-based information sources (data, reports, tables, etc.) exist about the problem/opportunity? How do various populations experience the problem/opportunity?
3. Which populations specifically do we want to engage with? Which populations experience distinct marginalization?
4. Why do we want to engage with the population (clear objective)? What are the potential intended and unintended impacts of engaging with this population?



At the end of this step your organization will *understand potential marginalized populations to be engaged as well as the preliminary goals of engagement.*

Step 2

Plan Collaboratively with Partners

1. Map and prioritize potential partners

2. Convene partner(s) to discuss preliminary goals

- Relationships are important in this work and if this is the first time your organization is working with the partner, take time to meet and develop the relationship/understand their needs
- Present preliminary objectives and outcomes and solicit feedback on engagement purpose and identified population(s)

3. Refine goals based on feedback from potential partners

- Incorporate partner feedback to improve objectives and outcomes and demonstrate willingness to collaborate

4. Reconvene with interested partners to define shared value

- Define shared goals
- Identify required resources, timelines and any potential early opportunities for direct engagement

Questions for Consideration

1. Who are the potential partners? How do they measure against the partnership prioritization criteria?
2. Do we have the right partnerships in place, or is there a need for new ones? Does the partnership opportunity help us to achieve the preliminary goals identified?
3. How can we refine the preliminary goals to meet the needs of its partners and the community?
4. What is our capacity to work with the interested partners? How do we want to work with them? What do they need from us? What is already going on within the partner organization that can be leveraged?



At the end of this step your organization will have garnered *buy-in from partners* and a shared understanding of the engagement *purpose, objectives and outcomes*.

Step 3

Develop Engagement Approach

1. Review and validate engagement purpose, goals, objectives and outcomes with the selected partner(s)

- State the questions your organization and its partner(s) want to answer, make predictions and discuss potential outcomes

2. Develop the engagement approach

- Research population needs and select engagement approach (e.g., ad-hoc or continuous) and tactics (e.g., survey, focus group, advisory council, etc.)
- Identify the most appropriate reimbursement strategy (e.g., compensation, leadership training, learning and development)

3. Identify who will conduct the engagement as well as where and when it will take place

- Identify roles and responsibilities for planning and conducting engagement activities
- Develop engagement outreach approach and materials

4. Promote and prepare for the engagement

- Prepare data collection approach
- Develop an agenda, participant feedback form and any other facilitation materials

Questions for Consideration

1. What is the agreed upon engagement purpose?
2. How will the engagement be conducted? What are the specific needs of the marginalized population? What are the most appropriate engagement approaches, based on the populations needs?
3. Who will conduct or lead the engagement? Where and when will it take place?
4. How will the session run? What materials do we need to prepare to ensure success? What information is important to collect and how will it be collected?



At the end of this step your organization will have a clear approach for engaging with the identified population(s).

Step 4

Conduct Engagement

1. Collect observations and responses

- Document engagement responses (including expected and unexpected observations)
- Pay attention to all facets of response (e.g., non-verbal information shared during in-person engagement)
- Convene a debriefing session with those who lead or conducted the engagement to capture all reflections

2. Provide value to participants based on identified reimbursement approach

- Reimbursement can be in the form of financial compensation, or it can be in the form of training and development (e.g., leadership development, resume building, etc.); whatever the approach, ensure participants are reimbursed for their time and effort

3. Collect feedback from participants on engagement experience

- Consider options for collecting feedback including short paper-based evaluation, online forms, verbal comments

4. Collectively establish next steps and future plans that include involvement of both parties

- Work with partners to identify action items and key areas of opportunity coming out of the engagement activity

Questions for Consideration

1. What are the findings? What verbal and non-verbal information is being provided by participants? What was the facilitator's experience of the engagement activities?
2. What can we do to provide participants with value? What is valuable to the group? What can they take away from the experience?
3. How did the participants perceive the engagement experience? Do the participants' experiences match the engagement goals, objectives and outcomes?
4. What are the action items and future opportunities for collaboration?



At the end of this step your organization will have *completed the engagement* and will have a preliminary understanding of the *populations perspectives* and what worked well/could be improved for future engagements.

Step 5

Use Engagement Feedback

1. Identify opportunities to incorporate engagement feedback into initiatives, programs and activities

- Compile and theme engagement responses and facilitate a scoping activity with partners to review engagement feedback
- Consider how the feedback aligns with, or advances current or upcoming initiatives
- Prioritize a list of potential opportunities using the Health Equity Impact Assessment (HEIA) Tool where engagement findings can be incorporated to support improved health equity

2. Define short and longer-term impacts and outcomes of internalizing engagement feedback

- Assess and define how the feedback will contribute to strategy and plans

3. Incorporate feedback into organizational projects, initiatives and/or activities

- Update high priority opportunities with engagement findings

4. Collect data on impacts and outcomes of internalizing engagement feedback

- Track how the feedback contributed to the identified short and longer-term outcomes

Questions for Consideration

1. What are the key findings identified through the engagement? How can we translate the feedback from populations to be useable within Ontario Health (Cancer Care Ontario)? Where would these findings provide the greatest value to us? What is highest priority in terms of impact and risk?
2. How do these opportunities connect with our strategic or cancer/renal priorities? How do they connect with new initiatives?
3. How can we integrate the engagement findings into our work, in a way that most closely represents what was heard?
4. What is the impact of integrating the findings into our work?



At the end of this step your organization will have *integrated key findings* from the engagement and will have started the process of *tracking the impact* of internalizing engagement feedback.

Step 6

Communicate and Evaluate Impact

1. Evaluate results against engagement goals, objectives and outcomes

- Analyze feedback collected from participants and partners on engagement experience
- Analyze impact of engagement findings on identified outcomes and on strategy and plans
- Summarize and reflect on what was learned

2. Disseminate key learnings from engagement experience

- Share key learnings from the engagement with staff and other key partners
- Discuss whether these learnings resonate with partners and how they think future engagements could be improved

3. Communicate impact of participant feedback to projects, initiatives and activities

- Share impact of engagement activities with participants from the engagement to help them understand the value they feedback has provided
- Don't be afraid to communicate failure
- Discuss whether these learnings resonate with participants and how they think future engagements could be improved

Questions for Consideration

1. What has been learned from the engagement experience? What are the intended and unintended impacts of the engagement? What were the predicted outcomes and how does this compare to the data collected?
2. Who are the key internal staff and partners that have been involved in, or will be impacted by, this engagement? What was a surprise or contrary to what was expected from the perspective of partners?
3. What was the impact of the participants feedback? How can this be communicated in a way that is meaningful to participants? What was a surprise or contrary to what was expected from the perspective of participants?



At the end of this step your organization will have *evaluated the engagement* impact and lessons learned and *communicated these findings* internally as well as externally with partners and populations

Distinguishing between Continued and Ad-hoc Engagement

Different scenarios will warrant different levels of engagement. Some will require ad-hoc or one-off approaches while others will require a continued or ongoing approach.

To select the most appropriate approach, your organization needs to develop a clear understanding of the engagement purpose, in collaboration with organizational partners.

Ad-Hoc Engagement

What:

One-time engagements with various populations.

Considerations for Use:

- Large sample size, with potentially diverse set of responses
- Relatively fast response to a problem, issue or opportunity
- Less resource intensive (depending on engagement technique) which can result in a greater number of engagement opportunities
- If anonymous feedback is needed
- May work better with simple well-defined problem/opportunity

Obstacles:

- Difficult to predict response rate or type of participation
- Use of some techniques may skew participation rates (and diversity of responses)

Techniques:

- Survey
- Interviews
- Focus groups
- Town halls
- Social Media (e.g. Facebook, Twitter, Instagram, Snapchat, etc.)

Continued Engagement

What:

Ongoing engagement with the same individuals or organization/group

Considerations for Use:

- Focused relationship-building to delve deeper into question or issue
- Set schedule of communication which can assist in planning or implementing activities
- Greater opportunity to bring forward complex or ill-defined problems
- Can be most respectful way to engage given longer term commitment

Obstacles:

- Smaller sample size
- Can take time to build rapport amongst group to foster participation

Techniques:

- Advisory Panel
- Council
- Working Group
- Roundtable



SECTION C

Population Considerations & Opportunities



Population Considerations and Opportunities

Opportunities currently exist to improve equity and address the health challenges of marginalized populations.

This section of the report provides specific direction for engaging LGBTQ, Newcomer and Youth communities. It is based on what we heard from potential partner organizations who provide support to these populations and through direct engagement with the populations.

It is important to note that this framework recognizes the need for coordinated engagement efforts with FNIM communities. Due to their substantial experience and expertise in forming and managing partnerships within these communities, this work will continue to be overseen by our Indigenous Cancer Care Unit (ICCU).

This section aligns to the engagement process steps and includes the following sub-sections:

- Potential engagement topics
- Potential partner organizations and key contacts
- Considerations for outreach and engagement techniques and approaches
- Population specific considerations for conducting the engagement

Tailoring the Engagement Process for Specific Populations

How the population specific considerations align to the engagement process steps.

1. Articulate a Clear Purpose → Potential Engagement Topics
2. Plan Collaboratively with Partners → Potential Partner Organizations and Key Contacts
3. Develop Engagement Approach → Considerations for Outreach and Engagement Techniques and Approaches
4. Conduct Engagement → Population Specific Considerations for Conducting Engagement
5. Use Engagement Feedback
6. Communicate and Evaluate Impact



Step 1: Articulate a Clear Purpose with Potential Engagement Topics

Below is an example of topics that your organization may consider discussing with the identified populations who were consulted that have potential for health system improvement. These help you think about “what should we conduct an engagement on.” Topics require validation through the data and/or engagement.

Case Study: LGBTQ Communities

Decrease barriers to access by:

- Providing training on gender identity education to health service providers
- Creating inclusive environments so clients can be referred to any entry point without fear of discrimination (e.g. Mount Sinai Hospital’s “are you an ally” campaign)

Understand need through:

- Research about what are the cancer risks for the LGBTQ community (e.g., Canadian Cancer Society – Get Screened Campaign)
- For trans people some health care tests and drugs (hormone therapy) are partially covered; the process can be cost prohibitive which may lead to poorer health outcomes

Case Study: Newcomer Communities

- Healthy immigrant syndrome: newcomers arrive in Canada healthier than the general population, and that health status reduces dramatically within the first 5 years;
 - > Look for ways to address health status early on in arrival to Canada as health deteriorates quickly
- Increase awareness of screening approaches; focus group participants noted confusion about why screening is aged based, when cancer impacts all ages
- Newcomers indicated that they often seek information through Cancer Facebook Groups; they also indicated that some of the information provided was later found to be wrong
 - > Look for ways to educate the community on cancer treatment pathways and delivery services

Case Study: Youth Communities

- Increase awareness of cancer prevention through lifestyle choices and education regarding the benefits of screening
- (fewer opportunities were specifically identified for this group, possibly due to decreased awareness)

Note: This is not an exhaustive list, and tactics are ideas developed through the input of the populations and organizations that work with them

Step 2: Plan Collaboratively with Partners

Below are specific organizations that your organization may consider developing partnership relationships with, to collaborate on engagement opportunities. As identified in the Framework, organizational partnership is critical to identifying people who are willing to participate in your organization's engagement activities. These partners have direct access and relationships with the community.

Organization:

Rainbow Health Ontario

Opportunity:

While RHO doesn't provide clinical health services, it does have networks with other partners as well as relationships directly with the community and could communicate engagement opportunities or distribute surveys

Population Specific

Programming: LGBTQ

Organization(s):

Sherbourne Health Centre; YMCA; Community Health Centres ((e.g. Access Alliance Multicultural Health and Community Services, Parkdale Community Health Centre)

Opportunity:

Provides services directly to those it serves and has opportunity to invite people through social electronic media, physical postings, and mention during the classes it offers. Programs serve multiple and intersecting populations.

Population Specific

Programming: LGBTQ, Newcomer, Youth

Step 3: Develop a Population Specific Engagement Approach

Below are considerations for outreach tactics, as your organization thinks about “how to start an engagement.”

Case Study: LGBTQ Communities

- Word of mouth and social media within the community are important for outreach
- Share information through organizations that work with/in the community (e.g. Sherbourne Health Centre, Rainbow Health Ontario, LGBT Youth Line, Egale)
- Paper postings of events in locations that are LGBTQ positive
 - > Outreach materials must be explicit that the space will be LGBTQ positive (e.g. include a rainbow flag to indicate a positive space, ensure images of people are representative of the community)
- Additional suggestions included outreach through:
 - > LGBTQ specific media (Xtra), social media (FB, Instagram, etc.), at community events (Prides across Ontario, RHO Conference)
- Consider outreach across sectors to include HIV/AIDS Organizations (ACCHO, ASAAP, BlackCAP, etc.), settlement (OCASI’s Positive Spaces Initiative), youth (Skylark, Griffin Centre), etc.

Case Study: Newcomer Communities

- Word of mouth within the community and through community leaders is important for outreach (particularly friends and family from same country of origin)
- Community media (including language specific newspapers, community radio)
- Consider outreach opportunities already present for newcomer communities through:
 - > organizations (e.g. settlement agencies, caseworkers, ELT providers),
 - > other service providers (311, YMCA, Service Ontario)
 - > events (Newcomer Day at City of Toronto),
 - > places of worship,
 - > social media (Facebook and YouTube especially),
 - > health providers including walk-in clinics, uninsured clinics, CHCs and hospitals

Case Study: Youth Communities

- Youth tend to go where their friends are, thus word of mouth can be an effective tactic for outreach
- Can invite students interested in volunteering/gaining work experience (e.g., can post through Charity Village or School Boards to contribute to High School community hours)
- Additional suggestions for outreach to the LGBTQ youth population included outreach through:
 - > Shelters
 - > Queen West Community Health Centre
 - > Black Cap, ASAP IMPACT – The LGBT Health and Development Program
 - > SKETCH Working Arts
 - > Egale Youth OUTreach
 - > YMCA’s SPROTT House

Note: This is not an exhaustive list, and tactics are ideas developed through the input of the populations and organizations that work with them

Selection of Engagement Techniques that Suit the Target Population

Below are some engagement techniques that can be used; additional techniques may be identified through partnership conversations. Deciding on when to use a technique depends on the preferences of the community and the desired outcomes of the engagement.

Technique	Description	When to Use
Survey	Electronic or paper-based set of predetermined questions	When need input or feedback from a large number of stakeholders on ideas that are already well defined (e.g., Your organization is weighing the benefits of implementing one program versus another)
Interviews	One-to-one or small group (2-3 people) conversations	When need to explore ideas or gather input, and confidentiality is required to be able to speak openly and honestly
Focus Groups	Activities and conversations to gather and discuss ideas with specific stakeholder groups	When need to explore and collaboratively build on ideas of a group (e.g., You are exploring and gathering ideas to solve a specific problem)
Community Event or Town Hall	Activities to gather, share, and discuss information, with an open invitation to the community	When want to attract a larger audience to share information with and have something to provide the community that they find valuable (e.g., You are wanting to increase screening rates by increasing access)
Virtual Correspondence	Conversations to gather, share and discuss information virtually (e.g., Teleconference, Google Hangout)	When want to have two-way communication without the constraints of, or resources required for, close physical proximity and scheduling challenges
Social Media Interaction and Websites	Written or media-based information shared electronically through social media (e.g. Facebook, Twitter, Website)	When want to reach and attract feedback from a large audience and begin to build a conversation within a community (e.g., You want to learn from stories about the best cancer service experiences for a specific population)
Advisory or Working Group	A group that meets repeatedly and usually regularly and that can build from prior conversations and decisions	When want to deeply discuss topics that require knowledge of the topic, prior group discussions, or decisions made <ul style="list-style-type: none">• When want to continually engage a small group of stakeholders

Step 4: Conduct the Engagement for your Specific Population

Below are specific population needs that were identified through the project engagement process. Understanding the following considerations for the specific communities listed below will help to prepare for successful engagement.

Case Study: LGBTQ Communities

We heard that during engagement, participants want:

- To be valued, not tokenized (use our ideas to improve our health system services and experience)
- Create engagement that is specific to our communities, not trying to make us fit into a mould
- For health planners to recognize that the health system is not seen as a safe place

Case Study: Newcomer Communities

We heard that during engagement, participants want:

- To be valued, not tokenized (use our ideas to improve services and access for our community)
- Create engagement that is an opportunity for us (build our skills, leverage our international expertise, etc.)
- For health planners to recognize that the health system is a confusing place

Case Study: Youth Communities

We heard that during engagement, participants want:

- To be valued, not tokenized (use our ideas, and show us the impact we've helped to create)
- Create engagement that is energizing, allows us to be creative, and happens in the ways we like to connect
- For health planners to recognize that the health system is experienced as a forced or necessary space

Recommendations

The following recommendations were developed based on key findings from the research project and provide the starting point for next steps in terms of applying the equity engagement framework in the cancer system:

1. Information Sharing and Data

- a.** Review data sources and sets to determine how to acquire disaggregated equity-related data that identifies inequalities across populations.
- b.** Share equity-related data internally and externally.
- c.** Establish an equity in cancer roundtable with partners including patients from marginalized communities, advocates, and representatives from organizations supporting marginalized patients (e.g. from Community Health Centres).
- d.** Hold regular internal knowledge sharing sessions to identify inequalities and common challenges across my organization's areas of work.

2. Training

- a.** Work with Leadership and Communications to develop an organizational "Primer"/ Newsletter that develops a common understanding of creating equity and shares this Framework.
- b.** Create training opportunities for capacity-building amongst organizational staff in the areas of health equity and how to engage specific marginalized populations.

3. Building Relationships

- a.** Assign internal responsibility for developing and maintaining relationships with partner organizations, and ensure standardized use of this framework across those responsible.



Appendix

Prioritizing Populations for Engagement

The following criteria can be used to guide which populations you may want to focus on for equity-informed engagement projects.

#	Prioritization Criteria	Description
1	Marginalized by the Health System	Level of access to health system resources; degree to which members of a population are engaged within the health system and whether they have good health outcomes
2	Population Size	Population size relative to overall population and relative to percentage of individuals within population that report good health outcomes
3	Population Growth Rates	Rate of growth of the population relative to overall population growth
4	Degree of Inequity	Degree to which the patient population is seen to be under-engaged in the health system
5	Impact	Degree to which your organization is likely to be able to effectively engage the population

Prioritizing Populations for Engagement

The following criteria can be used to guide which organizations you may want to partner with.

#	Prioritization Criteria	Description
1	Cross-Sector Access to Target Patients/Populations	Level of access to the target patients/populations across the cancer system
2	Current Interest and Level of Engagement	Current level of interest in the potential for partnership with your organization
3	Timelines and Capacity	Timelines and capacity to develop a patient engagement partnership with your organization
4	Degree and Type of Population Engagement	Degree to which the population is willing to engage with the organization. Types and effect of engagement strategies currently used, degree of perceived credibility, and number of people willing to engage (e.g. size of advisory group)
5	Partnership Experience	Prior experience with partnerships and potential expectations (or lack there of)

Case Examples

The following case examples outline how we are already putting the Equitable Engagement Framework into use.

During the development of the Equitable Engagement Framework, the team involved in the project met with organizations that work with populations we are looking to increasingly engage.



Step 1: We identified need to understand **how to better engage** people in the youth, newcomer, and LGBTQ communities

Step 2: We **identified potential partners** as YMCA Toronto, COSTI, and Rainbow Health Ontario

(case examples on following slides)

Meeting with Potential Partner Organizations

A common approach was used to set-up meetings with Rainbow Health Ontario, COSTI, and YMCA Toronto. A common set of meeting objectives were also used and outlined in the meeting Agenda.

Meeting Set-up Approach:

- An introductory email (see example on following slides) was sent to the organization outlining:
 - > The current challenge (understanding how to better engage the community)
 - > The goal (looking for opportunities to partner around common goals)
 - > A request for a meeting
- A meeting was scheduled, and an Agenda was developed and sent in advance (see example on following slides)

Meeting Objectives:

- To introduce the two organizations and discuss common goals surrounding patient and family engagement
- To discuss (RHO's/COSTI's/YMCA's) current engagement approaches and identify opportunities where we can support this work through a partnership
- To discuss current challenges that both organizations are facing when consulting under-engaged populations
- To review a tangible case example of an engagement project to understand how this may apply to (RHO's/COSTI's/YMCA's) client population and goals and;
- To confirm next steps

Meeting Objectives

The following is an Agenda that can be used as an example for future Agenda development. This specific Agenda was used in the discussion with Rainbow Health Ontario.

Meeting Objectives:

1. To introduce the two organizations and discuss common goals surrounding patient and family engagement
2. To discuss RHO's current engagement approaches and identify opportunities where we can support this work through a partnership
3. To discuss current challenges that both organizations are facing when consulting under-engaged populations
4. To review a tangible case example of an engagement project to understand how this may apply to RHO's client population and goals
5. To confirm next steps

Meeting Agenda

Discussion / Activity

- Welcome and Overview of Today's Objectives
- Discussion: Current Engagement Approaches
 - > How are you currently engaging with your client populations to gather their perspectives/input?
 - > What kinds of topics do you currently engage with your clients on?

Discussion: Current Challenges and Solutions

- What kinds of challenges have you encountered when engaging your client populations?
- What types of strategies would help your organization to mitigate these challenges?
- How can we support the needs of your client populations?

Discussion: Tangible Engagement Example

- How does the engagement case study align with your organizational goals and/or day-to-day operations?
- Are there aspects of the cancer or renal system that would be valuable to consult with your client population on?
- Can you share any lessons learned in terms of how we can best work with your client population?

Next Steps

- What interest and capacity does your organization have to take on additional consultations to gather input on improving cancer services in Ontario for the people you serve?
- Are there any upcoming engagement projects planned?

Case Example: Rainbow Health Ontario

Rainbow Health Ontario (RHO) is a province-wide program operated out of Sherbourne Health, working to improve access to services and promote the health of our lesbian, gay, bisexual, trans and queer (LGBTQ) communities.

We met with Rainbow Health Ontario to explore what a working relationship might look like in order to better engage people in the LGBTQ community.

Meeting Approach

- Introductions were made
- The team outlined the key challenge they were working to solve
- A discussion ensued that:
 - > Provided us with an outline of the work RHO does with the LGBTQ community
 - > Identified common challenges faced by the populations RHO and our agency work with
- To create a better understanding of what we are hoping to achieve, a Case Study about a current project, improving patient-physician communication in the Ontario cancer system was discussed
- To help solidify a working relationship, the question of what a working relationship between the organizations could look like was raised

Resources and Opportunities Gained

- Learned about other effective engagement models that we can learn from (Referred to research on the impact of BC's Public Health Advisory model)
- Learned about other research that may inform our work in patient-physician communication; potential partners for our consideration were suggested by RHO (Universities of Guelph and Ottawa have developed related toolkits)
- Learned about RHO's interests: building further community engagement;
- Identified other groups that have good connections to the LGBTQ community (AOHC)
- Identified common challenges: need for targeted skill building in patient-physician communication, especially around end-of-life issues; work around PROs/EPIC

Action Items & Next Steps

- RHO identified that its communication network could likely be leveraged for the purposes of engaging the LGBTQ community (e.g. distribution of a survey). RHO has approximately 3000 Twitter followers, 2000 Facebook connections, and other platforms
- Follow-up on potential opportunity for outreach or partnership on providing support and training in community and family health setting to increase capacity to treat LGBTQ community members
- RHO ED to provide a list of conferences/ events where an outreach effort may be effective and appropriate
- RHO to consider what a continued working relationship with us could look like

Using the initial stages of the Equitable Engagement Framework, have already broadened its relationships and network, gained relevant knowledge for its projects, and outlined clear next steps.

Need this information in an accessible format?
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