

Ontario Health Team

Patient, Family and Caregiver Partnership and Engagement Strategy

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Element # 1: Strategic Goal

A high-level vision statement outlining what the OHT aims to achieve with respect to patient, family and caregiver engagement within its network over time.

PATIENTS/CLIENTS/CARE PARTNERS & PROVIDERS
Improving our healthcare experience together -
IMPROVEMENT, ACTION-ORIENTED COLLABORATION, CO-DESIGN, CO-CREATION
where people are heard, care is connected, and
PATIENTS/CLIENTS/CARE PARTNERS & PROVIDERS WE ASK AND WE LISTEN, BECAUSE WE CARE SEAMLESS, DIGITAL HEALTH ENABLERS, CARE MANAGEMENT
whole health is possible for everyone
PHYSICAL, SPIRITUAL, MENTAL, EMOTIONAL, ENVIRONMENTAL, SOCIAL, CULTURAL, ECONOMIC EQUITY, INCLUSION, DIVERSITY

Element # 2: Guiding Principles

An outline of the core values, principles, and commitments that will serve as the foundation for the mutually beneficial outcomes that are possible through strong patient, family and caregiver partnership.

WE ARE COLLABORATIVE
WE ARE TRUSTWORTHY
WE ARE TRANSPARENT
WE VALUE EQUITY

WE ARE COLLABORATIVE

We: <ul style="list-style-type: none">• Leverage and value diverse strengths• Actively listen to all, openly engage, and ask questions when we don't understand• Respect all perspectives, contributions, ideas, opinions, and roles• Focus on solutions aligned to our purpose• Commit to a safe space for sharing• Believe that we can create something better together than we can on our own• Respond as a group to issues and opportunities• Celebrate accomplishments of the whole and each other• Actively work together	We do not: <ul style="list-style-type: none">• Blame others for failure/issues• Engage in 'side conversations' on key issues• Take a hierarchal approach to discussions/decision-making• Apply for funding opportunities in isolation• Exclude others
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WE ARE TRUSTWORTHY

We: <ul style="list-style-type: none">• Act and speak respectfully at all times• Align our actions to our purpose statement• Discuss important items/engage in difficult conversations openly• Provide a safe space to share opinions, even when they are dissenting• Share resources, power, and control to empower others• Set clear expectations and fulfill our commitments to each other• Engage in authentic, open, transparent, timely, accessible communication• Honour confidentiality• Care about people and do the right thing	We do not: <ul style="list-style-type: none">• Hide information• Ignore others' perspectives• Closely monitor each other• Deliberately exclude others in discussions/ decision-making• Avoid difficult conversations• Let others down• Prioritize/make decisions based on self-interest• Approach discussions/decisions with skepticism
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WE ARE TRANSPARENT

We: <ul style="list-style-type: none">• Communicate openly and honestly to keep everyone "in the loop"• Remain curious with differences of opinion	We do not: <ul style="list-style-type: none">• Keep secrets or have hidden agendas• Say what people "want to hear" vs. the truth
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<ul style="list-style-type: none"> • Share information freely to benefit the work of the OHT and the people we serve • Share good and bad news honestly • Share our facts and assumptions • Explain decisions • Promote ease of access to information 	<ul style="list-style-type: none"> • Talk negatively about people, services, programs, or organizations “behind their backs” • Hide information
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WE VALUE EQUITY

<p>We:</p> <ul style="list-style-type: none"> • Recognize and value everyone’s rights and identities • Listen without judgement • Work collectively to ensure that no one is left behind • Treat all with dignity and respect • Ask and listen with open ears, mind, and heart • Keep principles of equity at the forefront of our discussions • Design services for those most at risk or impacted by an issue, especially those not accessing care • Measure the degree to which our programs/services reduce disparities • Deepen our understanding of how we contribute to stigmatizing, marginalizing, and oppressing various groups • Celebrate and foster diversity, as evidenced by the inclusion of individuals from diverse backgrounds in our organizations and our OHT population • Continuously learn about the history of diverse groups • Honour and amplify the voices of others (e.g., smaller organizations, those not at the table) 	<ul style="list-style-type: none"> • Design services to meet the needs of people from powerful groups who are often least impacted by illness • Design services that are not welcoming for people from diverse backgrounds
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Element # 3: Engagement Domains and Approaches

Identification of areas in which engagement will occur across various stages and domains in OHT planning, implementation, and operations

At the Western Ontario Health team, we apply a health equity, quality improvement, population health, and co-design approach to everything we do.

We offer multiple levels at which patients, clients and care partners can engage. This includes the full spectrum of engagement from providing consult through surveys and interviews to leadership and empowerment through participation on the Patient, Client Care Partner Council, Coordinating Council and Co-Design working groups.

We “walk the walk” when it comes to co-design. We work with patients/clients, care partners, and providers to co-define the problems that we need to focus on and co-design the solutions for improved care. Patients will not only be engaged in discovery and co-designing of solutions but also during implementation and evaluation.

We are committed to, and hold ourselves accountable to, authentically engaging people from various backgrounds and experiences to ensure we are building improvements that serve those who need them most.

We recognize and respect the diversity of our community. We take our time, engage in hard work, and resist the status quo, to achieve a culturally appropriate health system that effectively reduces health disparities to become a truly equitable health care system.

Policy, Strategy, and System Level Discussions

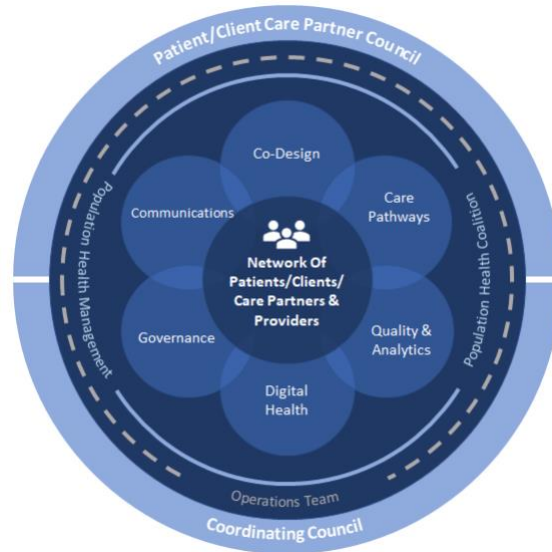
Engaging in broad domains of policy and strategy means the OHT and its members work together with patients, families and caregivers to enable system-level changes.

This can include driving more accountable health priorities, plans and policies.² By embedding patient, family and caregiver partners within collaborative decision-making structures, OHTs will be enabled to foster a culture of system co-design that is more likely to be long-standing and effective.

Patient/Client/Care Partners are embedded in the WOHT governance structure:

Patient/Client/Care Partners Council (PCCPC)

- Our structure values patients, clients, and care partners. We consider our local network of patients, clients, care partners, and providers at the centre of everything we do. This is exemplified by the value we place in our Patient/Client and Care Partner Council (PCCPC).



- PCCPC plays a key role in supporting patient/client and caregiver health system governance, accountability and stewardship towards achieving the aims of the WOHT. Deliberately reflective of the communities served by WOHT, the PCCP Council will strive to support quality of care as a health system responsibility by ensuring WOHT can deliver safe, effective patient-centred services, efficiently and in a timely and equitable way for all communities.
- PCCPC members are stewards for rights of patients and caregivers, are autonomous, and work in partnership with the Coordinating Council.

Coordinating Council

- PCCPC chair serves as a Coordinating Council Co-Chair
- PCCPC is represented on the Coordinating Council as an equal voice (with an equal vote) and has a moral accountability to the attributed population of WOHT. There are three members on the Coordinating Council: two voting and one non-voting (the non-voting member co-chairs the Coordinating Council).
- PCCPC Report is a standing agenda item at Coordinating Council meetings and Coordinating Council Report is a standing agenda item at PCCP Council.
- Patient Stories are woven into the work of the OHT and into Coordinating Council, PCCP Council, and other Working Group meetings, as appropriate.

Operations Team and Working Groups

- PCCPC members are also embedded in:
 - Operations Team
 - Co-Design Working Group
 - Care Pathways Advisors Group
 - Communications Working Group
 - Governance Working Group
 - Ad hoc working groups including Physician on-call Working Group

Examples of Policy, Strategy, and System Level Discussions and Activities PCCPC has been engaged in:

- Developing Patient/Client/Care Partner Compensation/Reimbursement Policy
- Hiring of WOHT lead, Clinical Lead, Project Manager and Masters of Health Administration Intern – Active participation in interview process
- Application Process to become an OHT
- Mapping the Care Pathway ecosystem (current state)
- Developing our Purpose Statement and Values
- Developing the WOHT Commitment Document
- Selecting Year 1 Priority Population
- Developing our Patient Experience Indicator and Patient Outcome Indicator to be reported to Ministry
- Developing our Health Equity Driven Quadruple Aim concept
- Selecting Definition of whole health
- Planning Shared Care Record
- Writing the Remote Patient Monitoring funding application
- Developing and executing WOHT Membership Agreements
- Developing all WOHT policies

Decision Making Process

- PCCPC participated in the development of a consensus tool. The PCCPC actively uses the tool in their meetings to come to agreement on topics.
- The results of PCCPC consensus votes informs Coordinating Council discussions and decisions.
- WOHT's Decision Tool to evaluate all requests from partners for WOHT support includes a check box to track whether PCCPC has been informed/involved/has supported the request.

Program and Service Design

Engaging in the domain of organizational program and service design means that the OHT initiates engagement activities that partner with patients, families and caregivers for the purpose of improving specific health programs, services, or other organization-wide projects such as quality and safety improvement initiatives.² These activities may be ad-hoc or time-limited and draw upon the unique experiences of patients, families and caregivers in relation to the service being redesigned.

WOHT is committed to Co-Defining issues and Co-Designing Solutions with Patient, Client, Care Partners and Health Care Providers.

- Meaningful engagement and co-design is featured as a foundational value of all the WOHT work. We work with patients/clients, care partners, and providers to co-define the problems that we need to focus on and co-design the solutions for improved care. Partners will not only be engaged in discovery and co-designing of solutions but also during implementation and evaluation.

- Informed by PCCPC, the WOHT is developing a framework for effective engagement and co-design. This includes interview guides to support discovery phase, co-design onboarding materials, co-design session slide decks, pre-event materials, and session facilitator guides.

WOHT is committed to collecting Patient, Client, Care Partner and Provider Experiences to contribute/support changes made to programs/service delivery:

- PCCPC member experiences were collected through round table discussions.
- As part of visioning, one member's caregiver story was explored in depth and their 'ideal' scenario in a fully implemented WOHT mapped.
- To support discovery of health care system issues and opportunities for improvement, interviews (individual and focus group) are completed with patients, clients, care partners and providers.
- Mapping of integrated care pathways includes the voice of patients, clients and care partners.
- To inform co-design events, WOHT is mapping individual patient, client and care partner care journeys.
- To build on work to date, we are also leverage existing engagement key findings from our partners and other jurisdictions.

At the completion of the critical mass of interviews/discovery process, the following questions will be answered to further inform the next steps:

- What are common themes/topics that need to be addressed?
- What information/knowledge do patients/caregivers need to be able to participate in the co-design session?

The discovery phase informs what problems we focus on in our co-design of solutions for improved care

Patient, Client, Care Partner Network Engagement

- WOHT is exploring the possibility of setting up an engagement software platform to obtain ongoing and regular input from the Middlesex London community.

The software will be embedded in the WOHT website and enables the WOHT to easily obtain patient, client and care partner feedback on issues and solutions in development through online discussion forums, quick surveys, etc.

Personal Care and Health Decisions

Engaging in the domain of personal care and health decisions means health care professionals partner with patients, families and caregivers in processes of shared decision-making and care

WOHT is committed to a population health management approach that focuses on patient-driven care, with an emphasis on patient empowerment at point-of-care. Deliverables will be informed through co-design with patient, clients, care partners and health care providers.

Focus of co-design discussion will include three key enablers to a population health management approach:

- A sustained care relationship between patients/clients and care partners with the Western OHT – patients/clients and care partners are supported by one team throughout their care journey;
- A shared care record – providers, patients/clients, and care partners can access the information they need, when they need it, to optimize care and experience; and
- A co-created individualized care plan for everyone – patient/clients, care partners, and providers work together to develop a wholistic health plan that is driven by what's most important to the patients/clients, and care partners; patients/clients and care partners understand the care plan

We promote the importance of and expectation of providing opportunities for patients, clients and care partners to participate in decision-making; providing appropriate education and information so patients can make informed decisions; understanding patient preferences and goals; understanding patients' support network; and building sustained, trusting relationships.

Element # 4: Enablers

Identification of key enablers that will facilitate meaningful patient, family and caregiver partnership and co-design within the OHT.

A Culture of Continuous Quality Improvement

OHT partners / members to continuously improve – and to use the experiences, perspectives and needs of patients, families and caregivers to identify and implement continuous improvement activities.²

- Opportunities to integrate the health care system and improve patient outcomes and experience and provider experience will be identified and developed through co-design with patients, clients, care partners and providers. When implementing the resulting opportunities/solutions, we will seek feedback to support continuous improvement.
For example, before implementing a solution, we may create a prototype and seek feedback on the prototype. An example of a prototype would be a draft referral form or a re-enactment of a process, or anything that allows patients, clients, care partners and providers to experience the solution and provide feedback. Feedback will then be used to improve the solution before it is rolled out.
We would also consider testing a solution on a small scale using a Plan-Do-Study-Act approach prior to full implementation.
This would include
 - Plan: Identify what information will tell us how the solution can be improved further,
 - Do: Test the solution on a small scale,

- Study: Analyse our data, ask patients, clients, care partners and providers what worked well and how we can make it better.
- Act: Incorporate suggested changes to further improve our solution. We will repeat the Plan-Do-Study-Act cycles until the solution is ready for full implementation.
- Implementation will include sustainability and continuous improvement plans. These plans define a process and accountability, that is how, who and when the implemented solution is monitored and reviewed to understand if it needs to be changed further. This approach is important in an ever-changing world; what is a great solution today may no longer be a good fit in the future. Instead of solutions becoming ineffective over time, we want to include a process to ensure everything we implement is modified, as needed, to meet ever-changing needs.
- We are committed to continuous improvement of the engagement process – We will evaluate the co-design/engagement process and make improvements based on feedback to ensure patients/clients/care partner voices are integrated. Our evaluation framework will include the Patient Public Engagement Tool (PPET). This tool explores whether patients, clients and care partners feel comfortable contributing in meetings, feel their voice is heard, etc.
 - We are partnering with a student to investigate the facilitators and barriers to engagement of diverse patients and caregivers in health systems reform, which we anticipate will inform our continuous improvement (see further detail later in this document).

Ongoing Orientation, Education and Communication

Providing patients, families and caregivers with ongoing training, support, tools, and resources to enable them to meaningfully contribute in their role as partners/advisors. An ongoing commitment to creating an environment for advisors to thrive includes thoughtful consideration to onboarding new advisors into existing structures, the use of inclusive/non-exclusionary language, creating respectful environments for patients, families and caregivers to share their lived/living experiences, etc.

- PCCPC Orientation Package and Support. New members of the PCCPC will receive an Orientation Package to enable them to meaningfully contribute. Orientation package includes PCCPC Terms of Reference, 101 slide deck about the WOHT, its history, purpose, goals, plans, governance and achievements to date; Decision Making Framework, etc. New members are partnered with a buddy/mentor for their first few meetings that can offer a debrief, answer their questions, etc.
- PCCPC Meetings will include an educational component each month.
- Coordinating Council Orientation Package and Support. Patients, clients and care partners that join the Coordinating Council receive an Orientation

Package. This includes a checklist that outlines the materials to review, training to receive and who they will meet as part of their orientation. Orientation materials include Coordinating Council Terms of Reference, Decision Making Framework, budget, contact list, WOHT Glossary of Terms and recent newsletters and minutes,

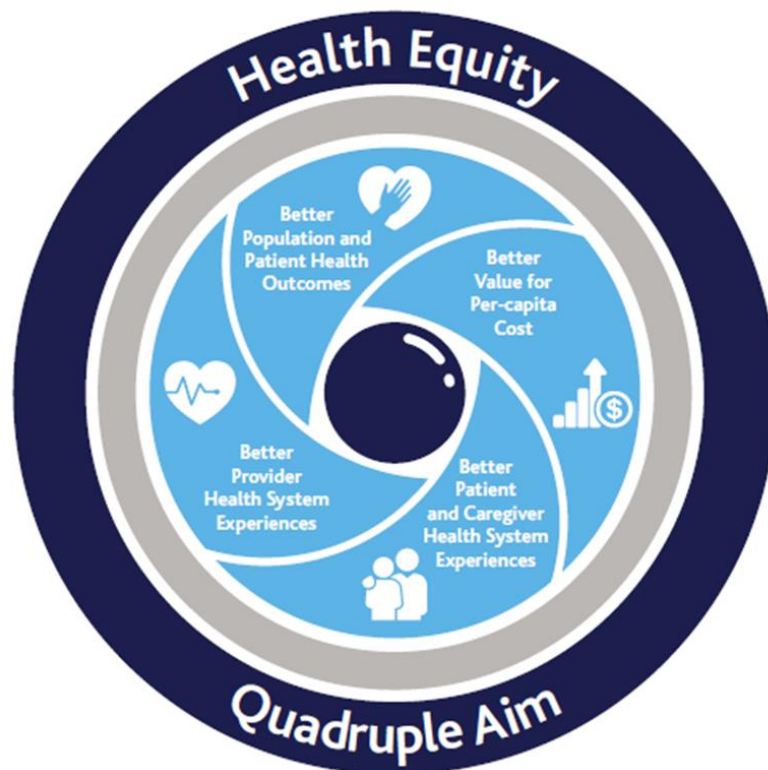
- The WOHT is committed to co-designing solutions with patients, clients, care partners and providers. Co-Design is an unfamiliar term to most and to support effective and confident participation, Co-Design Training is provided to the PCCP Council and all Co-Design participants.
- A process exists for onboarding patients, clients and care partners to Co-Design. The process includes a phone/virtual conversation where a letter of information is reviewed and different opportunities for engagement introduced. Information package is provided that includes what to expect in co-design sessions. Members of the PCCP Council are committed to supporting the onboarding process as they can speak from their own experience with the WOHT as a patient, client or care partner. The strategy for how to onboard patients, clients and care partners, was co-created with the PCCP Council. It explains how to go over the letter of information, frequently asked questions, etc.
- To ensure Co-Design sessions language is clear and inclusive, Co-Design meeting materials are reviewed and tested with the PCCP council, whenever possible.
- WOHT website is being developed with input from PCCP council members. Website will include updates and status of ongoing WOHT initiatives.
- As previously described, WOHT is exploring setting up a virtual engagement platform on the website to support communication and engagement with patients, clients, care partners and providers. This virtual engagement platform enables the WOHT to execute quick surveys and initiate discussion forums to obtain feedback on improvement opportunities and solutions.
- WOHT publishes monthly newsletters that will be posted on our website and available to the public. All patients, clients and care partners that partner with WOHT through co-design, PCCP council and care pathway mapping will be offered to sign up for the WOHT newsletter.
- The WOHT is committed to reporting back to patients, clients and care partners on the progress and results of the initiatives and solutions they took part in co-designing.
- All working documents are stored on SharePoint and accessed via Microsoft Teams. PCCP Council members will have access to all documents, with the exception of patient information and HR information.

Commitment to Diversity, Inclusion, Health Equity and Cultural Competence

Engaging patients, families and caregivers through the lens of health equity means health care professionals, planners, and organizations have a responsibility to engage with – and respond to – the unique needs of Indigenous, Black, or other racialized,

and/or Francophone patients, families or caregivers who have long been disadvantaged by the health system. It also requires a concerted effort to include and highlight voices of a diverse range of populations.

- WOHT is committed to health equity. To reflect this commitment, we have deliberately added “Health Equity driven” to our Quadruple Aim.



- A patient, client, care partner Matrix was created to ensure a diverse mix of voices inform all improvements/change initiatives.

The matrix includes the following criteria:

- Urban and rural
- Immigrants and newcomers
- Various age categories
- Various genders and sexual orientations
- Various racial or ethnic groups
- Various languages
- Various income levels
- People with disabilities
- People with literacy challenges
- People who act as care partners
- People with and without access to personal transportation

- People with and without access to care partners
- People with various states of disease severity

Interviewees and co-design participants are cross-referenced with the matrix to ensure a representative sample is being collected. WOHT is constantly asking the question: what group(s) of patient and caregivers are not represented in our understanding so far? Gaps are identified, and strategies are developed to reach these populations.

Examples of engagement strategies with diverse populations include:

- Indigenous Community: WOHT is committed to the principles of Truth and Reconciliation and supports Indigenous Health in Indigenous Hands. The Western OHT is committed to building sustained, cooperative, mutually beneficial, and respectful relationships with local First Nations communities and Indigenous Health providers. We hope to partner to co-create a better, truly equitable health care system. Together, with partners, we hope to:
 - Establish meaningful connection between the WOHT Coordinating Council, First Nations communities, and Indigenous Health providers.
 - Determine how best to co-define what the issues/challenges/problems are in the system today, how to co-design improvement solutions, and how to measure impact.
 - Design and implement a model for ongoing Indigenous Patient/Client and Care Partner input.
 - Embed the First Nation Health Policy recommendations into our WOHT work plan, activities, and our approach to partnership.
 - Partner on advocating for and applying for funding opportunities to improve whole health.
 - Explore potential opportunity for interested organizations and/or communities to sign as members of the WOHT.

Activities and engagement to date include:

- Set a foundational requirement for all members of the WOHT Coordinating Council to complete Indigenous Cultural Safety training and an expectation to promote this training to front-line staff across the systems.
- Designated an interim Indigenous Health seat at the WOHT Coordinating Council.
- The WOHT Lead has had numerous informal connections/meetings with many Indigenous partners.
- Consulted with some partners re: OHT naming/branding/website work underway.
- Arranged for presentation of First Nation Health Policy at June 24th WOHT Coordinating Council meeting and confirmed high level of consensus to adopt/endorse the policy, in principle, to equalize the relationship between health service providers and First Nation communities.
- Partnered to provide feedback re: Home & Community Care regulations.

- Embedded content from First Nation Health Policy and OHT letter of support from the Southwest Ontario Aboriginal Health Access Centre into our draft WOHT Commitment document.
- Engaged in early discussions with Lloy Wylie, researcher from Western University, with focus on health care services for Indigenous peoples and immigrant/refugee populations.
- Francophone Community:
 - We work with our local French Language partners to ensure equitable access to culturally and linguistically sensitive care.
 - The WOHT is actively engaging with francophone community to recruit participants for our co-design efforts.
 - Representatives from the Francophone community were included in co-designing our OHT name, logo and website.
 - The WOHT website will include a French version.
- Marginalized populations:
 - We work with community partners to connect with and support people who experience barriers to care, including immigrants and newcomers, people experiencing poverty, racialized communities, people experiencing homelessness, and people with disabilities.
 - In an effort to remove barriers to participation of marginalized populations such as new immigrants, low-income individuals/families and people experiencing homelessness, the WOHT collaborates with community partners connected to these communities, such as the London Intercommunity Health Centre (LIHC), Cross Cultural Learning Centre and Helping Hands.
 - To include the voice of marginalized populations, the WOHT will offer drop-in interviews at LIHC. These are interviews that are not pre-scheduled. Instead, interviewers will approach individuals who are at LIHC on the days that WOHT team members are there and offer them the opportunity to be interviewed. When preferred, the WOHT will also enable interviews/participation to be facilitated by someone the patient, client or care partner trusts, such as LIHC staff.
- PCCP Council Survey. Council members were surveyed to understand diversity represented on the council and identify gaps to support recruitment.
- To ensure language is not a barrier to anyone's voice being heard, interpretation and translation support is offered.
- When prioritizing improvement opportunities for co-design and implementation, all opportunities are assessed for expected impact on health equity.
- The WOHT is working on a process for a more formal health equity assessment of all initiatives considered for implementation. This includes the consideration of using a formal health equity framework.

Minimizing Barriers

Considering and addressing barriers to participation such as financial and logistical (i.e. time and length of meetings); minimizing any chronic/systemic barriers related to factors such as race and disability; addressing barriers to participation through other enablers such as education, resources, training, technology support, etc.

- Patient, Client and Care Partner Compensation and Reimbursement Policy was developed with input from PCCP Council and approved by Coordinating Council.

Lack of compensation/reimbursement will not be a barrier to participation as a council member. WOHT recognizes that members of the Partner Council will require reimbursement of out-of-pocket expenses to allow them to participate in the work of the Partner Council, which is why reimbursement is also included in the policy . WOHT is committed to working with members of the PCCP Council and any related Committees to ensure that barriers to participation have been alleviated wherever possible. Patients, clients and care partners participating in Co-design are also offered compensation. Annual stipends, Co-Design Budget and Compensation and Reimbursement Budget was developed, based on a \$25 hourly rate.

- Reimbursement is provided for transportation, as required.
- To minimize barriers to participation, feedback is sought from PCCP council on Co-Design time and length of meetings.
- WOHT will meet with a number of patients to map their patient care journeys. To meet patient's needs, patients will be provided the option of meeting online or in person using Covid-19 protocols (outside, distanced, etc.)
- To ensure language is not a barrier to anyone's voice being heard, interpretation and translation support is offered.
- To minimize barriers to participation, multiple opportunities are provided for patient, client and care partners to provide feedback. This includes surveys, online discussion forums, phone, through video call technology as well as in person using COVID-19 protocols (outside, distanced, etc.)
- To minimize barriers to participation, training and supports on technology used is offered as needed (Zoom, Microsoft Teams, etc.).

Skillset Matching

Ensuring that the right patient, family and caregiver advisors are sought for the diverse spectrum of work (i.e. various domains of engagement) that can occur within OHTs. Advisors with specific lived experience, knowledge, and advisory skillsets will be better positioned to contribute meaningfully when matched with the appropriate role or capacity.

- The WOHT has created a database to capture the names and contact information of all the patients, clients and care partners who are interested in participating in different ways. WOHT's database has been built in Microsoft Excel and includes

information about each participant. The database clearly indicates who is interested in each of the opportunities for participation. This may include joining the PCCP Council, sharing their experience through an interview, participating in co-designing solutions and/or mapping care pathways. This database will help match patients, clients and caregivers to opportunities in a meaningful and feasible way.

- When opportunities for improvement have been identified through interviews and co-design sessions, working groups will be struck. These working groups will be tasked with co-designing the solutions. For each problem/solution, a consideration will be made as to what experiences and skills are needed in the working group. Patients, clients and care partners will be offered the opportunity to participate in working groups based on their experiences, skills and interests.
- PCCP Council Survey. The council members were surveyed to understand diversity represented, on the council and identify gaps. Survey also identified skills and interest to support matching to future opportunities. 2021 summer work of the PCCP Council was distributed across the council, on a volunteer basis, empowering members to self-select those areas of focus that was of interest and/or best aligned with experience and skills.

Rigorous Research and Evaluation

Evaluating the process, outputs, and impacts of engagement activities to demonstrate value and build a case for new and improved ways of partnering with patients, families, and caregivers

- Together with the PCCP Council, WOHT will develop metrics to evaluate the effectiveness of WOHT's engagement with patients, clients and care partners.
- Our evaluation framework will include the Patient Public Engagement Tool (PPET). To evaluate engagement of partners, PPET tool includes questions like "do I feel like my voice is heard in meetings", "are my ideas and feedback taken into consideration", etc. (created by Julie Abelson from McMaster).
- WOHT is providing a MSc student with access to WOHT meetings to support her thesis work. The research question that their study will explore is: "What are the facilitators and barriers to engagement of diverse patients and caregivers in health systems reform?" The objectives are:
 - 1) To examine how the WOHT is currently planning for and conducting equity-driven engagement strategies.
 - 2) To explore patient and caregiver's perceptions of equity-driven engagement strategies in the WOHT.
 - 3) To identify patient and caregiver-reported facilitators and barriers to meaningful engagement of diverse patients in health systems reform.

WOHT will use research findings to further improve engagement process with patients, clients and care partners.