Ottawa West Four Rivers ONTARIO HEALTH TEAM

ÉQUIPE SANTÉ ONTARIO Ottawa Ouest Quatre Rivières

COMMUNITY ENGAGEMENT IN ACTION

A PRACTICAL GUIDE FOR OTTAWA WEST FOUR RIVERS ONTARIO HEALTH TEAM

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OWFR OHT

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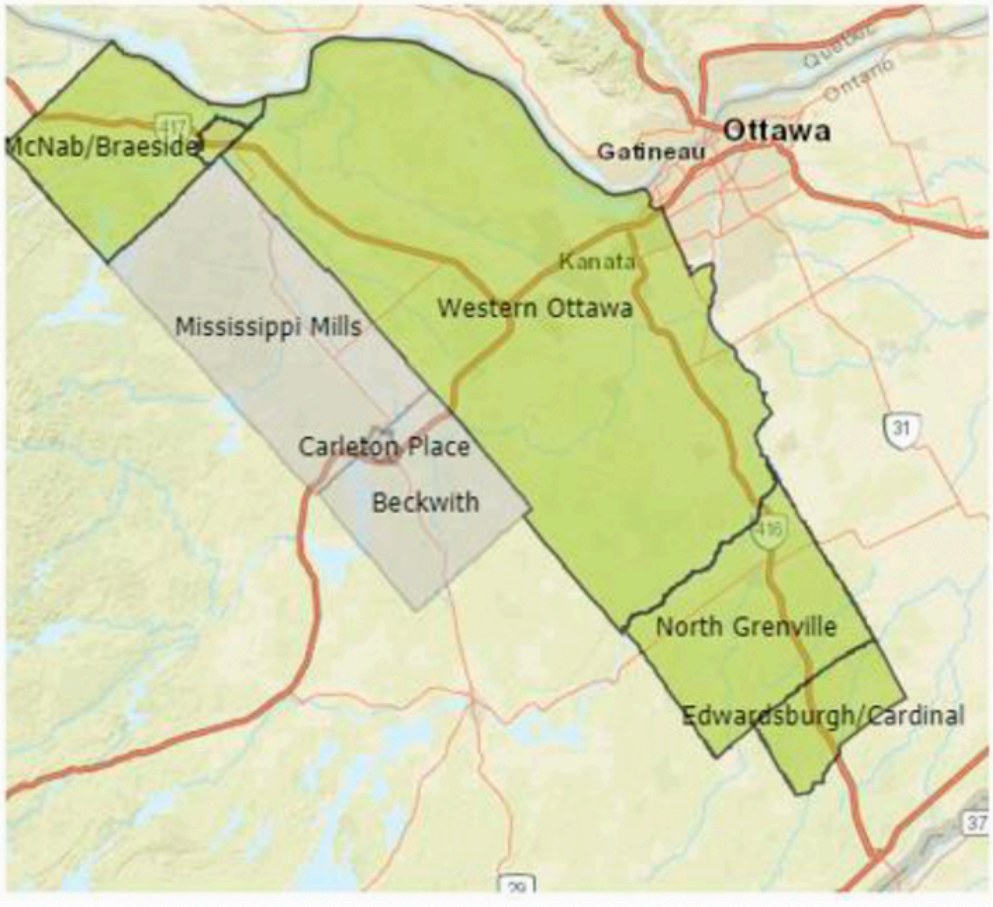
USE OF GENERATIVE AI DECLARATION

The ideas, research, analysis and content in this guide were developed by the student authors. ChatGPT was used solely to support wording refinement, organization and clarity of expression. All interpretation, synthesis, recommendations and final decisions regarding content were completed by the authors in consultation with members of the Lived Experience Council.

LAND ACKNOWLEDGEMENT

The authors respectfully acknowledge that the Ottawa West Four Rivers region lies on the unceded, traditional and ancestral territory of the Algonquin Anishinaabe People, who have lived on and care for this land since time immemorial. We honour their stewardship, their ongoing contributions to community wellbeing, and the rights and knowledge systems that continue to shape this region today. We also recognize the presence and contributions of First Nations, Inuit and Métis Peoples who make their homes across the OWFR OHT geography. This guide is written with gratitude, humility, and a commitment to supporting engagement practices that uphold Indigenous sovereignty, cultural safety and relationship-building.



POSITIONALITY STATEMENT

As student authors working within the healthcare system and informed by our own social locations, identities and lived experiences, we recognize that our perspectives are shaped by privilege, education, and the limits of our training. We understand that meaningful community engagement must be guided first and foremost by those who hold lived experience, cultural knowledge and community-rooted expertise.

We acknowledge that we are learners in this work. This guide reflects our best efforts to interpret research, community needs, and engagement principles through an equity-centered, trauma-informed lens. We have approached this work with humility, openness, and a commitment to ongoing reflection and improvement.

PURPOSE AND LIMITATIONS OF THIS GUIDE

This document is intended as a practical, evidence-informed resource to support OWFR OHT staff, partners, and lived experience members in strengthening equitable, relationship-based engagement. It offers suggested approaches, not prescriptive rules. The practices outlined here are meant to be adapted, tested and refined over time based on community input, cultural guidance and real-world learning.

This guide should not be understood as the definitive or exhaustive answer to engagement. Rather, it is a starting point - a foundation that invites continued dialogue, co-design, and shared leadership with the communities served by OWFR OHT.

ACRONYMS & GLOSSARY

2SLGBTQIA+: Two-Spirit people; Lesbian; Gay; Bisexual; Transgender; Queer/Questioning; Intersex; Asexual; inclusive of people who identify as part of sexual and gender diverse communities, who use additional terminologies.

CBPR: Community-Based Participatory Research

EDI-AR: Equity, Diversity, Inclusion and Anti-Racism

GHHN: Greater Hamilton Health Network

HEC: Healthcare Excellence Canada

LEPs: Lived Experience Partners

MHA: Master of Health Administration

OHT: Ontario Health Team

Populations Not Yet Reached by OWFR OHT: In this guide, this term refers to the groups identified by the Ottawa West Four Rivers Health Team as having had their voices insufficiently represented in previous engagement efforts. These groups include: rural residents; Indigenous Peoples; Black and other racialized communities; newcomer and refugees; 2SLGBTQIA+ communities; and people with disabilities. This descriptor reflects OWFR OHT's current engagement priorities and is used solely for clarity within this project.

TABLE OF CONTENTS

PART 1 - BACKGROUND & STRATEGIC FOUNDATIONS

PART 2 - OPERATIONAL ENGAGEMENT USER GUIDE

TABLE OF CONTENTS

TABLE OF CONTENTS

PART 1 - Background & Strategic Foundations

1. INTRODUCTION & PURPOSE

The Ottawa West Four Rivers Ontario Health Team (OWFR OHT) serves a large, geographically diverse population across urban, suburban, rural, and small-town communities. The OWFR OHT's Community Engagement Framework (2022) outlines a strong vision for meaningful, culturally responsive, and equity-driven engagement.

The purpose of this Operational Engagement Guide is to provide precise, repeatable, and culturally safe processes for engaging community members, particularly the populations not yet reached by OWFR OHT. This guide answers the partner's core questions: *how can OWFR OHT engage communities in meaningful, intentional and feasible ways?*

To achieve this, the guide is designed to support OWFR OHT staff, Lived Experience Partners (LEPs), partner agencies and project teams by:

- Providing step-by-step workflows that outline how to plan, conduct, document and follow up on engagement activities.
- Supplying practical strategies and tools, including surveys, outreach scripts, and pop-up engagement checklists.
- Offering guidance on engagement methods, with options that are culturally responsive and low-barrier for populations not yet reached by OWFR OHT.
- Ensuring practices are trauma-informed and culturally safe to reduce harm and ensure that community members feel respected, heard and valued.
- Supporting alignment with Equity, Diversity, Inclusion and Anti-Racism (EDIA-R) principles so that all engagement supports fairness, accessibility, and anti-oppressive practices.
- Creating consistencies across the OWFR OHT's geography, ensuring that engagement activities remain coherent even when carried out by different teams, in other settings or with various populations.

This document is not intended to focus as a policy, framework or formal directive. Instead, it serves as a practical how-to guide that supports

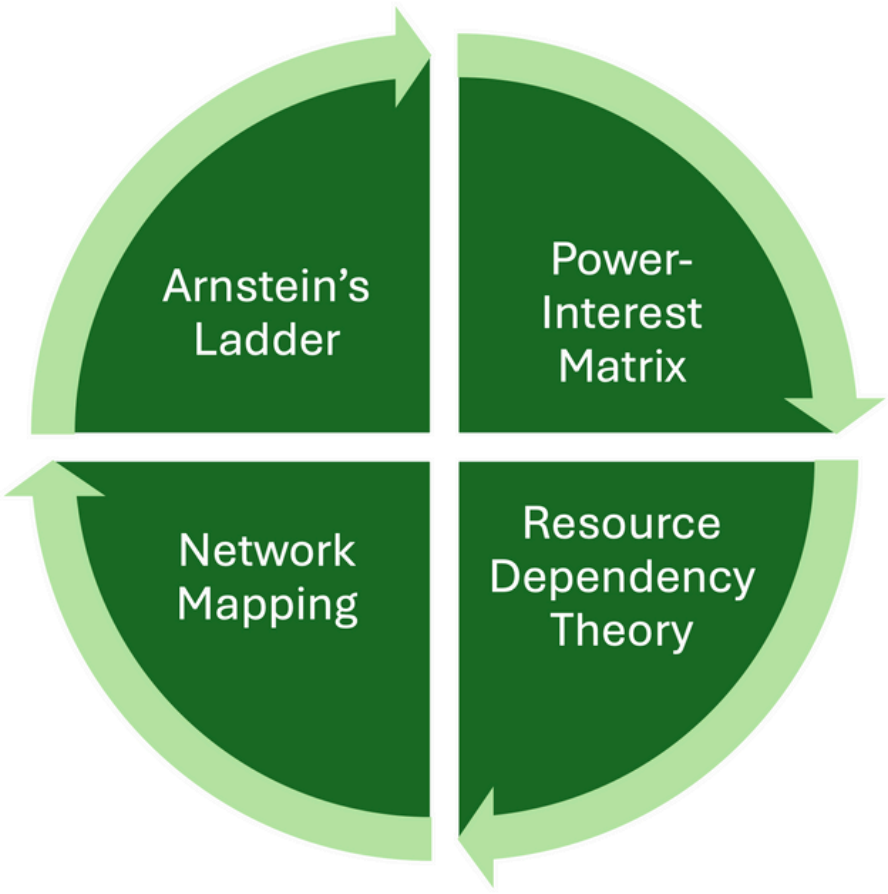
real-world implementation. It focuses on feasibility, adaptability and cultural responsiveness, ensuring that OWFR OHT's commitment to community engagement is translated into tangible, everyday actions that honour lived experience and strengthen partnerships across all areas served by OWFR OHT. For clarity and consistency, this guide uses the term "*populations not yet reached by OWFR OHT*" to describe the specific groups the OHT has identified as underrepresented in previous engagement efforts. A full definition is provided in the glossary.

This guide is intended as a practical, evidence-informed resource to support engagement work across the OWFR OHT. It offers a set of operational approaches and tools that OWFR OHT can adapt, and it provides a consistent, supportive structure for staff seeking to strengthen equitable, relationship-based community engagement.

2. STRATEGIC FRAMEWORKS FOR COMMUNITY ENGAGEMENT

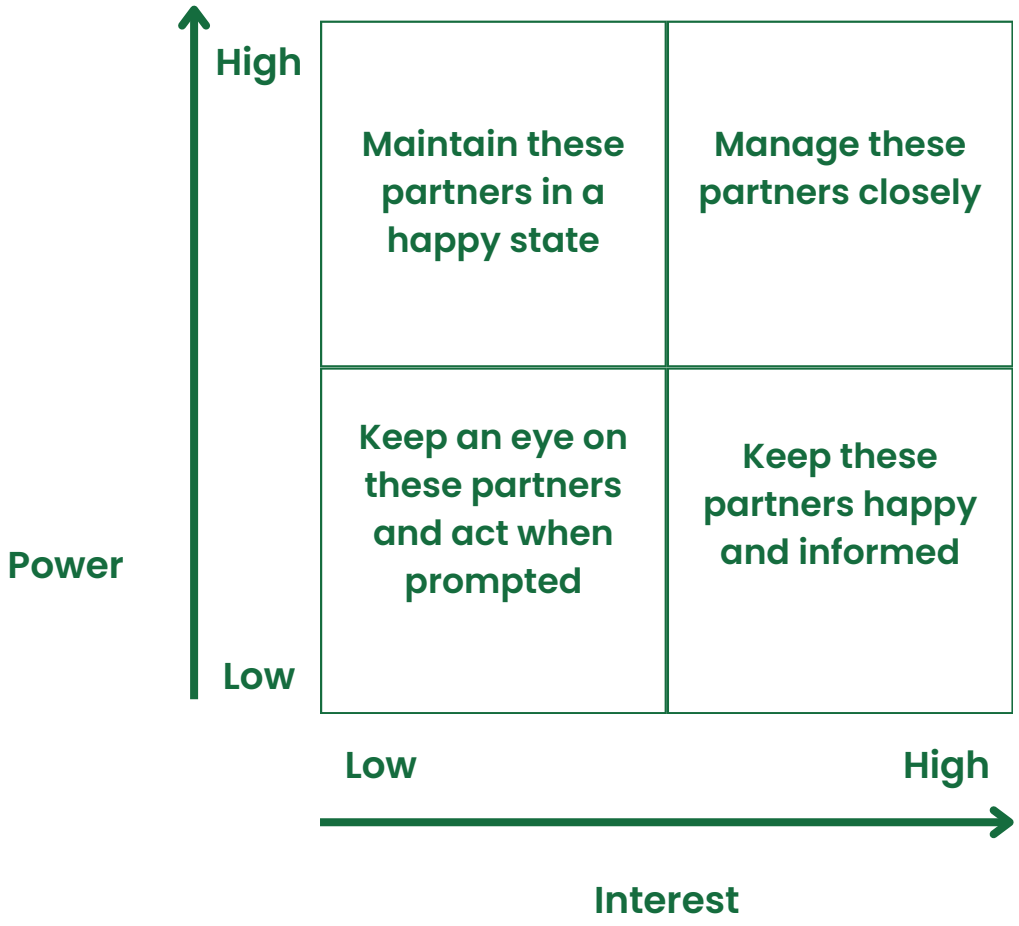
To ensure that community engagement at OWFR OHT is intentional, feasible and aligned with the organization's strategic goals, this guide is grounded in several key conceptual frameworks drawn from strategic management and stakeholder engagement theory. These frameworks, adapted from the University of Ottawa Master of Health Administration (MHA) curriculum, help translate OWFR OHT's engagement commitments into practical decisions about whom to engage, how to engage and at what level of intensity. They complement the guiding principles by providing a structured way for staff to prioritize activities, allocate resources and build relationships in ways that are both ethical and effective.

Figure 1: Strategic Frameworks



2.1 POWER-INTEREST MATRIX: DETERMINING LEVELS OF ENGAGEMENT

Figure 2: Power-Interest Matrix



The Power-Interest Matrix (Chinyio & Olomolaiye, 2009) is a strategic tool that can help OWFR OHT determine the appropriate level of engagement for different groups by assessing two key dimensions. The first dimension, power, refers to the degree of influence a group holds over OWFR OHT decisions, operations or system performance (Chinyio & Olomolaiye, 2009). The second dimension, interest, reflects how invested a group is in a particular issue or how significantly they may be affected by changes within the system (Chinyio & Olomolaiye, 2009). By using this matrix, OWFR OHT can ensure that engagement strategies are proportional, realistic, and aligned with the needs of both the community and the organization.

The Power-Interest Matrix is a diagnostic tool that supports thoughtful planning by illustrating how different groups may relate to a given issue or decision. The matrix provides a structure for considering how levels of influence and levels of interest shape engagement needs. Its value lies in offering a visual way to reflect partner dynamics, clarify assumptions and understand how different groups may benefit from varying forms of communication or involvement.

HOW THIS TOOL APPLIES TO OWFR OHT

Groups that hold high power and high interest should be managed closely, as they play a crucial role in shaping decisions and ensuring successful implementation (Chinyio & Olomolaiye, 2009). These partners should be directly involved in planning, co-designing engagement processes, reviewing draft tools and validating findings (Chinyio & Olomolaiye, 2009). Ongoing, regular touchpoints are essential to maintain alignment and ensure that their perspectives meaningfully shape engagement activities (Chinyio & Olomolaiye, 2009).

Groups with high power but lower interest should be kept satisfied through periodic communication (Chinyio & Olomolaiye, 2009). While they may not require intensive involvement in every phase of engagement, they benefit from clear summaries, regular updates and opportunities to provide input at key decision points, ensuring that their support and alignment are maintained (Chinyio & Olomolaiye, 2009).

Groups with lower power but high interest should be engaged regularly, as they often have significant lived experience and are directly affected by system challenges (Chinyio & Olomolaiye, 2009). Engagement for these groups is most effective when it's low-barrier, accessible, grounded in trauma-informed and culturally safe practices that support participation.

Groups with lower power and low interest should be monitored through broad, population-level communication methods (Chinyio & Olomolaiye, 2009). For these groups, approaches such as general updates, public-facing materials and information-sharing channels offer an appropriate level of connection without overextending organizational resources.

Overall, the Power-Interest Matrix ensures that engagement at OWFR OHT is intentional and strategic. It helps avoid tokenism by ensuring that engagement efforts match the influence and needs of each group, and it enables staff to focus time and resources where they will have the greatest impact on system planning and community partnerships (Chinyio & Olomolaiye, 2009).

2.2 RESOURCE DEPENDENCY THEORY: WHY PARTNERSHIPS MATTER

Resource Dependency Theory highlights the idea that no organization can function independently and relies on external groups for critical resources such as legitimacy, information, trust, operational reach and access to specific communities (Pfeffer & Salancik, 1978). This concept is highly relevant to OWFR OHT, a network-based model that must collaborate with a wide range of community groups, service providers, and lived experience partners to fulfill its mandate. Given that OWFR OHT's geographic area is large and its population diverse, engagement cannot rely solely on formal healthcare channels. Instead, OWFR OHT must work through a constellation of community relationships to reach populations not yet reached by OWFR OHT, many of whom experience systemic barriers to participation.

Within this context, partnerships are not optional; they are essential. Engagement becomes effective only when the organizations and people who hold community trust help facilitate access, communication and relationship-building. Resource Dependency Theory emphasizes that intangible resources such as trust, legitimacy, and local acceptance are forms of capital that organizations cannot generate alone and must obtain from external partners (Hillman et al., 2009).

IMPLICATIONS FOR ENGAGEMENT

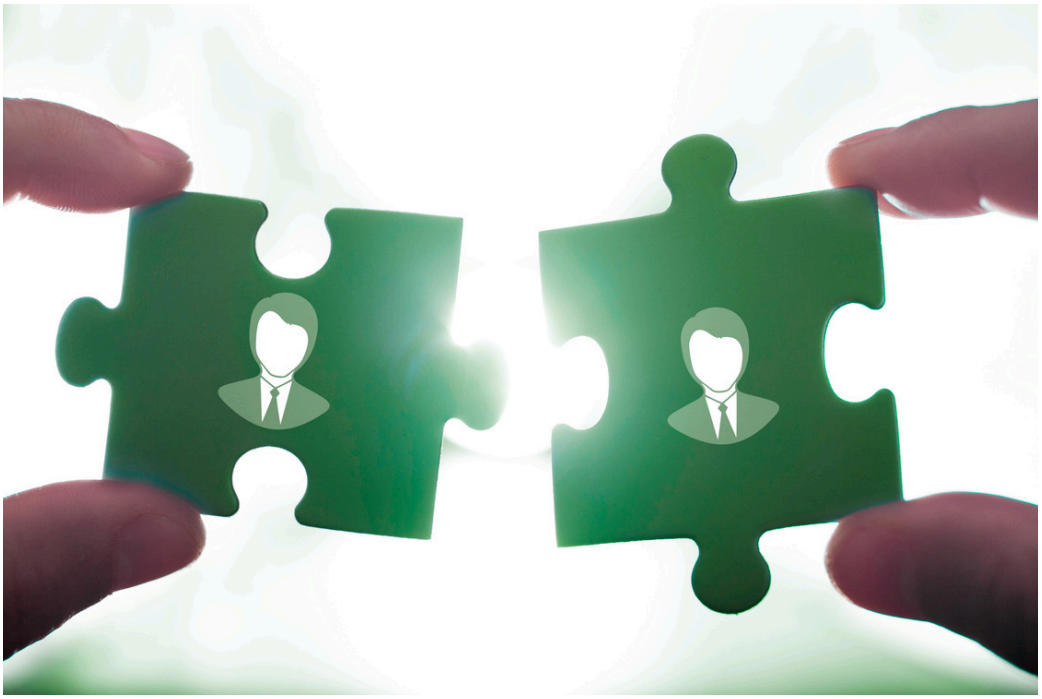
Community partners provide unique forms of *capital* that OWFR OHT cannot generate on its own. Community agencies, such as those serving newcomers, Indigenous communities, Black and racialized residents, people with disabilities, 2SLGBTQIA+ communities, rural residents, seniors, and low-income families, hold trust capital within specific cultural, linguistic or social groups. Their longstanding relationships allow them to open doors that the formal healthcare system cannot access on its own.

Lived Experience Partners (LEPs) bring experiential knowledge that no data source, report or system dashboard can replace. Their insights help the OWFR OHT understand what care feels like from the perspective of patients, caregivers and community members. This type of knowledge shapes how engagement should be designed, which questions are meaningful to ask, and how to avoid unintentionally reinforcing power imbalances.

Rural organizations and community networks provide geographic access and a contextual understanding of regions where residents may experience transportation barriers, limited services, or unique local needs. These groups help the OWFR OHT understand how engagement must be adapted for both dispersed and tight-knit communities, where health issues intersect with local identity and culture.

Faith organizations, cultural associations, peer-support groups and grassroots networks serve as essential entry points to communities that may not interact with traditional health or social service systems. These groups often function as culturally safe spaces where individuals feel comfortable expressing concerns, experiences and needs. Their involvement enables the OWFR OHT to reach adults, youth, caregivers and seniors who might otherwise remain invisible within engagement processes.

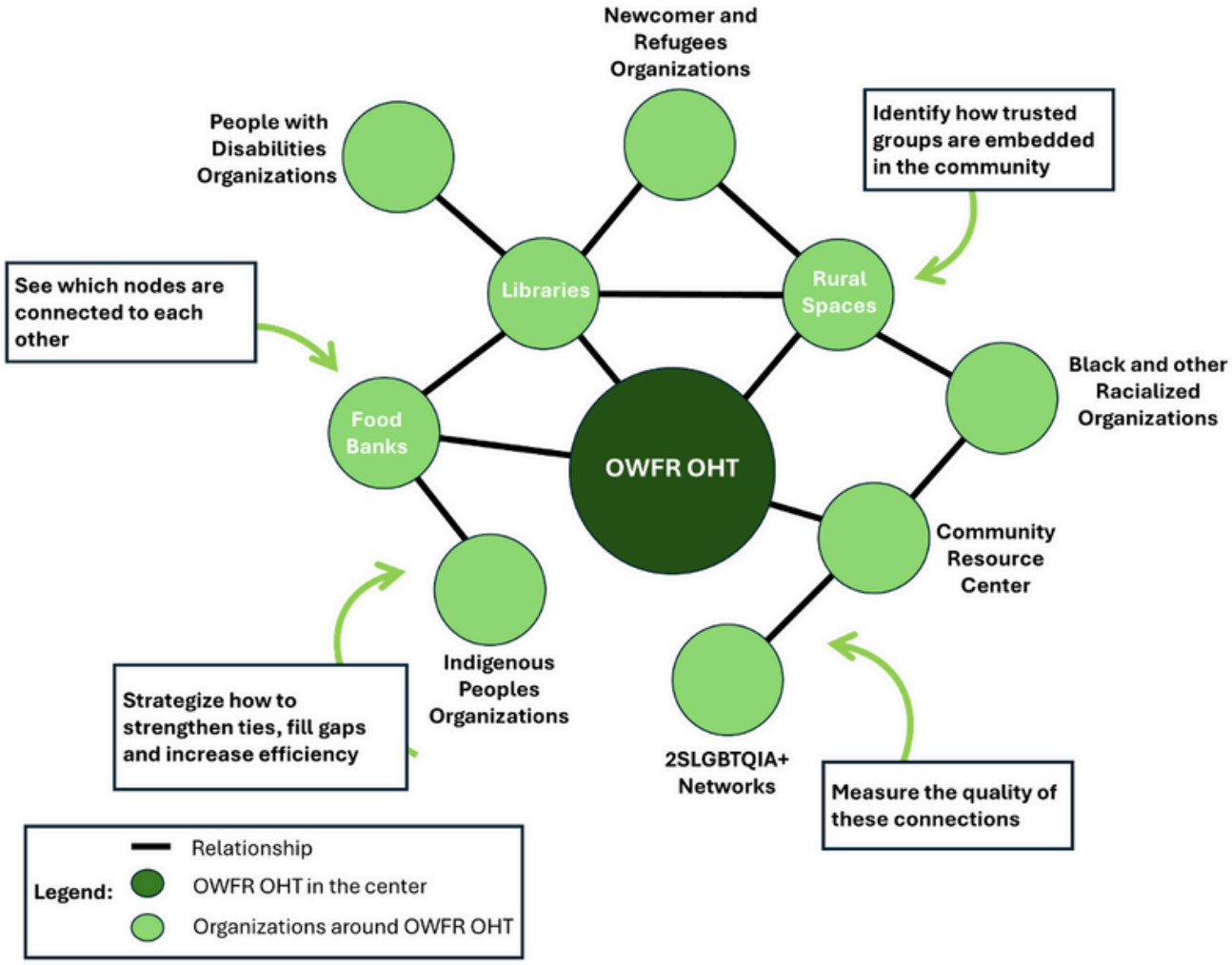
Recognizing these dependencies is crucial because it shifts OWFR OHT's approach from outreach to communities to engagement through existing trusted relationships. It also emphasizes the importance of designing engagement processes that respect partner capacity (Hillman et al., 2009). Community agencies often operate under significant time, staffing and resource constraints, meaning that engagement requests must be simple, low-burden and flexible. Tools such as outreach scripts, brief surveys, pop-up checklists and easy-to-use templates help ensure that partners are not overwhelmed and that engagement remains feasible for all involved.



Ultimately, Resource Dependency Theory reminds OWFR OHT that successful engagement does not result from institutional authority alone. Instead, it emerges from reciprocal, trust-based partnerships that honour the knowledge, access and legitimacy held within communities (Hillman et al., 2009). By acknowledging and actively working within these dependencies, OWFR OHT can strengthen its ability to engage with diverse populations in ways that are respectful, effective, and aligned with its equity commitments.

2.3 INFLUENCE & NETWORK MAPPING: UNDERSTANDING WHO CONNECTS TO WHOM

Figure 3: Influence & Network Mapping



Adapted from: https://visiblenetworklabs.com/ecosystem-map-template-for-community-collaboration/

Influence and network mapping is a practical approach that helps OWFR OHT understand how information, trust and relationships flow within communities. Instead of attempting to compile a complete inventory of every agency in the region, this approach focuses on identifying relational infrastructure that already exists, those natural connectors, spaces and groups that hold community trust and shape how people interact with systems (Redvers et al., 2024). These relationships form the social fabric through which meaningful engagement can occur.

Figure 3 illustrates a simplified, conceptual example of a community network map. This visual is not a depiction of OWFR OHT's current state; instead, it offers a starting point for teams to explore how relationships and community organizations may be mapped in future engagement work. Each node represents an organization, group or key community actor, while each line represents a relationship or pathway of trust. Nodes with many connections, such as libraries, food banks, or rural gathering spaces, function as hubs because they influence how information flows and where residents naturally access supports within the community.

Network mapping offers several important insights for engagement planning. First, it allows OWFR OHT to see which community actors are connected, revealing the existing pathways through which information already travels. Second, it highlights how trusted groups are embedded within the community, offering visibility into where strong, identity-affirming or culturally rooted relationships are already in place. Third, it provides an opportunity to assess the quality and strength of different relationships by showing where ties may be limited or weak, and where stronger collaboration may be needed. Finally, it helps identify where OWFR OHT may wish to strengthen or build new relationships by pointing to areas with influence or reach but few established connections.

Together, these insights ensure that engagement activities are grounded in the real social landscape of the OWFR OHT region. By understanding how relationships, trust and information flow through existing networks, OWFR OHT can determine where engagement will be most accessible, which partners may be best positioned to support outreach, and where new or deepened connections may be required to reach populations not yet engaged.

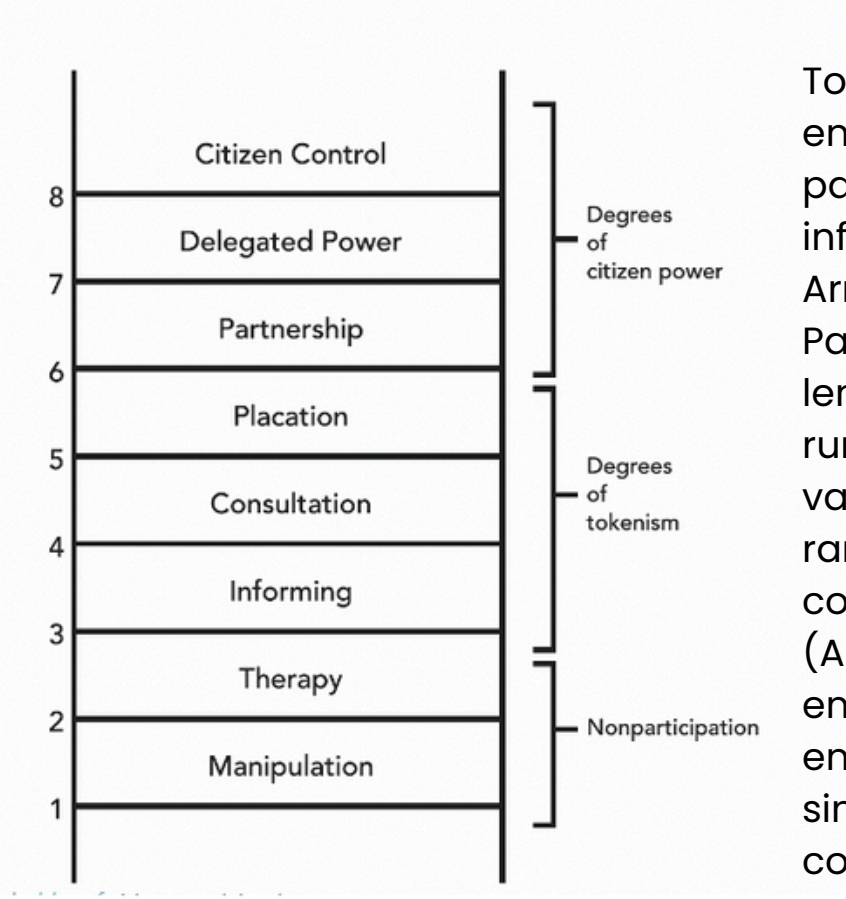
In addition to mapping informal community networks, some Ontario Health Teams have strengthened engagement by intentionally building formal, shared structures. For example, the Greater Hamilton Health Network (GHHN) developed a tiered roster of patient, family and community advisors, including a Leadership Network, a broader Patient Engagement Network and a large Engagement Pool, that all partner organizations can draw upon for

co-design, outreach and project-specific engagement (Greater Hamilton Health Network, 2021). This illustrates how an OHT can blend existing community sectors with purpose-built engagement infrastructure to create reliable pathways for inclusive, system-wide engagement.

Understanding these networks helps OWFR OHT determine where engagement will be most accessible and effective. Network mapping supports decisions such as where to hold pop-up engagement sessions, which partners are well-positioned to distribute or collect surveys, and which groups could co-host micro-engagement pilots tailored to specific populations. Network mapping also helps identify communities with limited or no connections to formal health system structures, signalling where new partnerships or outreach methods may be required (Redvers et al., 2024). Ultimately, this influence and network mapping ensure that engagement activities are grounded in the real social landscape of the OWFR OHT region, rather than relying on assumptions about where people can be reached. By relying on community networks that already hold trust, influence and reach, OWFR OHT can build an engagement approach that is more inclusive, more culturally responsive, and more likely to reflect the voices of populations not yet reached by OWFR OHT.

2.4 ARNSTEIN'S LADDER OF PARTICIPATION

Figure 4: Arnstein's Ladder of Participation



To ensure that community engagement moves beyond symbolic participation and reflects meaningful influence, this guide incorporates Arnstein's Ladder of Citizen Participation (2019) as a key strategic lens. Arnstein's model outlines eight rungs of participation that represent varying degrees of community power, ranging from non-participation to complete citizen control (Figure 4) (Arnstein, 2019). The framework emphasizes that authentic engagement requires more than simply informing or consulting community power, ranging from non-participation to complete citizen control (Figure 4) (Arnstein, 2019). The framework emphasizes that authentic engagement requires more than simply informing or consulting communities; instead, it needs structured opportunities for shared decision-making and influence.

Arnstein describes the lowest two rungs, Manipulation and Therapy, as forms of non-participation where engagement activities are designed primarily to educate or cure participants rather than to involve them meaningfully (Arnstein, 2019). OWFR OHT seeks to avoid any engagement practices that fall within these categories, recognizing that such approaches can undermine trust and reinforce existing power imbalances.

The next three rungs, *Informing, Consultation and Placation*, are characterized as tokenistic (Arnstein, 2019). In these forms of engagement, communities can express their views, but they do not have real power to ensure that decisions reflect their input (Arnstein, 2019). Many public-sector engagement efforts remain at this level, where activities such as surveys, town hall meetings or interviews give the appearance of participation without guaranteeing influence (Arnstein, 2019). OWFR OHT recognizes that many populations not yet reached by the OHT have historically experienced tokenistic engagement and have often seen their perspectives excluded from final decisions.

The top three rungs, *Partnership, Delegated Power and Citizen Control*, reflect increasing degrees of shared authority (Arnstein, 2019). In these forms of engagement, communities have defined roles in shaping agendas, co-leading initiatives and influencing decision-making processes (Arnstein, 2019). While complete citizen control is not always feasible within regulated healthcare environments, OWFR OHT can adopt approaches associated with these upper rungs by embedding lived experience partners in planning processes, co-designing engagement methods with community organizations and ensuring that community members are involved in interpreting data, identifying system priorities and validating recommendations.

3. HOW THESE FRAMEWORKS SHAPE THE ENGAGEMENT GUIDE

The strategic frameworks outlined in this section form the conceptual framework of the operational guidance that follows. Together, they ensure that every component of the Engagement Guide, from surveys and scripts to pop-up planning and follow-up processes, is grounded in evidence, equity, and intentionality rather than assumptions or guesswork. Each tool adds a different analytical lens for determining when, where, and how OWFR OHT engages its communities.

The Power–Interest Matrix clarifies which groups require deeper or more sustained engagement and which may be best served by lower-intensity communication. By distinguishing between groups with high power, high interest and those with lower power or limited interest, the matrix helps OWFR OHT tailor engagement intensity to the needs and influence of each group (Chinyio & Olomolaiye, 2009). This avoids both over-engagement of groups unlikely to benefit and under-engagement of groups whose insight is critical to system change.

Similarly, the Resource Dependency lens highlights the ways in which OWFR OHT must rely on trusted community agencies, grassroots networks, or LEPs to reach populations that do not naturally connect with the health system. This reinforces the need for simple, low-barrier and flexible tools that respect partners' limited time and capacity.

Network and influence mapping also play a critical role by identifying where engagement can occur most effectively. It highlights which community spaces serve as natural gathering points and which organizations hold relational influence within culturally, linguistically, or geographically distinct groups. This enables OWFR OHT to design outreach activities, such as pop-ups, surveys, or micro-engagement pilots, that are context-sensitive and more likely to be meaningful for participants.

Finally, incorporating Arnstein's Ladder strengthens the Guide's commitment to moving beyond symbolic consultation. The framework supports OWFR OHT in avoiding tokenistic practices by ensuring that each engagement activity is designed with a clear understanding of what level of influence it offers. It also promotes equity by ensuring that communities with historically marginalized voices are not repeatedly placed at the lower rungs of participation. Instead, they are provided opportunities for meaningful involvement through co-design, shared agenda-setting and ongoing partnership.

Taken together, these strategic tools shape not only what OWFR OHT's engagement activities look like but also how they are conducted, who participates and how community insights influence systems decisions. They guide the work, scripts, planning templates, surveys, and follow-up processes. Most importantly, they ensure that OWFR OHT's engagement methods align with its values of equity, shared leadership and community-centered planning.

By grounding its engagement practices in these analytical frameworks, OWFR OHT positions engagement as a transparent, relational and accountable practice that elevates community voices, especially those historically excluded from health-system decision-making and integrates their insights into meaningful action.

PART 2 - Operational Engagement User Guide

4. HOW OWFR OHT CAN ENGAGE

Ottawa West Four Rivers Ontario Health Team (OWFR OHT) can engage communities using a relationship-based, equity-centred, trauma-informed and sustainability-driven approach rooted in research from Ontario community-engagement networks, Community-Based Participatory Research (CBPR), the Greater Hamilton Health Network (GHHN), and the Healthcare Excellence Canada (HEC) Patient Engagement Framework. Together, these sources emphasize that authentic engagement must be collaborative, culturally grounded, power-sharing and structured in a way that minimizes burden on participants (Ramírez, 2005; Nelson et al., 2024; Greater Hamilton Health Network, 2021; Healthcare Excellence Canada, n.d.).

The following subsections provide clear, step-by-step operational instructions for how OWFR OHT staff, lived experience partners (LEPs), working groups and partner organizations can plan, carry out, document and follow up on engagement activities. These steps are consistent with OWFR OHT's existing Community Engagement Framework and Ontario Health's EDI-AR (2025) principles.

5. STEP-BY-STEP ENGAGEMENT PROCESS

5.1 PRIORITIZING RELATIONSHIPS BEFORE ACTIVITIES

OWFR OHT will begin every engagement process by prioritizing relationship-building long before questions, surveys, consultations or planning discussions occur. Evidence from Ontario community-based networks shows that meaningful engagement is successful when community members are treated as partners whose leadership, expertise and priorities shape the work from the start (Ramírez, 2005). Similarly, CBPR literature stresses that authentic engagement must be grounded in mutual respect, shared learning and long-term collaboration rather than one-time, extractive interactions (Nelson et al., 2024).

To operationalize this principle, OWFR OHT will begin by identifying relevant community partners. These partners may include cultural organizations, Indigenous-led organizations, newcomer agencies, tenant associations, faith-based groups, youth networks and grassroots community leaders. Staff will initiate contact in a relational, low-pressure manner, using meetings that introduce OWFR OHT's role and ask partners how they would like to be engaged. This initial conversation will not include request for data, participation, or decision-making; instead, it will focus on learning about a community's priorities, communication preferences, and engagement expectations.

OWFR OHT staff will record key information from these early meetings, including preferred communication channels, identified barriers, and potential opportunities for opportunities. This relational groundwork is essential, particularly for marginalized and vulnerable populations who may have historical or ongoing experiences of discrimination, exclusion and mistrust in institutions (Williams, 2022; Lin et al., 2020).

5.2 TIERED-ENGAGEMENT GUIDED BY HEC FRAMEWORK

OWFR OHT will reference the Healthcare Excellence Canada (HEC) Patient Engagement Framework to guide consistent, transparent and equitable engagement across all its activities. The HEC continuum, which includes inform, consult, involve, collaborate and lead, provides a nationally recognized, evidence-informed structure for defining how patients, caregivers and lived experience partners participate in healthcare improvement (Healthcare Excellence Canada, n.d.). These levels closely mirror OWFR OHT's own five-tiered engagement spectrum, which similarly progresses from informing to full co-leadership in system improvement processes.

By integrating the HEC model with its internal spectrum, OWFR OHT ensures that every engagement activity is purpose-driven, adequately resourced, and aligned with national standards for patient partnership. This structure brings clarity to roles, expectations, compensation and decision-making power, thereby enhancing fairness and transparency for community members and lived experience partners.

The HEC framework is particularly valuable because it links each level of engagement to a corresponding degree of decision-making authority and recommended compensation (see Appendix F). This eliminates ambiguity about what participation entails and supports equitable treatment of lived experience partners across OWFR OHT geography. When applied together, the OWFR OHT and HEC frameworks allow staff to select the appropriate engagement level based on project scope, community impact and desired outcomes.

Operational Application of the HEC and OWFR OHT Levels

Inform

At the *inform* level, engagement is one-directional. OWFR OHT provides updates, resources or educational information through newsletters, community events, websites, town halls, and digital platforms. Although there is no expectation of feedback or decision-making influence, this level is crucial for transparency, trust-building, and ensuring that residents remain informed about ongoing work.

Figure 5: Healthcare Excellence Canada Patient Engagement Framework

Consult

At the *consult* level, OWFR OHT actively seeks input from lived experience partners and community members. Methods include surveys, interviews, pop-up engagement, listening posts and focus groups. The goal is to gather insights that refine plans or validate early thinking. Decision-making remains with OWFR OHT, but community perspectives significantly influence draft concepts.

Involve

The *involve* level reflects deeper two-way engagement where community members participate throughout the process. They may help interpret findings, analyze themes, participate in needs assessments, or contribute to sense-making sessions. In this tier, OWFR OHT and community partners work together to ensure that lived experience perspectives inform key decisions.

Collaborate

At the *collaborate* level, OWFR OHT and lived experience partners share decision-making authority. Community partners participate as co-designers in programs, planning committees, advisory groups and working groups. They help define problems, generate solutions, test ideas and influence final decisions.

Lead/Empower

The *lead* level represents the highest degree of engagement and influence. Here, lived experience partners take on leadership roles such as co-facilitating engagement sessions, co-presenting findings, designing tools or processes, or guiding project directions. OWFR OHT staff act as supporters rather than primary drivers.

5.3 EMBEDDING EQUITY IN ALL ENGAGEMENT PROCESSES

OWFR OHT is committed to embedding equity as a foundational element of every engagement activity, consistent with *Ontario Health's Equity, Diversity, Inclusion and Anti-Racism* (EDI-AR) Framework and OWFR OHT's own engagement principles. Equity is not an isolated step or add-on; it must guide the design, delivery, interpretation and follow-up of all engagement processes (Jabbar & Abelson, 2011). Research from Ontario community engagement initiatives demonstrates that engagement becomes meaningful only when it intentionally addresses structural inequities, historic and ongoing marginalization and the diverse lived experiences of the communities involved (Jabbar & Abelson, 2011). Without an explicit equity lens, engagement risks reinforcing existing power imbalances, reproducing harm, or excluding groups that experience systemic disadvantage (Telles, 2019).

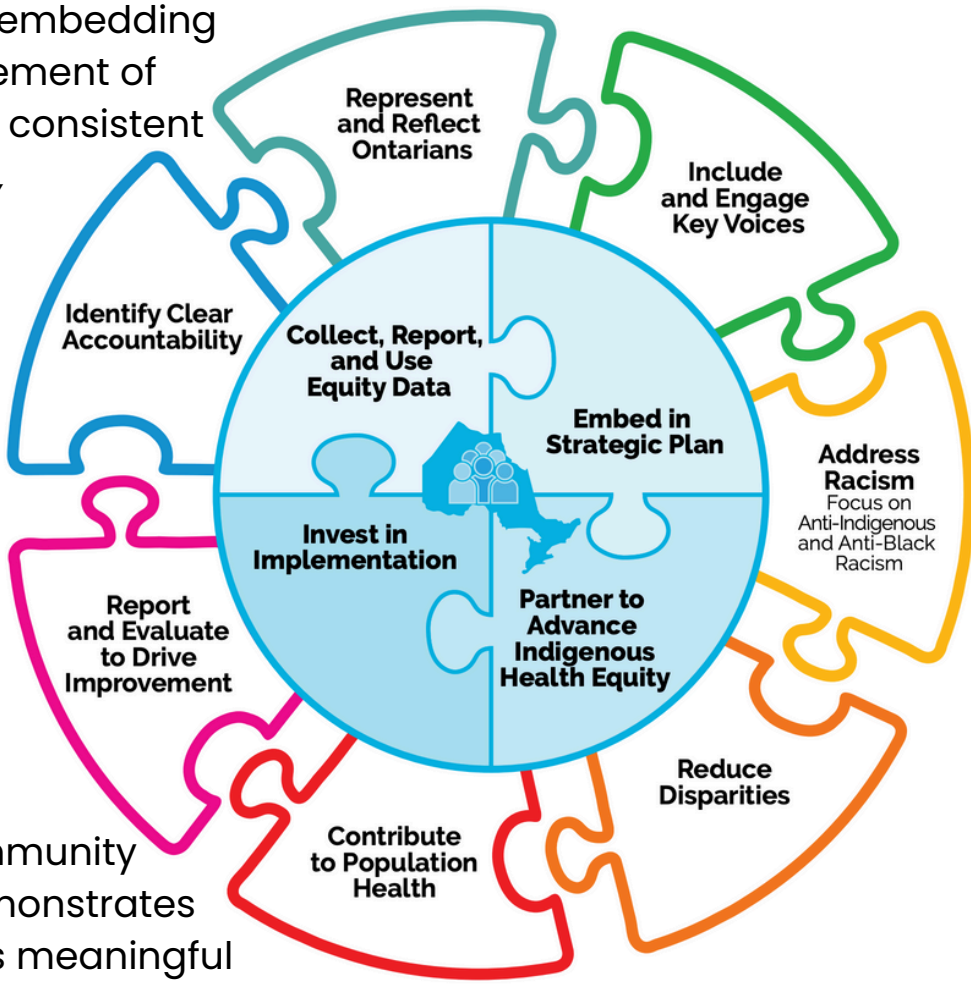


Figure 6: Ontario Health's Equity, Diversity, Inclusion and Anti-Racism (EDI-AR) Framework

In this guide, equity refers specifically to strengthening engagement with the populations OWFR OHT has not yet reached, the groups identified by the OHT as underrepresented in previous engagement efforts. This terminology is used for clarity within the scope of this project and is defined in the glossary.

Studies focusing on racialized and immigrant communities further reveal that engagement processes must consider the impacts of systemic racism, cultural exclusion, migration trauma and intersectionality on how different groups feel safe or able to participate (MacDonnell et al. 2017).

Experiences of racism or discrimination may lead to distrust of institutions, reluctance to share personal experiences, or disengagement if processes do not feel inclusive or culturally relevant (Williams, 2022). Similarly, Indigenous engagement scholarship emphasizes the importance of cultural safety, recognition of colonial harms and the need to avoid extractive practices that disproportionately burden Indigenous participants (Brunger & Wall, 2016). Thus, embedding equity requires deliberate, structured practices that make engagement accessible, culturally respectful, and responsive to the needs of equity-deserving communities.

To operationalize equity-centered engagement, OWFR OHT can apply the following practices:

5.3.1 Remove Practical Barriers to Participation

OWFR OHT can help reduce logistical, financial and accessibility barriers that may prevent individuals from participating by:

- Providing childcare
- Offering transportation support
- Covering transit fares
- Providing mobility-accessible venues
- Offering evening or weekend options for workers with inflexible schedules
- Ensuring technology access for virtual engagement

Research shows that without these supports, low-income, shift-working, newcomer, disabled, and caregiver community members, especially women and racialized families, face significant barriers to participation (MacDonnell et al. 2017). Removing barriers ensures that engagement is accessible to those who are traditionally excluded.

5.3.2 Use Plain Language, Culturally Relevant Communication

OWFR OHT should use plain-language communication in all engagement materials to reduce literacy and language barriers. This includes avoiding acronyms, clinical or administrative jargon, and complex documents. Materials should be translated into the languages most relevant to local communities, and interpretation services offered for both in-person and virtual sessions. Studies on immigrant and racialized communities highlight that language barriers and culturally mismatched communication are major reasons individuals disengage or do not feel represented in health system design (Turin et al., 2021).

5.3.3 Apply Anti-Racist, Anti-Oppressive and Culturally Safe Practices

It is recommended that OWFR OHT facilitators and staff receive training in anti-racist, anti-oppressive, trauma-informed and culturally safe engagement practices. Engagement must acknowledge and address power dynamics rather than assume neutrality or "colour-blindness", which research shows can invalidate lived experiences and perpetuate inequities (Telles, 2019). This includes naming systemic racism when relevant, using culturally respectful language, and creating spaces where participants feel their identities and experiences are valued (Telles, 2019; Jabbar & Abelson, 2011). Cultural humility and reflexivity are essential, as facilitators must recognize their own positionality and potential biases (Brunger & Wall, 2016; Redvers et al, 2024).

5.3.4 Recruit Diverse Participants Who Reflect the Community

OWFR OHT has already taken necessary steps toward inclusive engagement by establishing a Lived Experience Partner (LEP) Council that brings a range of perspectives into system-design conversations. While this group provides an essential foundation, no single individual or small group can fully represent the diverse range of experiences within a population. One person's lived experience cannot stand in for the experiences of all community members, particularly within OWFR OHT's diverse geography. For this reason, engagement processes must extend beyond existing LEP structures to ensure that a broader range of voices are heard and centered.

Evidence shows that meaningful engagement requires ongoing efforts to involve people who have historically been excluded from health-system decision-making, primarily through outreach led by organizations embedded within equity-deserving communities (Ramírez, 2005; Turin et al., 2021). To strengthen representation across all engagement activities, OWFR OHT will use recruitment strategies that reflect local demographics, rely on culturally grounded partners, and prioritize communities whose voices have been historically absent. This approach aligns with CBPR principles of shared representation, power and equity (Nelson et al., 2024).

5.3.5 Partner with Organizations Serving Populations Not Yet Reached by OWFR OHT

It is recommended that OWFR OHT collaborate directly with organizations embedded within populations not yet reached by OWFR OHT, recognizing that these organizations serve as trusted bridges between institutions and residents. These include Black-led organizations, Indigenous organizations, newcomer agencies, cultural associations, disability organizations, youth and senior-serving agencies and 2SLGBTQIA+ community groups. Research demonstrates that engagement through trusted intermediaries improves participation rates, reduces community mistrust, and enhances the cultural relevance of engagement processes (Ramírez, 2005; Turin et al., 2021).

By embedding these equity practices across all stages of engagement – planning, recruitment, facilitation, interpretation and follow-up – OWFR OHT ensures that engagement processes reflect the diversity of the communities served and that historically excluded voices are intentionally prioritized. These practices help ensure that engagement is not merely representative but genuinely inclusive, culturally grounded, and aligned with broader communities to anti-racism and health equity across the Ontario health system.

5.4 DELIVERING TRAUMA-INFORMED ENGAGEMENT

Engagement with communities may acknowledge the trauma many groups have experienced, including systemic racism, discrimination, colonialism, migration-related trauma, health-system harm, and intergenerational trauma (Williams, 2022; Lin et al., 2020). Trauma-informed principles should be utilized to ensure emotional, psychological and cultural safety for all participants.

To operationalize trauma-informed engagement, the following should be applied:

5.4.1 Predictability and Transparency

Begin each engagement by clearly explaining what participants can expect, including the session's purpose, the types of questions that may be asked, how the information will be used, and what support is available. Evidence shows that unpredictability can heighten anxiety among individuals who have experienced trauma, while clarity and consistency promote a sense of safety and trust (Williams, 2022). Providing agendas in advance and opening every session with a grounding explanation helps reduce uncertainty and increases comfort (Nelson et al., 2024).

5.4.2 Choice, Autonomy and Control

Participants' autonomy should be respected by offering multiple participation pathways, such as the ability to respond verbally, in writing, or anonymously. Participants may skip questions, step out as needed, request breaks or withdraw without explanation. Trauma-informed literature emphasizes that restoring control is essential for people who have experienced situations where control or power was taken from them; offering choices reduces the likelihood of retraumatization and supports empowerment (Nelson et al., 2024; Turin et al., 2021)

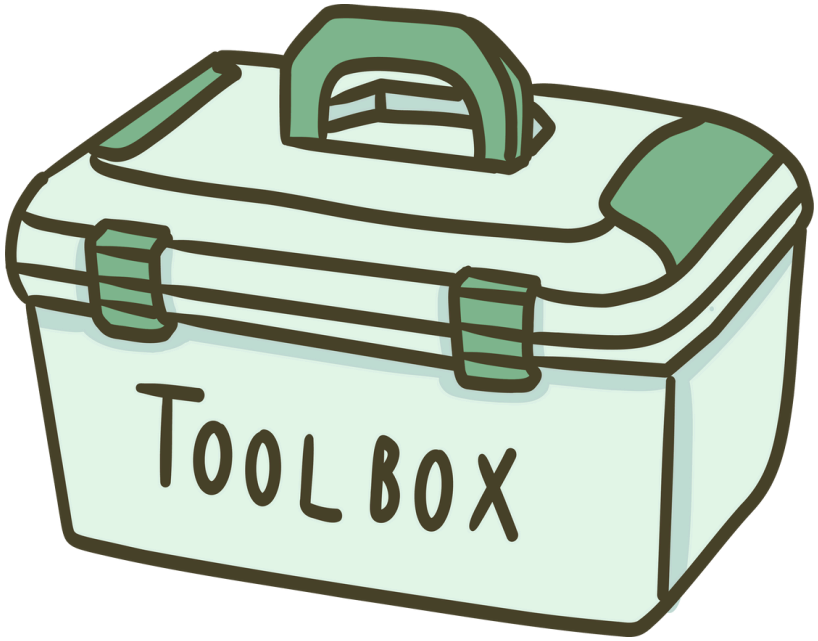
5.4.3 Emotional Safety and Reduced Intrusiveness

Avoid intrusive, personal, or potentially triggering questions unless necessary, and prepare facilitators to recognize signs of discomfort or distress. Facilitators will be expected to pause, check in, or redirect discussions when needed. The literature shows that marginalized and vulnerable communities often encounter engagement settings that inadvertently evoke past traumas, including experiences of discrimination or institutional betrayal. Therefore, emotional safety must be intentionally designed into the process (Williams, 2022; Lin et al., 2020).

6. OPERATIONAL TOOLS FOR ENGAGEMENT

The following engagement tools translate OWFR OHT's engagement principles, equity commitments and trauma-informed practices into concrete, repeatable methods that staff and partners can use across its geography. These tools are designed to be simple, accessible and operational, ensuring that engagement can be carried out consistently regardless of who facilitates it or where it occurs. Each tool supports relational, equitable and culturally safe community engagement, and each reflects the values and direction found in OWFR OHT's Community Engagement Framework, the HEC Patient Engagement Framework and the evidence base informing this guide.

The tools included in this guide are evidence-informed and adapted from established engagement literature and frameworks. They are intended as practical supports to promote consistency and accessibility in engagement activities and may be refined by OWFR OHT over time through consistent use and feedback.



6.1 COMMUNITY ENGAGEMENT SURVEY (APPENDIX A)

The Community Engagement Survey is a short, straightforward questionnaire developed for use during pop-up engagement events, community visits, partner-supported outreach and online circulation. It is written entirely in plain language to ensure accessibility for people with diverse literacy levels, linguistic backgrounds and comfort with written materials. The survey can be completed in two to three minutes, which minimizes participation burden while still generating meaningful insights for planning and service improvement.

The survey is designed using cultural safety, gender safety and trauma-informed principles. All questions avoid assumptions about gender roles, family structures, sexuality or caregiver identity, and participants are never required to disclose gender identity or sexual orientation unless they choose. The survey uses inclusive language (e.g., “parent or caregiver,” “partner,” “community member”) and offers demographic questions as optional rather than mandatory, helping prevent discomfort or inadvertent risk for participants who may face stigma or safety concerns. These practices ensure that gender-diverse participants can participate safely and without pressure.

The survey asks participants to reflect on their priorities, unmet needs, barriers to accessing care and preferred methods of engagement. It intentionally avoids intrusive, deficit-based or emotionally triggering questions and does not require disclosure of identifying information. The tool is strengths-based and focuses on understanding what matters most to community members regarding access, navigation, and support.

The design allows the survey to be used consistently across a wide range of settings, including, but not limited to, libraries, community centres, and public events. Its brevity, including phrasing and trauma-informed structure, makes it a low-barrier engagement tool capable of reaching diverse populations across the OWFR OHT region.

6.2 OUTREACH EMAIL TOOLS (APPENDIX B)

OWFR OHT's Outreach Email Tools support respectful, transparent and relationship-building communication with community organizations, cultural groups, and lived experience partners. Each email is written in plain language and avoids assumptions about gender roles, household composition or organizational leadership. The emails explicitly welcome recipients to share any accessibility, cultural or gender-related considerations in advance so that engagement can be adapted to support comfort and safety.

The first outreach email is used when initiating contact with a community organization. It briefly introduces OWFR OHT, explains the purpose of engagement, and outlines why the organization was selected without assuming prior familiarity with Ontario Health Team structures. The email offers multiple options for participation, such as phone calls, video meetings, or in-person visits, to accommodate varying levels of comfort, privacy needs, and scheduling constraints.

The second outreach email is used when inviting partners to participate in co-design activities. It clearly describes the goals of the session, the level of decision-making involved, available supports, such as honoraria, translation or interpretation services, childcare, or transportation, and the expectation that partners may shape the agenda. Language is explicitly gender-affirming, and facilitators commit to using inclusive communication and respecting preferred names and pronouns without requiring disclosure.

These tools help establish trust from the first interaction and demonstrate OWFR OHT's commitment to cultural humility, gender inclusion and shared leadership.

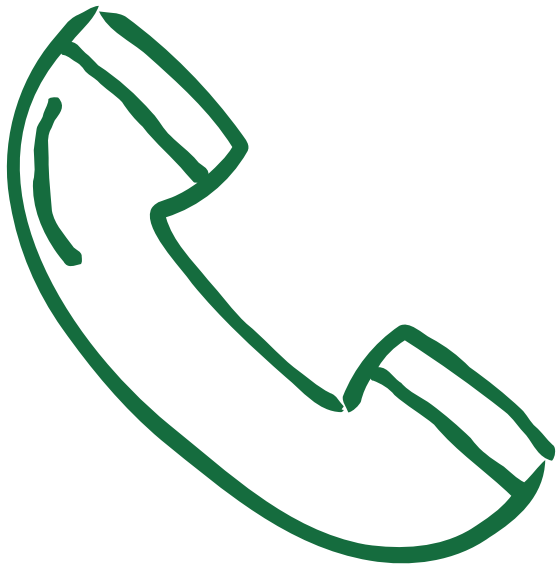
6.3 OUTREACH PHONE SCRIPT (APPENDIX C)

The Outreach Phone Script provides staff with a structured, predictable and trauma-informed approach to contact individuals or community partners by phone. The script uses gender-neutral phrasing, avoids titles such as '*sir*' or '*ma'am*,' and never assumes who is responsible for caregiving, decision-making, or navigating healthcare within a household.

Staff are encouraged to begin with a simple introduction, explain the purpose of the call, and describe why the individual's or organization's voice is important to OWFR OHT. The script also ensures that staff ask whether it is a safe time to talk and offer alternatives, such as scheduling a later call or sending information by email. This is particularly important for individuals who may not have privacy or who may be at risk of gender-based stigma, surveillance or violence.

The script outlines what participation would involve, respects the participant's right to decline and invites questions or concerns. Staff are reminded to listen actively, avoid interrupting and validate the expertise and experiences of the person they are speaking with.

This tool ensures that outreach calls are consistent, empathetic, and supportive of emotional, cultural and gender safety.



6.4 POP-UP ENGAGEMENT CHECKLIST (APPENDIX D)

The Pop-Up Engagement Checklist guides staff through the preparation and delivery of engagement activities in community spaces, including libraries, recreation centres, food banks, municipal events, and rural community hubs. It promotes culturally safe, gender-affirming and trauma-informed practices to ensure community members feel respected and welcome.

The checklist outlines essential materials to bring, including printed surveys, tablets, signage, multilingual materials, and snacks and/or small giveaways. It also includes accessibility considerations such as seating, quiet areas and clear signage written in plain language.

The checklist provides explicit gender-safety steps, including ensuring gender-neutral washrooms are available whenever possible, avoiding gendered greetings, and providing a private or semi-private space for conversations. Staff are encouraged to position themselves at eye level with participants, avoid blocking exits and remain attentive to individuals who may be uncomfortable in crowded or gendered environments.

The checklist also offers guidance on respectful engagement with diverse populations, including newcomers, rural residents, racialized communities, gender-diverse participants and those with limited English proficiency. Staff are encouraged to open conversations gently, avoid pressuring participation and allow individuals to disengage at any time without consequence.

This checklist helps to ensure that pop-up engagement is predictable, inclusive and sensitive to the varied needs of OWFR OHT's communities.

6.5 PUBLIC ENGAGEMENT CONVERSATIONS (APPENDIX E)

This tool is designed to support public engagement conversations during pop-ups and community events. This includes inclusive language that avoids assumptions about gender, family structure, or household roles, and that allows participants to share what they feel comfortable disclosing.

The questions are non-intrusive and focus on experiences, barriers and practical ideas for improving local health and social services. Examples include:

- What helps you access care or services in your community?
- What gets in the way of accessing support when you need it?
- If you could improve one thing about local care or community services, what would it be?
- How would you prefer we connect with you or your community in the future?

Questions are designed to be adaptable across cultural and linguistic contexts. Staff are trained to respond with sensitivity, avoid pathologizing experiences, and honour participants' boundaries, especially when topics of gender-based discrimination, cultural stigma, trauma or privacy arise.

6.6 MULTILINGUAL ENGAGEMENT TOOL PACKAGE

To support accessible and culturally responsive engagement, it is recommended that OWFR OHT develop a Multilingual Engagement Tool Package that provides translated versions of core engagement materials. Such a package would help ensure meaningful participation from Francophone residents, newcomers, and individuals with limited English proficiency. It is recommended that translation use linguistically inclusive phrasing and avoid gendered terminology where possible. When languages lack established gender-neutral equivalents, consultation with settlement agencies and cultural partners can help determine the safest and most widely accepted phrasing.

A future package could include translated surveys, conversation prompts, consent statements, outreach emails, and signage. It may also include guidance for staff on working with interpreters to protect privacy and gender safety. For example, offering options for interpreters of a particular gender or allowing participants to decline interpretation if there are concerns about being recognized within small cultural communities.

By reducing language barriers and increasing comfort and safety, a multilingual package would support participation among groups who may otherwise avoid engagement due to concerns about misgendering, stigma, misunderstanding or unwanted disclosure.

6.7 RURAL AND SMALL-TOWN ENGAGEMENT

Engaging rural and small-town residents requires approaches that reflect the unique social, geographic, and cultural characteristics of these communities. Rural areas within the OWFR OHT region often face challenges related to transportation, limited service availability, and variable trust in formal health systems. Therefore, engagement should be intentional, relational and adapted to the rhythms and expectations of rural life.

Rural residents may have fewer opportunities to travel to central locations, and many communities have limited broadband access. As a result, engagement activities must be brought directly to rural spaces rather than relying on digital or centralized participation. Rural communities also tend to be smaller and more interconnected, heightening concerns about visibility, stigma, and recognition when participating in health-system engagement.

Gender safety should also be a central consideration in these settings, as gender-diverse and 2SLGBTQIA+ residents may encounter heightened stigma or have limited access to gender-affirming or culturally safe services. Women, non-binary individuals and people experiencing gender-based violence may not have reliable, safe or private spaces. Thus, engagement must protect privacy, affirm gender diversity and ensure that individuals never feel pressure to disclose personal information.

6.8 SUPPORTING PARTICIPATION THROUGH RECOGNITION

Meaningful community engagement requires acknowledging that participation has real costs for community members, particularly those who face financial constraints, caregiving responsibilities, transportation barriers or precarious work schedules. Engagement is most effective when communities experience tangible respect for the time, expertise and lived experience. Providing food, honoraria, or other forms of compensation is an essential component of equity-centered engagement and is consistent with national guidance from Healthcare Excellence Canada and CBPR Principles and best practices across Canada.

Participation in engagement activities often requires individuals to take time away from work, caregiving, rest or other responsibilities. For some marginalized and vulnerable communities, unpaid participation can become an additional barrier. Offering food or gift cards demonstrates respect, reduces financial strain and signals that lived experience is valued.

In order to support participation, OWFR OHT can integrate the following:

6.8.1 Providing Food at In-Person Engagements

In-person sessions offer snacks or light meals that are culturally appropriate, accessible and inclusive of dietary needs. Providing food reduces participation barriers for people who arrive from work, have long travel times, are supporting children, or may not have had the opportunity to eat before attending. Food also serves as a universal gesture of welcome and helps create a more relaxed and relational environment, which is especially important for engagement that relies on trust and comfort.

6.8.2 Offering Honoraria or Gift Cards

Participants receive compensation in recognition of the time, insight and emotional labour they contribute. Honoraria or gift cards align with national expectations, such as the Healthcare Excellence Canada compensation tiers (Appendix F), and are communicated transparently in advance. Compensation is available in forms that support participant safety and privacy, including electronic gift cards, physical cards or charitable donation options for those who prefer not to receive personal payment.

6.8.3 Reducing Financial and Logistical Barriers

Engagement activities incorporate supports such as childcare, transportation reimbursement, and access to gender-neutral or accessible spaces. These supports ensure participants are not financially or socially disadvantaged for choosing to engage. For some residents, particularly women, caregivers, people with disabilities, and those with access to vehicles, this may be the determining factor that makes participation possible.

6.8.4 Honouring Lived Experience as Expertise

Compensation is not framed as a *thank you* gift but as recognition that lived experience constitutes essential knowledge. Participants contribute insight that cannot be generated through surveys, clinical data or administrative processes alone. Recognizing this expertise through compensation strengthens trust, reinforces respect and supports ongoing relationships between OWFR OHT and local communities.

6.8.5 Ensuring Equity and Transparency

All participants are informed in advance about compensation amounts, available supports and how information they share will be used. Plain language and gender-inclusive communication are used throughout to ensure that all participants, regardless of literacy level, identity or comfort with healthcare systems, understand the purpose of the engagement, what will happen with their contributions and what their participation entails.

The following should be clearly explained:

- What information is being collected
- Why it is being collected
- How it will be summarized or shared
- Who will have access to the data
- How privacy and confidentiality will be protected
- That participants may decline to answer any question without penalty

This transparency reduces power imbalances and supports trauma-informed, culturally respectful engagement.

By offering food, compensation and practical supports, OWFR OHT demonstrates that community engagement is a reciprocal relationship rather than an extraction of unpaid labour. These practices affirm participant dignity, support meaningful engagement from diverse communities, and ensure that all engagement activities are inclusive, equitable and transparent.

7. AFTER ENGAGEMENT

Meaningful engagement does not end when conversations, surveys, or pop-ups conclude. Across multiple studies, communities, particularly those experiencing marginalization, report feeling consulted without consequence, with their insights failing to influence decisions or with no follow-up provided (Telles, 2019; Jabbar & Abelson, 2011). Research involving racialized and immigrant communities similarly notes that engagement can cause harm when organizations extract information without demonstrating accountability or transparency afterward (MacDonnell et al., 2017).

To ensure a consistent and successful engagement approach, OWFR OHT can adopt a structured transparent post-engagement process grounded in equity, trustworthiness, and partnership.

7.1 SYNTHESIZING & ANALYZING COMMUNITY INPUT

After each engagement activity, OWFR OHT commits to reviewing and summarizing all feedback using transparent, systematic methods. Analysis will identify themes, needs, barriers, community assets and actionable recommendations. Consistent with community-based participatory research principles, this analysis emphasizes shared meaning-making rather than relying solely on organizational interpretation (Nelson, 2024). Engagement must strengthen partnerships, deepen understanding and influence programs and policies, not simply gather data (Michener et al., 2025). This ensures that community voices, rather than organizational assumptions, are at the foundation of planning.

7.2 VALIDATING FINDINGS WITH PARTICIPANTS AND COMMUNITY PARTNERS

Ethical engagement requires returning preliminary findings to the people who provided input. Studies involving marginalized populations emphasize that communities must have the opportunity to confirm, refine, and contextualize what has been captured for the engagement to be meaningful (Brunger & Wall, 2016; Redvers et al., 2024; Turin et al., 2021).

To support this expectation, OWFR OHT commits to distributing *What We Heard* summaries to participants and partner organizations. Participants will be invited to review the summaries for accuracy and contextual relevance, and those who wish to provide additional feedback will be offered the opportunity to do so through accessible and culturally safe processes. This step protects against misinterpretation and reinforces the importance of lived experience as a legitimate and authoritative source of knowledge.

7.3 COMMUNICATING OUTCOMES

Transparent communication is essential for building and maintaining trust. Engagement literature consistently shows that communities feel dismissed when organizations collect information but fail to report back on outcomes or next steps (Telles, 2019). The Healthcare Excellence Canada Patient Engagement Framework (n.d.) similarly emphasizes that respectful and accountable partnerships require clear, timely and plain-language communication.

OWFR OHT commits to providing accessible updates, such as one-page summaries, infographics, email updates, website or social media posts, and brief-inperson or virtual presentations. These communications should be written in plain language and tailored to diverse literacy levels and cultural contexts. Effective engagement includes transparency and trustworthiness, and OWFR OHT can align their approach to this expectation by ensuring that community members can easily understand how their contributions informed the work (Michener et al., 2025).

7.4 DEMONSTRATING HOW FEEDBACK INFLUENCED DECISIONS

Communities consistently identify visible influence on decision-making as the most critical outcome of engagement (Jabbar & Abelson, 2011). For this reason, OWFR OHT should clearly demonstrate how community feedback has shaped decisions, planning processes and priority-setting.

It is suggested that OWFR OHT publicly document which decisions were informed by engagement, which changes were implemented, which recommendations have been prioritized, and which recommendations cannot yet be implemented, including a clear rationale. This level of transparency helps prevent tokenistic engagement and is consistent with Arnstein's Ladder, which emphasizes the importance of shared power and meaningful influence rather than symbolic involvement (Arnstein, 2019).

7.5 EMBEDDING COMMUNITY INPUT INTO PLANNING, PROJECT AND IMPROVEMENT

Community feedback should be integrated directly into OWFR OHT planning, including service design, access and navigation initiatives, projects, quality improvement efforts, and cross-sector strategies involving primary care, community supports, mental health services, and home and community care.

Research stresses that engagement is meaningful only when it informs concrete changes in programs, policies or practices (Nelson et al., 2024). Relational engagement research further underscores that sustainable partnerships require integrating community knowledge into system-level decision-making (Redvers et al. 2024). Therefore, whenever appropriate, OWFR OHT will invite community partners and members of the Lived Experience Partner (LEP) Council to participate in implementation efforts, reflecting the higher rungs of Arnstein's Ladder, where shared authority and partnership guide-making.

7.6 EVALUATING ENGAGEMENT AND CONTINUOUSLY IMPROVING THE PROCESS

Continuous learning is essential for sustainable engagement. Ontario-based research highlights that engagement processes must evolve over time, informed by lessons learned, community feedback, and emerging equity considerations (Ramírez, 2005; Greater Hamilton Health Network, 2021). It is suggested that OWFR OHT will evaluate engagement activities by collecting feedback from participants and partners, tracking participation across demographic groups to identify missing voices, assessing the accessibility and cultural safety of engagement methods, and reviewing whether engagement influenced decisions or system improvements. This information should be used to refine future engagement practice.

Approaches to evaluating community engagement are still developing across Ontario Health Teams, including the Greater Hamilton Health Network, and OWFR OHT's evaluation framework will similarly need to evolve. The tools in this guide are intended to be tested in practice and adapted based on what is learned, forming the foundation for more robust evaluation measures in future phases of this work.

Progress in the early stages can be evaluated by observing whether engagement becomes consistent, equitable, and relationship-based over time, and by assessing whether previously unreached populations are increasingly represented in conversations that matter.

7.7 MAINTAINING LONG-TERM RELATIONSHIPS AND TRUST

Across all literature, trust is identified as the most critical determinant of sustained engagement, especially among Indigenous, Black, racialized, newcomer, refugee, rural and 2SLGBTQIA+ communities (Williams et al., 2022; Black Health Equity Working Group, 2021; Redvers et al., 2024). Trustworthiness is demonstrated through consistent follow-through, transparency and long-term relational commitment, not by a symbolic gesture (Michener et al., 2025).

In order to maintain long-term relationships, it is recommended that OWFR OHT offer regular check-ins with community partners, returning to communities with updates rather than only requests, offering ongoing opportunities to participate at different levels of engagement, and recognizing contributions through compensation, collaboration and shared leadership. These commitments support long-term, reciprocal partnerships rather than episodic, extractive consultation.

By implementing a structured, transparent and equity-driven post-engagement process, OWFR OHT ensures that community input is not only collected by meaningfully integrated into decisions and system changes. Through these practices, OWFR OHT strengthens accountability, deepens trust, and ensures that system transformation is grounded in the lived experience of the communities it serves.

PART 3 - APPENDICES & REFERENCES

Appendix A: OWFR OHT Community Engagement Survey

Purpose: To gather quick, accessible input from community members during pop-ups, online distribution, or partner events. The survey avoids technical language, is trauma-informed, and focuses on what matters most to residents.

1. What would make it easier for you or your family to get the care you need?

Choose as many as you like.

□ Shorter wait times
□ More after-hours or weekend options
□ More walk-in or same-day appointments
□ Better communication with my healthcare providers
□ Help navigating the system
□ Services in my language
□ Culturally safe care
□ More care close to home
□ Mental health supports
□ Other (please tell us): _____

2. Where do you prefer to get information about health services?
□ Email
□ Text message
□ Phone call
□ Social media
□ Posters / flyers
□ Through community organizations
□ Other: _____

3. What kinds of healthcare services do you think are most needed in your community right now? (Open-ended)

4. Have you had challenges getting care in the past year?

□ Yes
□ No
□ Prefer not to say
If yes, what happened? (Optional): _____

5. What would help make healthcare more comfortable, respectful, or welcoming for you?

(Open-ended)

6. Do you identify as belonging to any of the following groups?

(Voluntary, helps ensure equity - can be skipped)

□ Indigenous (First Nations, Inuit, Métis)
□ Black or African
□ Asian
□ Middle Eastern or Arab
□ Latin American
□ 2SLGBTQIA+
□ Person with a disability
□ Newcomer or refugee
□ Prefer not to say
□ Other (optional): _____

7. Is there anything else you'd like us to know?

Thank you for sharing your ideas. This helps OWFR OHT improve care in ways that matter to you.

Appendix B: Outreach Email Template

I. Initial Contact with Community Organizations

Subject: Invitation to Connect – Improving Local Healthcare Together

Hello [Name/Organization],

My name is [Your Name], and I'm reaching out on behalf of the Ottawa West Four Rivers Ontario Health Team (OWFR OHT). We are working on improving healthcare access, experiences, and services across our region, and we want to ensure our work reflects the needs and strengths of local communities.

We would love the opportunity to connect with your organization to:

- learn about the needs and priorities of the people you serve
- explore how we can collaborate on community engagement
- ask for your feedback on a short engagement survey and outreach tools
- identify opportunities for co-design or future conversations

This does not require a long meeting or major commitment — even a brief call would be greatly appreciated.

Are you available for a 20–30 minute conversation in the coming weeks? Thank you for considering this. We value your expertise and would be grateful to learn from you.

Warm regards,

[Your Name / OWFR OHT]
[Email]
[Phone]

II. Invitation to Co-Design Session

Subject: Invitation to Co-Design Session – Help Shape Local Healthcare Improvements

Hello [Name/Organization],

Thank you for your partnership with OWFR OHT. We are hosting a co-design session to help shape our community engagement approach and ensure it is culturally safe, accessible, and meaningful for the populations you serve.

Session purpose:

To co-develop engagement materials, tools, and approaches that reflect community realities and reduce barriers to participation.

Session details:
Date:
Time:
Location / Virtual Link:

We would be honoured if you or a member of your team could join us. Your insight is essential to ensuring this work reflects community needs rather than assumptions.

Honoraria are available for community members and contributors, and we can provide interpretation, transportation support, and childcare upon request.

Please let us know if you are able to attend.

Warmly,
[Your Name]
[OWFR OHT]

Appendix C: Phone Script for Outreach Calls

Purpose: Provide a friendly, concise structure for first contact.

Step 1: Greeting
Hello, my name is [Name], and I'm calling from the Ottawa West Four Rivers Ontario Health Team. Is now an okay time to speak for 2–3 minutes?

Step 2: Purpose of Call
We're reaching out to local community groups and organizations to learn more about the needs and experiences of the people you serve, and to explore potential opportunities for collaboration.

Step 3: What We're Asking
We're hoping to schedule a short 20–30 minute conversation to hear your insights and get your feedback on some simple engagement tools we're developing.

We want to make sure our work reflects community voices, not assumptions.

Step 4: Choice + Respect
We completely understand if this is not something you have the capacity for right now.

Step 5: Scheduling
Would you be open to a brief meeting in the next couple of weeks? I can also send details by email if that's easier.

Step 6: Close
Thank you for your time today. We appreciate the work you do for the community.

Appendix D: Pop-Up Engagement Checklist

A. Items to Bring

- Clipboards
- Pens
- Paper or laminated surveys
- Tablet(s) for digital surveys
- QR code posters
- Large signage with OWFR OHT logo
- Table + tablecloth
- Chairs
- Water/snacks if appropriate
- Stickers or small tokens (optional)
- Consent/assent signage ("Your feedback is voluntary and anonymous")
- Translation sheets or multilingual materials
- Thank-you cards or handouts

B. Steps to Set Up

1. Choose a high-traffic, safe, accessible space (library, food bank, community centre).
2. Introduce yourself to staff onsite.
3. Set up table with signage visible from a distance.
4. Have surveys available in multiple formats (paper, tablet, QR code).
5. Prepare one staff/volunteer to greet people and one to facilitate conversation.
6. Ensure a calm, welcoming posture - no pressure.
7. Begin conversation with open-ended, friendly questions.

C. Culturally Safe and Accessible Practices

- Avoid jargon and medical language.
- Offer translation or interpretation support when possible.
- Let people choose how they want to participate: spoken, written, quick checkboxes.
- Do not ask intrusive or identity-based questions unless optional and clearly explained.
- Respect signals of discomfort; allow people to decline or walk away.
- Use trauma-informed communication (non-judgmental, gentle tone).
- Avoid assumptions about identity, family structure, or experiences.

D. Tips for Engaging Diverse Community Members

- Start with: "*We're asking community members what matters most to them about healthcare.*"
- Keep interactions short unless people want to talk longer.
- Use culturally appropriate body language (e.g., avoid touching, respect personal space).
- Thank every participant genuinely.
- Avoid talking over people or correcting their experiences.
- Focus on listening rather than gathering "data".
- Seek out quieter individuals who may not feel comfortable approaching.

Appendix E: Public Engagement Conversation Prompts

Use these prompts during pop-ups, focus tables, or informal conversations.

Opening Prompts

- "What matters most to you when it comes to healthcare?"
- "If you could change one thing about healthcare in your community, what would it be?"
- "What would make it easier for you to get care when you need it?"

Experience-Focused Prompts

- "Have you faced challenges getting care? What would have helped?"
- "What helps you feel comfortable and respected in healthcare spaces?"
- "Are there services you wish were available closer to home?"

Equity-Centered Prompts *(Use gently and only when appropriate)*

- "Some people experience barriers related to language, culture, identity, or past experiences. Is there anything you think we should know about that?"
- "What would help make healthcare more welcoming for you or your community?"

Future-Oriented Prompts

- "What's one thing you would like the healthcare system to do differently?"
- "What would help people in your community stay healthy?"

Closing Prompts

- "Is there anything else you'd like to share?"
- "Thank you — your insights are really helpful."

Appendix F: Compensation Table for Community Engagement

The compensation levels recommended in this table are adapted from Healthcare Excellence Canada's Patient, Family and Caregiver Engagement Framework (Healthcare Excellence Canada, n.d.), which outlines recommended approaches to recognizing lived experience contributions.

Engagement Level	Compensation Rate	Examples of Activities	Notes on Equity, Cultural and Gender Safety
Inform	No honourarium	• Receiving updates via email or newsletter • Reviewing information on a website	Participants are not expected to contribute labour or attend meetings
Consult	Hourly rate to be determined as per OWFR OHT guidelines	• Participation in a brief survey • Providing feedback on draft materials	Offer food if in-person. Provide gift card or cash card if preferred. Support anonymous participation if safety concerns exist.

Engagement Level	Compensation Rate	Examples of Activities	Notes on Equity, Cultural and Gender Safety
Involve	Hourly rate to be determined as per OWFR OHT guidelines	• Interpret findings • Attending a working session • Participating in facilitated conversations	Offer childcare, transportation, and gender-neutral spaces. Ensure privacy options. Provide payment in desired formats (e.g., e-transfer, gift cards, etc.)
Collaborate	Hourly rate to be determined as per OWFR OHT guidelines	• Co-designing tools or workflows • Serving on a project team or council • Co-creating recommendations	Provide full accessibility supports. Respect cultural protocals. Acknowledge labour as co-leadership, not volunteerism
Lead	Hourly rate to be determined as per OWFR OHT guidelines	• Co-facilitating sessions • Co-presenting findings • Leading components of design or engagement work	May require additional compensation for preparation time. Ensuring scheduling flexibility and full safety accommodations.

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