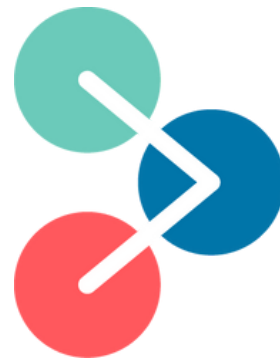


2024



ENGAGEMENT PLANNING TEMPLATE



A TOOL TO SUPPORT THE GREATER
HAMILTON HEALTH NETWORK AND
PARTNERS PLAN FOR ENGAGEMENT



The Greater Hamilton Health Network with Public and Patient Engagement Collaborative McMaster adapted this template with permission from the City of Peterborough and Tamarack based on their works.

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LAND ACKNOWLEDGEMENT

The work of the Greater Hamilton Health Network and its Partnership Council members takes place on traditional territories of the Erie, Neutral, Huron-Wendat, Haudenosaunee, and Mississaugas. Indigenous people who have lived here since time immemorial and have deep connections to these lands.


This land is covered by the Dish With One Spoon Wampum Belt Covenant, which was an agreement between the Haudenosaunee and Anishinaabek to share and care for the resources around the Great Lakes. We further acknowledge that this land is covered by the Between the Lakes Purchase, 1792, between the Crown and the Mississauga of the Credit First Nation.

The GHHN catchment area continues to be home to vibrant, diverse Indigenous communities who have distinct and specific histories and needs, as well as a constitutionally protected treaty. The GHHN is located next to Six Nations of the Grand River and Mississaugas of the Credit but most Indigenous peoples in the GHHN catchment area live in urban Hamilton. We honour this diversity and respect the knowledge, leadership, and governance frameworks within Indigenous communities.

We are grateful for the opportunity to live, meet, work, and are committed to engaging and building meaningful relationships and partnerships with the Indigenous communities, Six Nations of the Grand River, Mississaugas of the Credit and Urban Indigenous populations on this territory.

TERMINOLOGY

We respect and appreciate that there are many terms to describe those who receive health care services. Please note that for the purposes of this document, patient, client, and persons with lived/living experience are interchangeable.



Welcome

“Co-designing innovative ways to transform services and systems to better serve people.”



Sarah Precious
Manager, Engagement
and Communications

The GHHN is committed to engaging patients, families, care partners, organizations, our communities, and primary care in co-designing and transforming the healthcare system across Hamilton, Haldimand and Niagara Northwest.

To support this engagement we have developed an engagement planning template to support GHHN staff, and community partners in developing meaningful engagement workplans.



Anna Burns
Coordinator, Engagement
and Communications



*This template has been
endorsed and approved by
the GHHN patient advisors.*



Listen.
Understand.
Validate.
Empower.

ACKNOWLEDGEMENT

This Engagement Planning Template was informed by and adapted from the work of ¹Tamarack Institute and The City of Peterborough to support Ontario Health Teams to plan for their engagement activities. The Public and Patient Engagement Collaborative at McMaster University provided input on template content and developed a number of the resources cited for additional support.

A special thank you and acknowledgement to both Tamarack and The City of Peterborough for their work and permission to use their works to develop this template.

Thank you to the many patients, families, carepartners, OHT colleagues, and community partners who supported the development of this template.

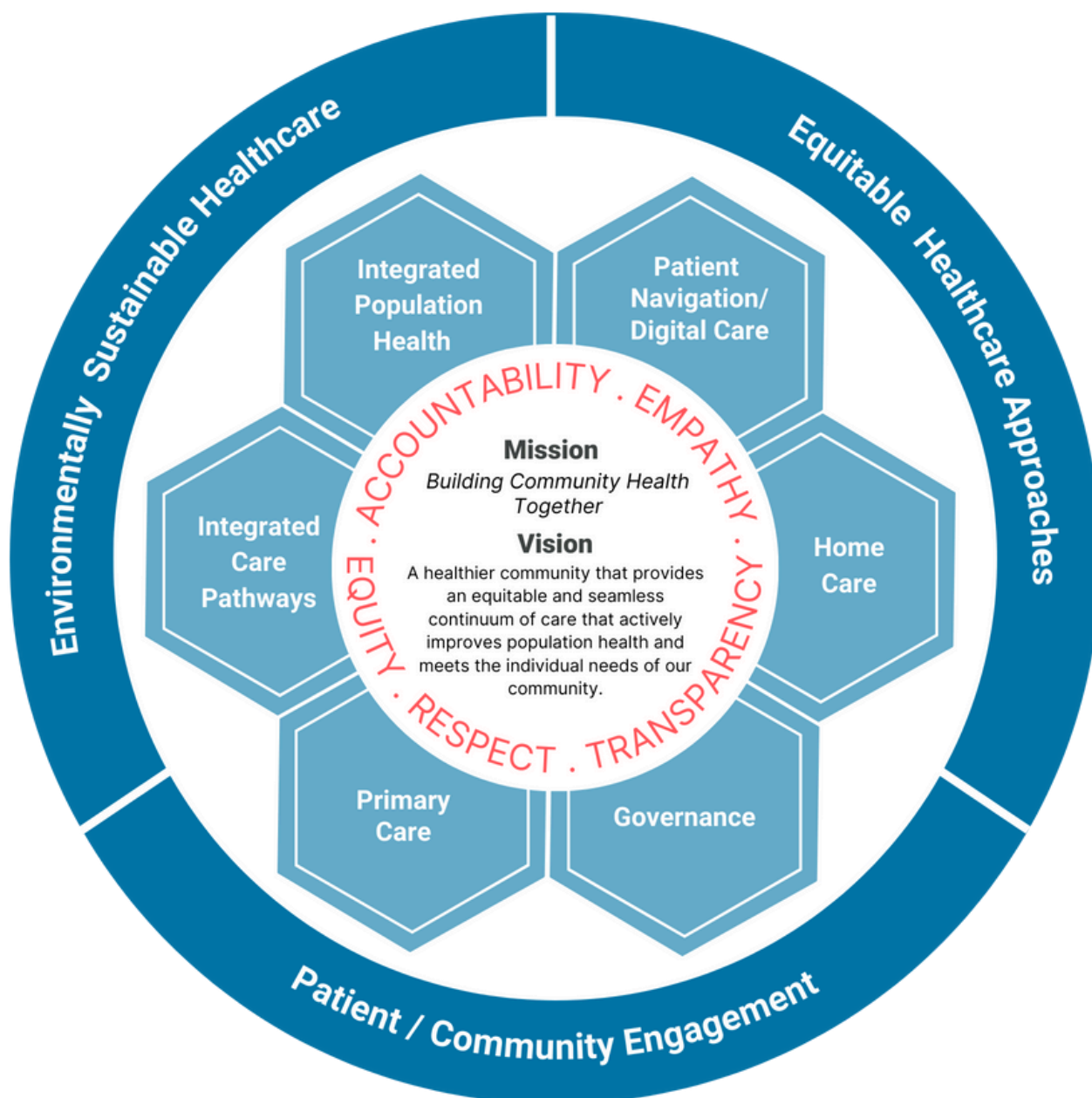


Please direct inquiries to:
Greater Hamilton Health Network
info@ghhn.ca



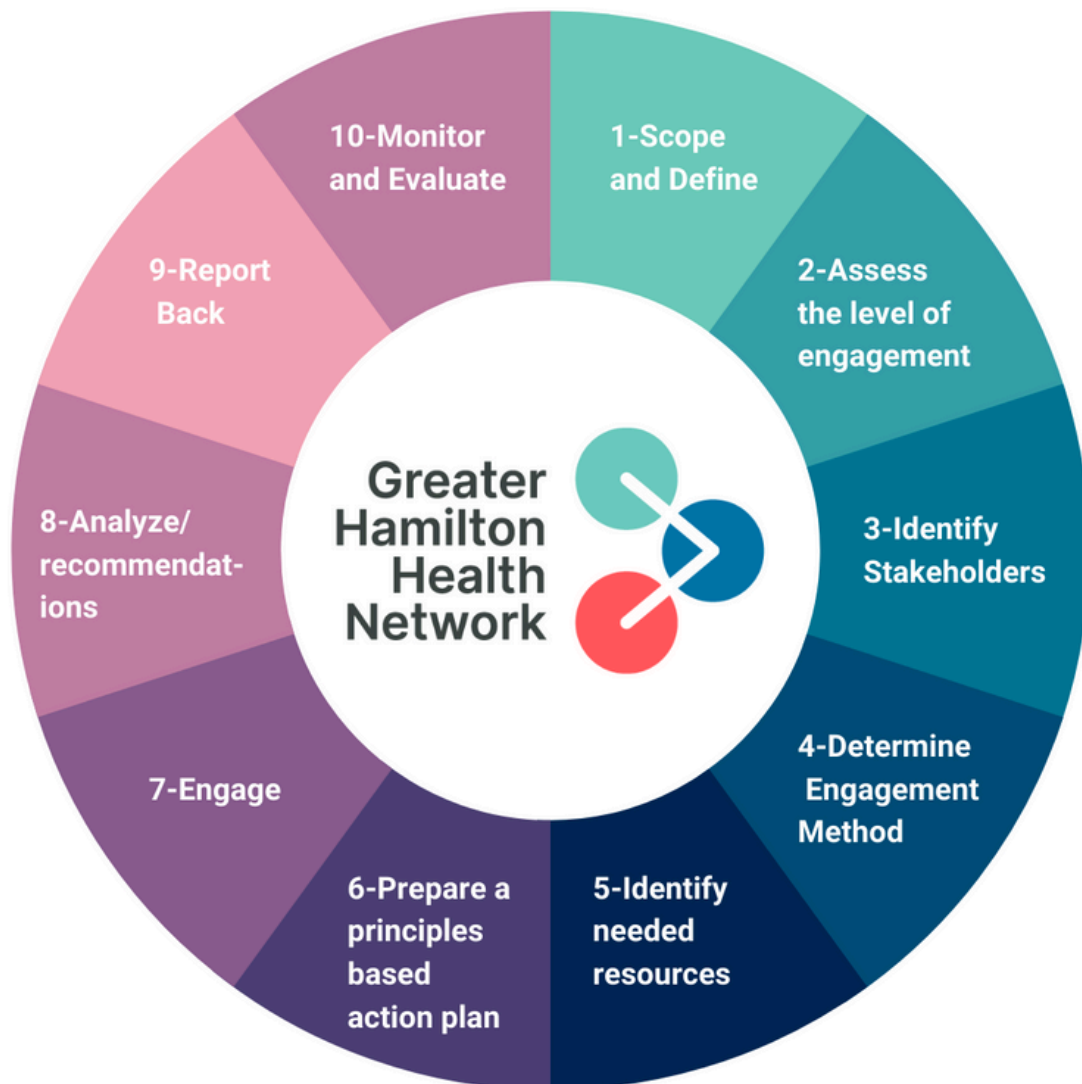
2024 STRATEGIC PRIORITIES

The GHHN is committed to a set of priorities that represent a mix of Ministry directed and locally developed goals to meet the needs of Hamilton, Haldimand, and Niagara Northwest.



Does the intended Engagement align with our mission, vision, values (Patient Family CarePartner Declaration of Values), and priorities?

GHHN ENGAGEMENT PLANNING PROCESS



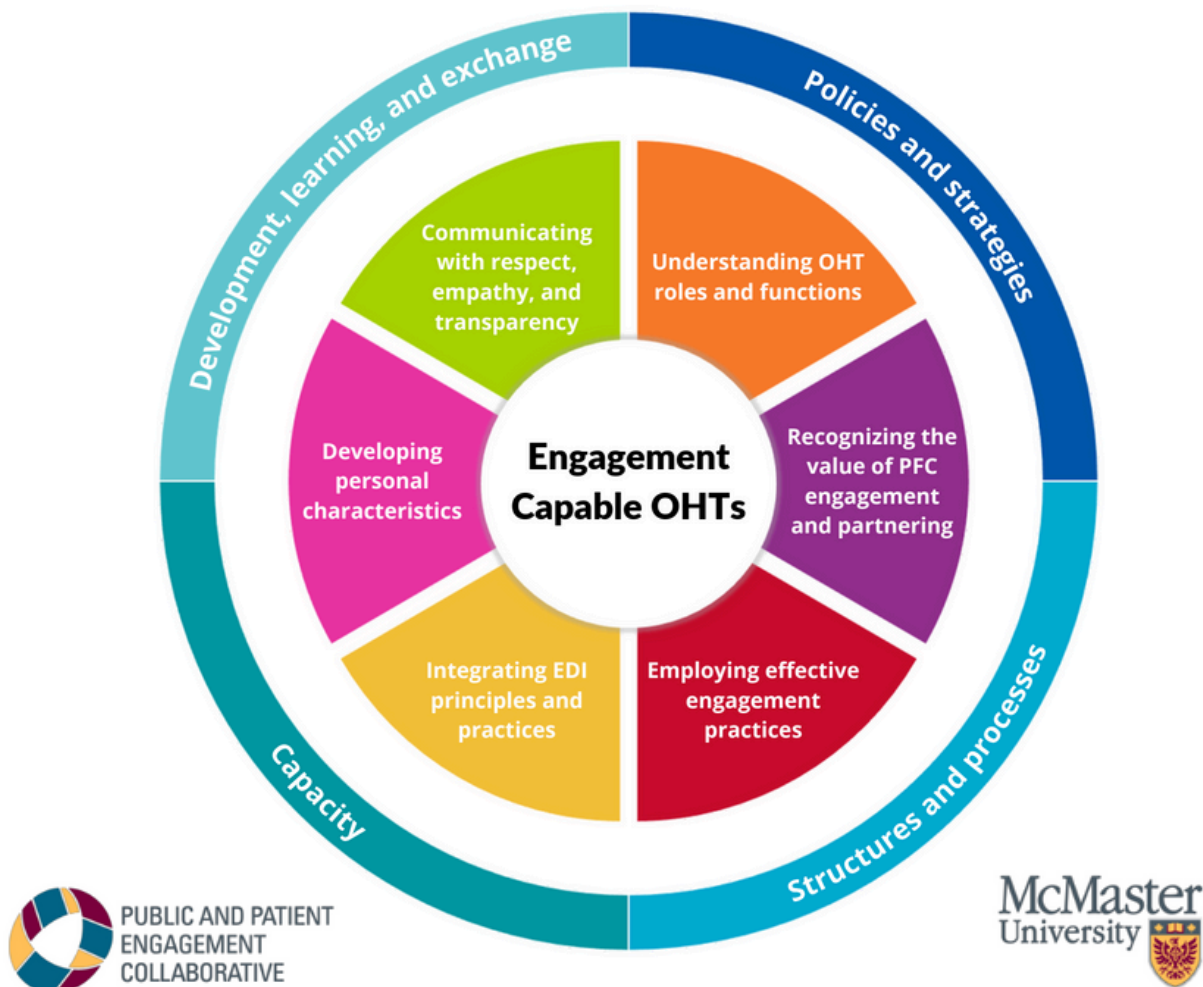
The GHHN Engagement Planning Process provides a clear outline of how engagement initiatives will be developed, implemented, and evaluated.

Regardless of the level of community engagement that occurs, the GHHN's approach to community engagement will seek to follow the GHHN Engagement Planning Process.

☐

Are you familiar with the Planning Process? Be sure to consult this when developing your implementation plan.

ENGAGEMENT CAPABLE ENVIRONMENTS



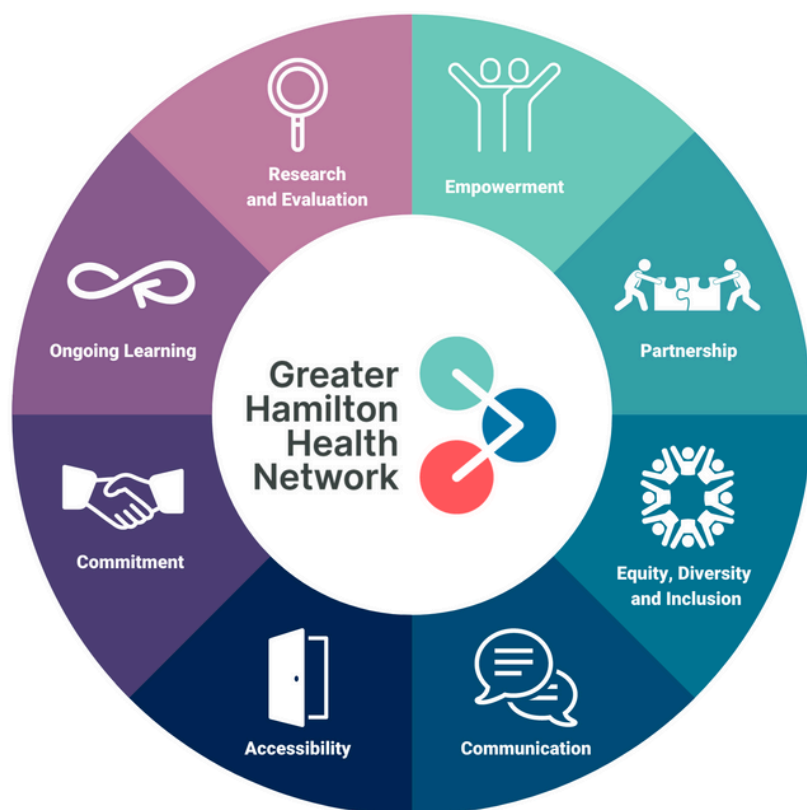
This framework, created by the Public and Patient Engagement Collaborative, outlines the competencies, supports and enablers needed to build engagement-capable OHTs. Competencies are the essential knowledge, skills, attitudes and beliefs that are necessary to be successful within a certain field, in this case, for patient, family and caregiver engagement and partnering. Supports and enablers provide the infrastructure that fosters the competency development required to build and sustain engagement-capable OHTs.



RESOURCE

² [Creating Engagement Capable Environments in OHTS](#)

GHHN ENGAGEMENT PRINCIPLES



Engagement Principles are essential when co-designing a system that is accountable and constantly improving. These principles outline the elements needed for the community to work together effectively, respectfully, and intentionally to transform healthcare in the greater Hamilton area. These statements do not stand alone, they work together to form a comprehensive standard for engagement in healthcare.

What Principles are you focussing on for this Engagement Plan?

☐

Empowerment

☐

Accessibility

☐

Partnership

☐

Commitment

☐

Equity, Diversity and Inclusion

☐

Ongoing Learning

☐

Communication

☐

Research and Evaluation



To learn more about the GHHN Engagement Principles visit greaterhamiltonhealthnetwork.ca

WHY ARE YOU ENGAGING?

Meaningfully engaging patients, families, carepartners, stakeholders and the community in mutually designing healthcare at the personal, organizational and system levels encourages a sense of ownership and increases the likelihood of successful outcomes across healthcare.

It is important to consider how you plan to champion equity in your engagement work. This can be challenging and time-consuming work, but it is necessary to avoid perpetuating inequities and harms. There are several things to consider in this step, including having a thorough understanding of equity and its relevance to engagement and reflecting on your own roles and positions within the engagement process.



EQUITY RESOURCE

³ [Supporting Equity Centred Engagement](#): How can we prepare to engage in a way that centres equity, page 4?

In this section there are resources that will support you in considering why you are engaging through an equity lens.



RESOURCES

⁴ [Engage with Impact Toolkit](#)



SELECTING THE LEVEL OF ENGAGEMENT

It is important to consider what level you are planning to engage others before you begin. There are many factors to consider and activities to choose from.

Complexity

Is this a simple, complicated or complex problem?

- ☐ **Simple** problems can be solved by following a specific process (e.g. Baking a cake)
- ☐ **Complicated** problems don't have a set process and there is no 'right' answer, but a solution can be reached by bringing together the right people and asking the right questions (e.g. Sending a rocket to the moon)
- ☐ **Complex** problems don't have clear outcome, the path is emergent, and the situation is always changing (e.g. Raising a child)

Experts

- ☐ Who are the experts on this topic?
- ☐ What wisdom and lived experience does the community have?

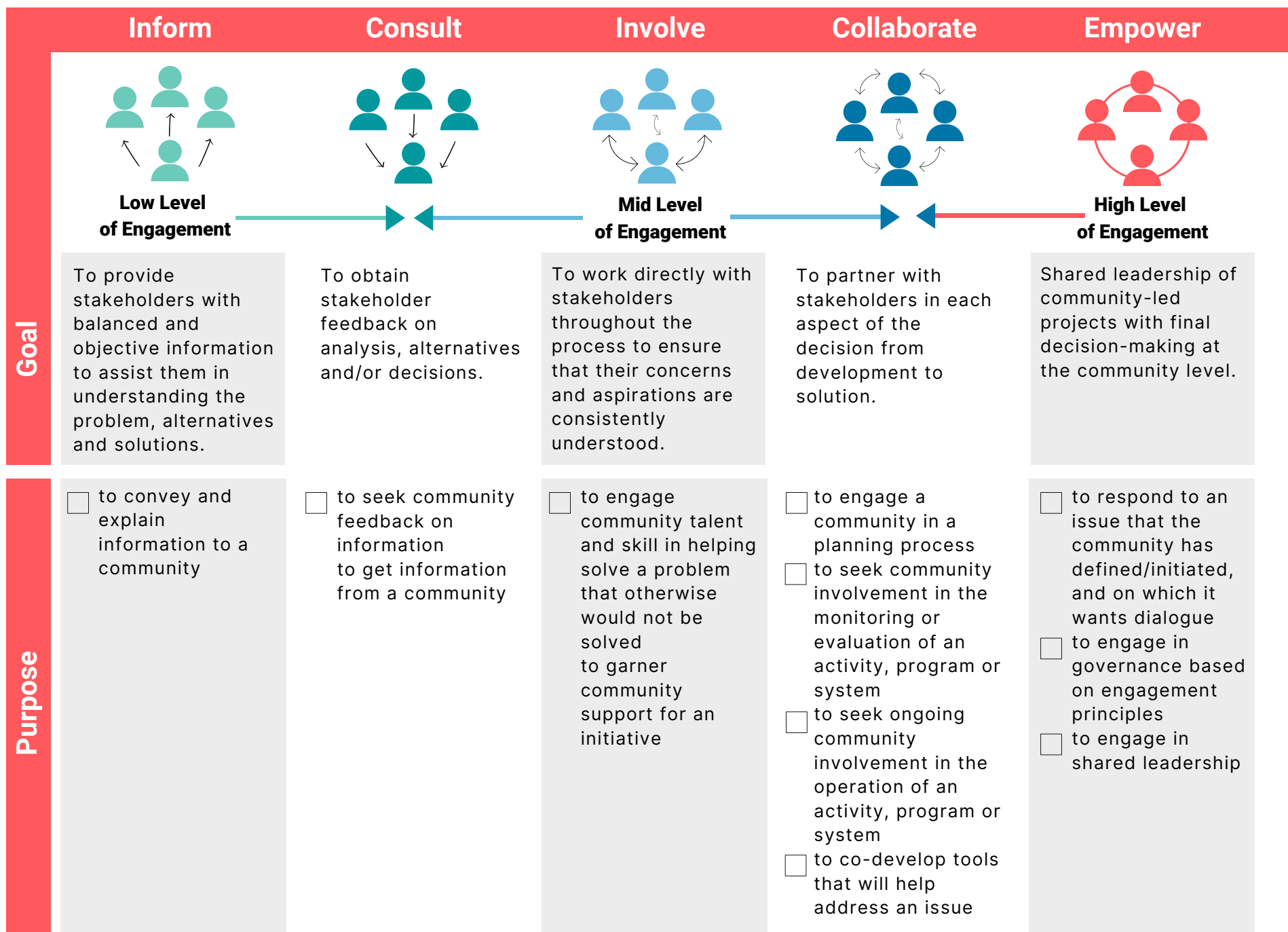
Community Expectations

- ☐ How significantly will the decision impact the lives of community members?
- ☐ How in sync or divided is the community?
- ☐ Is there public interest in this issue and what do they want from the process?

History

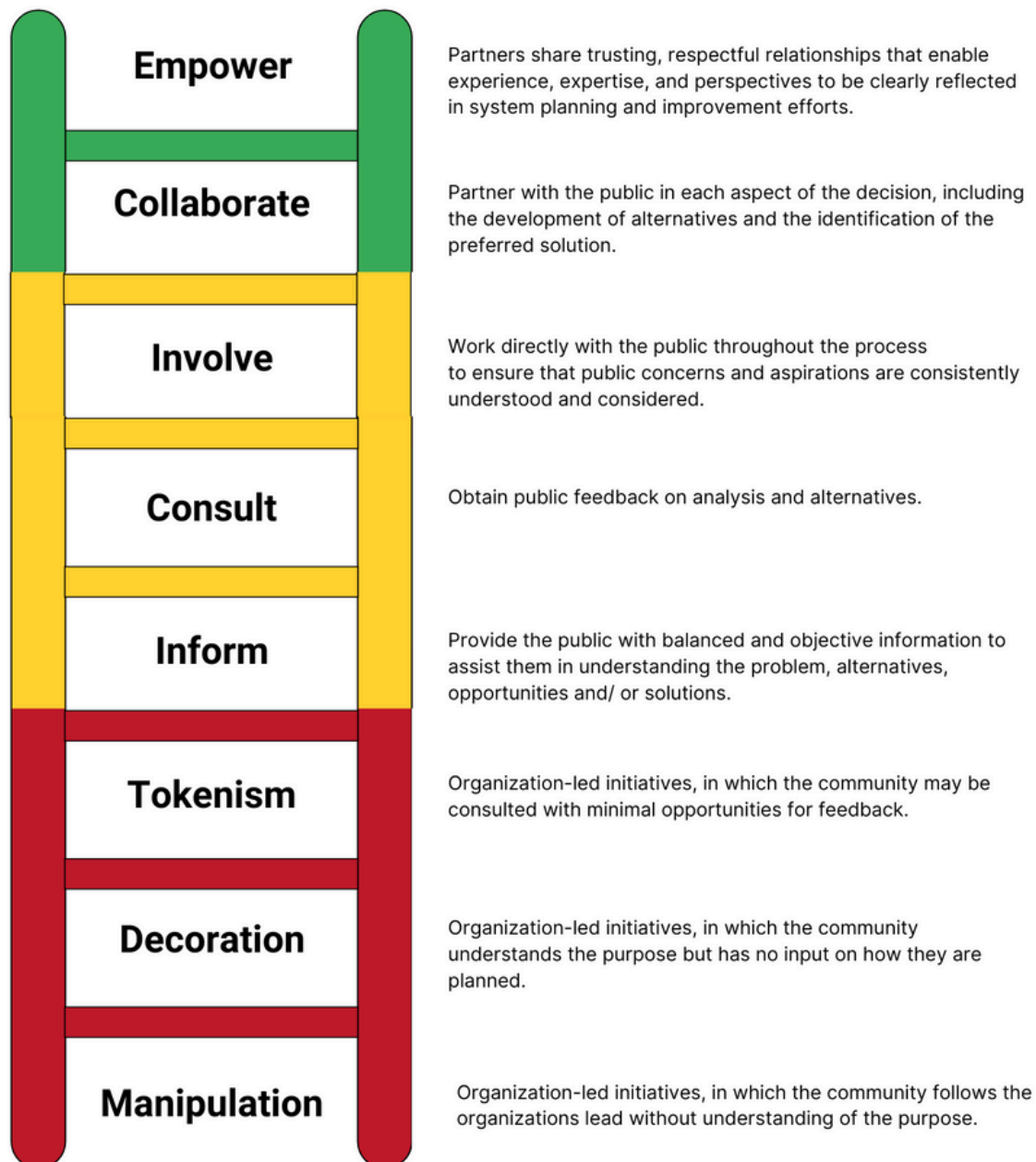
- ☐ Has any previous engagement been conducted on this or a similar issue?

SELECTING A LEVEL OF ENGAGEMENT



LADDER OF ENGAGEMENT

In order to understand and meaningfully lead engagement initiatives it is important to understand what engagement looks like not only when it is done well, but also when it is done poorly. The 'Ladder of Engagement' helps to describe increasing levels of power and control over decision-making through engagement.



5,6 Please note that this is an adaptation from IAP2 Spectrum of Participant Participation and Roger Harts Ladder of Participation





GOALS AND OBJECTIVES

SMART GOAL

What is your Specific, Measurable, Attainable, Relevant, Timely goal?

OBJECTIVES

What are your 1-3 Desired outcomes

KEY MESSAGES

Keep your purpose for engaging and your community in mind as you develop your key messages. They should be concise and accessible statements that represent the voice of your Ontario Health Team. Key messages will be used as you develop your communication materials.

DOMAIN OF ENGAGEMENT

What engagement domain are you focusing on?

PERSONAL CARE AND HEALTH DECISIONS



- ☐ Engaging in the domain of personal care and health decisions means health care professionals partner with patients, families, and care partners in processes of shared decision-making and care.(4)

- ☐ Engaging in the domain of organizational program and service design means that the organization initiates engagement activities that partner with patients, families, and care partners for the purpose of improving specific health programs, services, or other organization-wide projects such as quality and safety improvement initiatives.(4)



PROGRAM AND SERVICE DESIGN

POLICY, STRATEGY, AND SYSTEM LEVEL DISCUSSIONS



- ☐ Engaging in broad domains of policy and strategy means the organization and its members work together with patients, families, and care partners to enable system-level changes. This can include driving more accountable health priorities, plans and policies.(4)

WHO SHOULD WE ENGAGE?

The planning step will set the stage for your engagement activities. When planning your engagement work, you can centre equity by carefully considering who and why you want to engage, building an understanding of the communities you wish to engage, and setting your engagement goals.



EQUITY RESOURCE

Supporting Equity Centred Engagement: How do we plan for engagement that centres equity, page 5?

In this section there are resources that will support you in considering who you are engaging through an equity lens.

Criteria	Community Group/Organization/Individuals
Who will be directly affected if the aim of this engagement is achieved?	
Who wants to be involved?	
Who is already engaged or has contacted us about this issue?	
Are there existing community networks working on this issue?	
Who has unique skills or insights to offer to the engagement that cannot be garnered in any other way?	
Who has real or perceived moral claims that could affect a decision process or outcome?	
Who can exert power to make initiatives happen that spring from this process?	
Whose voice is needed to balance competing or contrary voices?	
Are there any legislated or required stakeholders?	

HOW SHOULD WE ENGAGE?

Equipped with an understanding of who your population is and why you wish to engage with them, you will need to consider how to connect with them.

This involves:

- ✓ Establishing trust and meaningful relationships
- ✓ Reaching diverse voices
- ✓ Reducing barriers to engagement



EQUITY RESOURCE

Supporting Equity Centred Engagement: How do we connect with our population for engagement, page 6?

In this section there are resources that will support you in learning how to engage the populations you serve through a equity lens.



RESOURCES

7 Health Quality Ontario: Choosing Methods for Patient and Caregiver Engagement



“ You can have the most important thing in the world to say, but if you can’t say it in a way that others can receive and understand it, it won’t make a difference. ”

-SP

ENGAGEMENT ACTIVITIES

Thinking about equity doesn't stop once you've connected with your population. Demonstrating an ongoing commitment to equity-centred principles throughout the engagement process requires ensuring your participants feel safe, respected, and valued, while simultaneously addressing power imbalances that may arise.

There are a variety of engagement activities outlined on the following page, these are examples of the types of activities that can be utilized across the continuum.



EQUITY RESOURCE

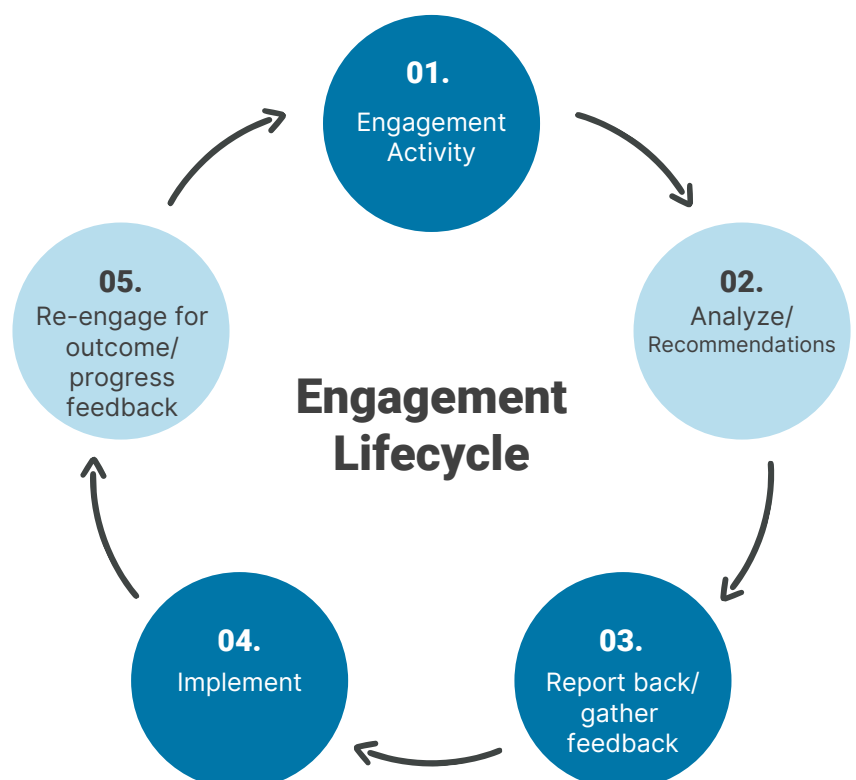
Supporting Equity Centred Engagement: What engagement strategies can we use to foster equity, page 8?

In this section there are resources that will support you in ensuring equitable engagement practices.

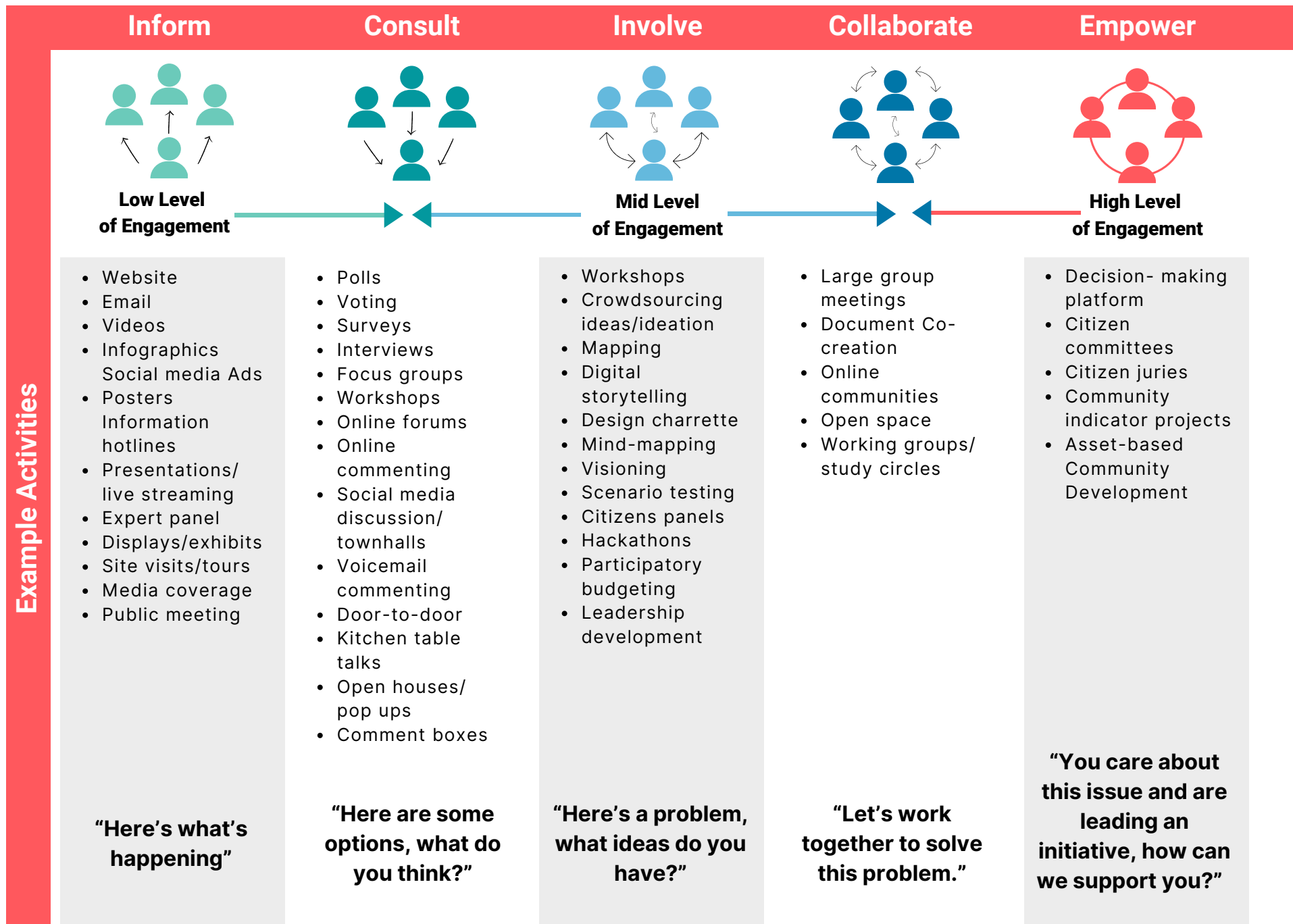
DEFINING AND SHARING THE ENGAGEMENT LIFECYCLE

For each engagement activity a clear timeline and outline for your engagement activities is needed.

An important aspect of engagement that is often overlooked is ensuring that you share the timeline, process and a reporting back (for feedback) process with those you engage, available at the onset of the engagement.



ENGAGEMENT ACTIVITY EXAMPLES



SUSTAINABLE ENGAGEMENT

After you have completed an engagement activity, further work must be done to uphold the principles of equity. This includes following-up with participants, acting on their input, and committing to learning and improving your engagement work.



EQUITY RESOURCE

Supporting Equity Centred Engagement: How will we continue to foster equity after engagement is complete, page 9?

In this section there are resources that will support you in ensuring equitable engagement continuity and follow up practices.

Reporting back process

This process is one example of a reporting back loop that is transparent, clear and supports our engagement principles and values.



Who's Listening:

An image, name, title and form of contact for the person who will be facilitating the engagement activities, listening, and is responsible for reporting back.



Timeline:

An outline of when, where and how the different phases of the project will take place.



Reporting Back:

When and how the outcomes will be reported back to those involved and the general public.

REMUNERATION

Remuneration is honouring and recognizing the experience and expertise of people with lived and living experience and providing financial compensation for their work. Guidance for compensating various roles is provided below; these arrangement should be discussed and negotiated with patient advisors early on.

WORKING GROUPS



*Short-term Working Groups**
(less than 6 months)

\$50-100 per quarter

*Long-term Working Groups**
(more than 6 months)

\$50-100 per quarter



The Patient Advisor role will support the network model of engagement, working with a staff to engage people with lived and living experience in the community at various levels of engagement.

\$40 per engagement



PATIENT ADVISOR

ONE-TIME/TIME-LIMITED ENGAGEMENTS



\$25 gift card + transportation (tokens) per meeting/session

NOTE:

If in-person engagements last more than 1.5 hours, snacks & refreshments should be provided. For engagements lasting more than 3 hours a meal should be provided.

*Amount of gift card to be determined by working group chairs at the start of term.



To learn more about the GHHN Engagement Principles visit greaterhamiltonhealthnetwork.ca

EVALUATION

Evaluation helps you to collect and analyze data to better understand how your engagement activity is working and the impacts it's having. You should think about evaluation at the beginning of and throughout any engagement activity.

EVALUATION STEPS

There are a number of steps you'll want to take when developing and implementing your evaluation. For more detailed guidance on each of these steps, see the [Engage with Impact Toolkit](#).

STEPS 1 & 2: PLANNING AND TAILORING YOUR EVALUATION

Ensure you understand what you're evaluating and your evaluation goals. If you've used this planning template, you will already have a clear understanding of the goals of your engagement activity. Take this time to clearly outline a logic model for your engagement - this will help structure your evaluation. A logic model outlines the engagement's goals, activities, outputs and expected impacts and will be the basis of your evaluation. Use this [template](#) from the Engage with Impact Toolkit to help structure your logic model.

STEP 3: SELECTING YOUR EVALUATION DOMAINS & ITEMS

Determine what you want to measure in your evaluation. Using your logic model as a guide, consider what you want to report on. A list of potential impacts of engagement are included [here](#) that you can select from. You can also refer to other evaluation tools like the [PPEET](#) if you would like to collect more process related metrics.



EVALUATION

STEP 4: COLLECTING YOUR EVALUATION DATA

Decide how you'll collect your evaluation data - surveys, interviews or reviewing documents from the activity (e.g., meeting minutes, reports, etc.). We recommend using a combination of approaches. Once you have determined your method(s), create your data collection tools. You can find sample questions you can adapt for interviews and surveys in this [database](#). You can also choose to use an existing tool like the [PPEET surveys](#). Decide on the time frame for data collection.

STEP 5: ANALYSIS AND SHARING RESULTS

After you have completed your data collection, you'll need to analyze your results. Looking for themes in open-ended questions and interviews and reporting simple descriptive statistics (percentages, means) can be a simple approach.

Consider how you will share your results - be sure to share them with those who participated in your engagement activity to close the loop.



RESOURCES

[Engage with Impact Toolkit](#)

[Public and Patient Engagement Evaluation Tool](#)



EVALUATION WORKSHEET

What are the goals for your evaluation?	
Who will participate in your evaluation team?	
What will the outputs of your engagement be?	
What impacts do you think your engagement will have?	
What do you want to measure in your evaluation?	
How will you collect your data? (e.g., survey, interview, etc.)	
When will you collect your data? Who will be responsible for data collection and analysis?	
How will you share your evaluation results? Who will you share them with?	



You may not be ready to conduct a full impact evaluation, but thinking about these impacts can help you collect the information you'll need if you want to look at this in the future.

ENGAGEMENT PLAN

SMART GOAL

What is your Specific, Measurable, Attainable, Relevant, Timely goal?

OBJECTIVES

What are your 1-3 Desired outcomes

KEY MESSAGES

Develop 1-3 key messages

REMINDERS

☐

Engage from the start!

☐

Engage through a health equity lens

Activity	Audience/ Level	Communication	Outcomes	Timeline	Person Responsible	Feedback loop	Resources	Evaluation
Activity description	What specific audiences are we looking to engage? What level of Engagement are we engaging the audience?	What communication channels are we using to invite/share?	What are our anticipated outcomes?	What is the timeline to complete this work?	Who is responsible for this activity?	How will we use the feedback we collect and how will we report back to those we have engaged?	What resources (new or existing) are needed?	What data/stories need to be collected for the evaluation plan?
E.g. Key informant interview, workshop, patient advisory group, etc	Level of Engagement: <input type="checkbox"/> Inform <input type="checkbox"/> Consult <input type="checkbox"/> Involve <input type="checkbox"/> Collaborate <input type="checkbox"/> Empower	<ul style="list-style-type: none"> Email Social Media Newsletter EngageGHHN Printed Posters 	All community members are informed Receive feedback from patient advisors	Draft- April 1 Final Version- April 5 Printing- April 20 Distribute- May 1	Project manager to draft content and manage design Patient Advisor to copresent	Draft version of the findings to be shared with those engaged, final version to be shared on EngageGHHN April 5	<ul style="list-style-type: none"> remuneration \$ printing \$ 	<ul style="list-style-type: none"> number of attendees individual experiences community feedback process



This chart is available in an excel document

THANK YOU

On behalf of the Greater Hamilton Health Network, our partners, contributors and patient advisors, thank you for reviewing our Engagement Workplan Template. We hope you found some new resources and insights on how to engage people with lived experience in co-designing healthcare at the individual, organizational and system levels.

We are on this journey too and are constantly learning, relearning, and unlearning ways to engage.

Let us continue to come together from multiple sectors and find new ways to engage people with lived experience to co-design and reimagine how our healthcare system can better serve people.

We thank you for your continued support in Building Community Health Together.

Sarah Precious

GHHN Manager of Engagement and Communications



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