Ontario Health

Social Determinants of Health Framework and Resource Guide
Change Package for OHTs

**This quick reference tool provides OHTs with clear and actionable tips to support the application of the SDoH Framework and Resource Guide. Each quick reference will address one specific framework principle.*

Shift power dynamics to elevate the role of community partners who are well-positioned to lead based on their knowledge and trusted relationships.

A key driver of equity and better health outcomes, shifting power dynamics recognizes and elevates leadership of community partners who are closest to the challenges and solutions, so care is co-designed.

How to Take Action

1. Elevate Community Leadership: Create Collaborative Governance Roles for Community Partners

KEY ACTIONS:

- Establish community advisory boards with diverse sector representation.
- Create collaborative governance roles for community leaders in planning and decision-making.
- Promote participation and uptake of leadership development supports.

IMPLEMENTATION TIPS:

- Use the PATH Partnership Assessment Tool to identify strengths and gaps.
- Apply the ReThink Health Conditions for a Healthy System to assess readiness for shared leadership.
- Leverage the Health Commons Locally Driven, Community-Led Toolkit to support community-led planning, recognize the contributions of volunteers and local leaders and formalize collaboration through agreements to document mutual obligations and support shared leadership.

MEASURES & INDICATORS:

- # of advisory boards with diverse representation.
- # of community partners in formal governance/leadership roles.
- # of partners who have completed training/development to increase capacity.

2. Foster Collaborative Decision-Making: Implement Shared Accountability and Inclusive Planning Tools

KEY ACTIONS:

- Use Ontario's Collaborative Decision-Making Arrangements (CDMA) Guidance to shape inclusive planning.
- Create space for volunteers and local leaders to contribute meaningfully to care teams and system design and organize regular interdisciplinary meetings to align on goals, strategies and progress.
- Implement joint accountability measures where all partners share responsibility for outcomes.

IMPLEMENTATION TIPS:

- Apply the Community Safety and Well-Being Planning Framework to guide collaboration and consider participating in Situation Table Training to learn how to coordinate care for individuals at elevated risk.
- Use asset mapping to identify the strengths, relationships and resources each partner brings.
- Promote co-development of strategies using tools like Health Commons' outreach planning toolkit.

MEASURES & INDICATORS:

- # of shared decision-making tools adopted.
- # of committees that have volunteers and local leaders represented.
- Progress with implementing joint accountability measures with partners (e.g., complete, in progress, not started, etc.)

3. Enhance Integrated Care: Co-Design Integrated Health and Social Services Models

KEY ACTIONS:

- Design care models that integrate health and human/social services.
- Pilot co-located service models to improve access and coordination.

IMPLEMENTATION TIPS:

- Learn from models like ThedaCare's Community Paramedics.
- Use tools like the CP@clinic to build local solutions.

MEASURES & INDICATORS:

- # of patients referred to health and human/social services.
- # of co-located service sites established.

OHT Spotlight: Implementing "Shift power dynamics"

Northumberland OHT partners with Northumberland County Paramedics – trusted, community-embedded resources driving innovation - to deliver a county-wide Community Paramedicine Program. This initiative demonstrates how shifting power dynamics can be operationalized through community-led governance, shared accountability and integrated service design:

- **Create Collaborative Governance Roles for Community Providers**: Position paramedics as co-leaders and strategic partners in integrated planning, such as through their role in the Primary Care Working Group. This shared leadership model ensures community voices shape integrated care pathways and strategic planning.
- **Implement Shared Accountability and Inclusive Planning Tools**: The program coordinates home visits, wellness clinics and navigation support for unattached patients – all designed with input from diverse partners.
- **Co-Design Integrated Health and Social Services Models:** The paramedicine team works with pharmacies, public health and community organizations to deliver wraparound care. Services are tailored to local needs and delivered in familiar settings, improving access, trust and equity.

FY 2024/25 Impact highlights: 1,596 active clients supported, 899 new referrals, 35,277 client tasks completed, 167 Wellness Clinics delivered, serving 386 clients.

This example illustrates how shifting power dynamics positions community paramedics as strategic partners in health equity and system navigation – co-leading care delivery, system navigation and strategic planning to bridge gaps and improve equity.