
POSTER ABSTRACT**Sharing power – East Toronto Health Partners' triad model of leadership**

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Background: In 2024, East Toronto Health Partners (ETHP), moved to a triad model of leadership by enabling a representative of the community and ETHP's advisory network to collaborate with the administrative and clinical leads at the highest level of decision-making. This triad leadership structure is a first of its kind in an Ontario Health Team (OHT).

Approach: ETHP's advisor network is a community of patients, caregivers, and community members who are working together with healthcare partners to improve health access and delivery in East Toronto. Two members of ETHP's Community Advisory Council (CAC) are part of the ETHP Leadership Team, a group of leaders from ETHP's partner organizations, representing the full continuum of care.

Partnering with the community has been ETHP's core strategy for achieving the goals of the quintuple aim. This strategy, in how ETHP shares power with the communities of East Toronto most harmed by inequities has been continuously evolving. Enabling a representative of the community, a resident of one of Toronto's priority neighbourhoods, to participate in the highest level of decision-making, ensures the interests and concerns of patients, caregivers, families and their communities are heard and considered. It strengthens community trust and enhances the relevance and effectiveness of the Advisory Network.

In 2024, the clinical and admin leads were joined by a community lead Razia Rashed, a local resident, a patient, a caregiver and a community health ambassador. She was appointed as Community Co-lead following a recruitment process led by Dr. Wojtak (Admin lead), Dr. Powis (Clinical Lead) and the co-chairs of ETHP's Community Advisory Council. Razia also joins the ETHP Leadership Team, in addition to the two CAC members who are also part of the Leadership Team.

Results: ETHP is one of 12 OHTs that are moving towards incorporation over the next two years. Understanding and influencing the decision-making rules, structures, and processes is essential to achieving "progressive collaborative governance". Moving away from collaborating with patient and caregiver advisors on an issue-by-issue basis, the triad model of leadership is building ETHP's capacity to implement and sustain long-term change through the balancing of power.

Other ETHP's structures (e.g. portfolios) are now looking to implement similar leadership models by including patient and caregiver advisors as portfolio co-chairs and revising how decisions are made, and by whom.

Implications: Sharing of power and developing long-term partnerships that involve co-learning, capacity building, co-design, and mutual ownership of the problems and the solutions – is one of the core competencies of integrated care. Practicing sharing of power should not only be limited to

inter-organizational and inter-professional teams. To address the many challenges of the healthcare system, we need radically different approaches to working. Healthcare providers need to mobilize the community as a partner in care and that requires new leadership and governance models that involve the community. Sharing power is not only a process to achieving the goals of the quintuple aim of improving population health, enhancing the care experience, and advancing health equity, but is an outcome in and of itself.