

Lived Experience Partner

EXPRESSION OF INTEREST APPLICATION

The **Great River Ontario Health Team (GR OHT)** is working to improve how care is delivered in our region. We believe the voices of patients, families, caregivers, and community members must be at the heart of this work. That's why we are recruiting **Lived Experience Partners** to join us in shaping a more equitable and person-centred system.

What is a Lived Experience Partner?

Lived Experience Partners are individuals who have firsthand experience with the health care system or with accessing other related supports. This includes:

- Patients or clients in hospital, primary care, long-term care, or home and community care
- Family members and caregivers
- Community members with experience navigating services in our region

We are looking for people from diverse backgrounds and communities, including Black, Indigenous, Francophone, 2SLGBTQIA+, newcomers, youth, low-income, and people living with disabilities, to reflect the full diversity of the Great River region: Stormont, Dundas, Glengarry, Cornwall, Southeast Ottawa, Russell Township, and Akwesasne.

You can participate in one or more of the following roles:

Join the Lived Experience Partners Table (LEPT)

LEPT is a formal group of partners who meet monthly and work closely with health and social service providers to:

- Advise on decisions that affect care in our region
- Help design more equitable and integrated services
- Advance health equity and improve care experiences

Time Commitment: Minimum **2 hours per month**. As a LEPT member, you will also be invited to represent the group on other GR OHT working groups, teams, or projects.

Term: 3 year commitment.

Join a GR OHT Working Group or Team

You can also be a Lived Experience Partner who participates directly in one of our many OHT **working groups** or **project teams**, without being part of the LEPT.

Each group focuses on a specific area, such as mental health, seniors care, system navigation and more.

Time Commitment: Approximately 2–5 hours per month, depending on the group.

Term: 1-year commitment.

Be Part of Our Engagement Pool

If you're not able to make a regular commitment, you can still help. We often seek input from community members on specific topics or projects throughout the year.

Time Commitment: Flexible and optional. Participation opportunities will be shared by email.

Engagement may take place virtually or in person.

Ready to make a difference? Fill out the Expression of Interest form on the next page to let us know how you'd like to be involved. Please direct any questions to the contact at the bottom of this form.

EXPRESSION OF INTEREST APPLICATION

Candidate's Name:

Email Address:

Home Address:

Age:

Phone Number:

Gender:

Preferred method of contact: Phone

Email

Preferred Language:

Are there any special accommodations you might need to enhance your participation? :

Do you have reliable internet access and/or access to a device for virtual meetings?

Yes No Sometimes

Your Experience with Health and Social Services:

Please check all the areas where you have personal experience as a patient/client or as a caregiver/support person (e.g., family member, friend, advocate).

Health or Service Area	Patient/ Client <input checked="" type="checkbox"/>	Caregiver/ Support Person <input checked="" type="checkbox"/>	Health or Service Area	Patient/ Client <input checked="" type="checkbox"/>	Caregiver/ Support Person <input checked="" type="checkbox"/>
Hospital Care	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Disease Management (e.g., diabetes, COPD)	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care (Family Doctor/ Nurse Practitioner)	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Services	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Centre	<input type="checkbox"/>	<input type="checkbox"/>	Frail and Older Adult Care	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health & Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	Maternal & Newborn Care	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care	<input type="checkbox"/>	<input type="checkbox"/>	Community Support Services (e.g., transportation, meals, friendly visiting)	<input type="checkbox"/>	<input type="checkbox"/>
Home and Community Care	<input type="checkbox"/>	<input type="checkbox"/>	Private Health Care (e.g., dental, physiotherapy)	<input type="checkbox"/>	<input type="checkbox"/>
Broader Human & Social Services (e.g., housing, OW/ODSP, newcomer support)	<input type="checkbox"/>	<input type="checkbox"/>	Injuries and Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
Gender Affirming Care	<input type="checkbox"/>	<input type="checkbox"/>			

Please further describe your personal or caregiving experience with the health or social services system.

(For example, you might share what services you or your loved one used, challenges you faced, or what went well. This helps us understand the perspective you bring as a Lived Experience Partner.)

Do you currently have a family doctor or nurse practitioner who you see for your regular health care needs?

Yes No Not sure

We are committed to ensuring that the voices of diverse communities are reflected in the work of the Great River Ontario Health Team. If you feel comfortable, please tell us if you identify with any of the following communities or groups (select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 2SLGBTQIA+ | <input type="checkbox"/> Person with a Disability |
| <input type="checkbox"/> Black | <input type="checkbox"/> Newcomer to Canada |
| <input type="checkbox"/> Other Racialized Group | <input type="checkbox"/> Low-Income or Experiencing Poverty |
| <input type="checkbox"/> Religious Minority | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> First Nations, Métis, or Inuit | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Francophone | |

What would make you a good candidate for this role?:

Have you ever participated on a similar Advisory Group, Council, Board or Committee previously?

Yes No

If yes, please describe:

When is the best time for you to attend meetings? (check all that apply)

Weekdays Mornings Afternoons Evenings

Weekends Mornings Afternoons Evenings

What level of engagement are you interested in? (see above for explanation on levels)

Member of the Great River OHT Lived Experience Partners Table

Great River OHT working groups

Occasional engagement as required

I'm not sure yet, I'd like to discuss further

Please provide any other comments that would support your Expression of Interest for membership as a Lived Experience Partner.

In addition to completing the above, you may also attach a current copy of your resume (optional) for consideration.

Please submit this Expression of Interest to:

By email to:

Carilyne Hébert, Engagement and Navigation Lead
Great River OHT
c.hebert@cscestrrie.on.ca

By mail:

Attn: Carilyne Hébert Great River OHT
841 Sydney Street #6
Cornwall, ON K6H 3J7