

POSTER ABSTRACT

From Conversation to Action: How Community Engagement Shaped a Funded Health Hub Model in North Toronto

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Background: Across Canada, growing numbers of residents lack access to primary care, leading to fragmented care, avoidable emergency visits, and widening health inequities. In North Toronto, this challenge is compounded by population growth, provider burnout, and limited public awareness on the importance of primary care.

Recognizing the need for sustainable, community-informed solutions, the North Toronto Ontario Health Team (OHT) launched a co-designed engagement initiative to bring together residents, primary care providers, hospital partners, and community organizations to better understand local health and social needs and collaboratively design a Health Hub (Hub) model that fosters equitable access and attachment to primary care.

Approach: In 2024, the OHT undertook an engagement strategy that prioritized accessibility, diversity, and co-design to reach diverse community members. The strategy was co-developed with community partners and local providers to ensure representation from underserved and equity-deserving populations. Engagement activities included multilingual surveys, town halls and small-group discussions hosted in trusted community spaces such as community centres, libraries, schools, malls, faith-based organizations, food banks, and resident associations

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Over 130 individuals participated in the initiative, including 85 survey respondents representing residents, caregivers, and community organizations. Conversations focused on understanding barriers to accessing primary care, community health priorities, and ideas for services and design features of a Hub. Our approach of bringing community voices and provider perspectives together helped build a shared understanding of what accessible care looks like in our local community.

Participants highlighted challenges such as shortage of family doctors, long waits for appointments, digital inequities, and concerns about privatization of healthcare. Residents

emphasized that the Hub should offer free, accessible, and inclusive services with extended hours. They also stressed the importance of conveniently located spaces that offer culturally responsive and neurodiversity-affirming care, and are welcoming to families, seniors, and newcomers.

Results: Community insights informed the planning of the Hub model and the OHT's successful funding proposal to expand access to primary care in North Toronto. The co-designed model envisions Hubs that integrate primary care, mental health, and social supports through coordinated intake and navigation, reducing access barriers and improving continuity of care. The engagement process also established relationships between the OHT, community groups, and local providers. These relationships now guide our outreach efforts to ensure that both underserved populations and the broader community know our Hubs are open and accepting new patients. Ongoing collaboration with the OHT's Community Advisory Council continues to shape outreach materials, central intake workflow, and culturally relevant messaging to support attachment.

Implications: This initiative demonstrates how meaningful, co-designed community engagement moves beyond consultation to collaboration, enabling funded, system-level change. By grounding design and implementation in community voice, the OHT is increasing access to team-based care and family doctors, building a coordinated intake system to match patients to care, and fostering trust between residents and the health system. The approach strengthened trust, informed local decision-making, and advanced health equity through integrated, community-based care. Future work will include evaluating Hub's impact on access, patient experience, and attachment rates, and embedding community voices throughout the project.