

How to Engage and Support Diverse Patient Partnerships During a Crisis Part 1

The Canadian Foundation for Healthcare Improvement (CFHI) is hosting a series of webinars to explore **Patient Partnership in a Time of COVID-19** and facilitate pan-Canadian conversations about patient engagement during this pandemic. The discussion webinars bring a patient partnership lens to specific and emerging issues, policies and practices that are rapidly developing and being implemented in response to COVID-19. These issues have direct impact on patients, families and caregivers with implications on the quality and safety for both those receiving and delivering care. Our aim is to provide a place for discussion about these critical issues and for participants to share and learn from each other as they respond to the evolving pandemic.

On July 9, 2020, CFHI hosted a webinar discussion exploring **How to Engage and Support Diverse Patient Partnerships During a Crisis Part 1**. The conversation was co-hosted by Justina Marianayagam (Patient Partner and Medical Student) and Haley Warren (Improvement Lead, CFHI). Guest speakers included Kristy Macdonell (Manager-Health Equity, Scarborough Health Network), Lori Berger-Hegyí (Patient Family Advisor, Scarborough Health Network) and Faria Khan (Provincial Initiatives Consultant, Alberta Health Services).

During this conversation, patient engagement leaders and patient and family partners discussed innovative and equitable engagement practices used to strengthen partnerships and engagement with diverse populations, the emerging challenges that exist due the pandemic, and considerations to support the rapidly changing landscape of patient engagement in a time of crisis and beyond.

Exemplars were shared from Scarborough Health Network and Alberta Health Services on equitable strategies they have employed to sustain the diverse patient partnerships and engagement during the COVID-19 pandemic. Strategies discussed in this webinar leveraged a health equity lens with focus on individuals experiencing vulnerabilities, in particular refugee and immigrant populations, and young people with mental health and/or drug-use challenges/concerns.

During the discussion, three questions were posed for participants to share their experiences, thoughts, and concerns regarding approaches to build partnerships and engage with diverse patients during the time of COVID-19. Below are highlights of key themes emerging from the discussion:

What do you anticipate the future of equity in engagement in a post-pandemic world to look like? What have you put in place to ensure the continuation of your programming and efforts?

Participants shared examples of equity in patient engagement and ideas around sustaining engagement:

- Participants indicated the effects COVID-19 has had on existing inequities and vulnerabilities experienced by communities. Understanding the lived experiences of people experiencing systemic vulnerabilities while employing an intersectional lens was cited as being a first step towards creating a more just, inclusive and equitable world. Organizations positioning health equity and advocacy as a priority and strategic direction can assist future organizational programming efforts to be more responsive to the needs of diverse communities.
- Collaborating with community partners, clients, residents, patients and family/caregivers to co-design future programming and policies can support the development of relevant responses. Partners can lead discussion and share their lived experiences to help inform future directions. This can help foster meaningful and trusted partnerships that are sustainable, contextualized, and appropriate to individuals experiencing vulnerabilities. Developing and utilizing multisectoral partnership frameworks can assist organizations who are looking to establish long-term partnerships across diverse sectors.
- Participants also highlighted the significance of meeting patients, families, and communities where they are at to ensure an environment is created in which they can be their authentic self.
- Collecting race- and ethnicity-based data can help to improve future decision making and health policy, as certain groups (e.g., racialized community, people with disabilities or chronic conditions, and those with lower incomes) are often impacted the most during times of crisis.
- COVID-19 has highlighted the importance of virtual platforms as a way of delivering care and support services to patients and families. Participants expressed their hopes for a greater variety in selecting virtual platforms as well as enhanced security and privacy protection measures for virtual tools.
- Emphasis on the psycho-social impacts of COVID-19 was mentioned by several participants. Participants described greater investments towards the development and delivery of robust and comprehensive psycho-social supports and resources to communities who have been negatively impacted by the pandemic.
- Creating programming materials and resources that are accessible to a diverse group of individuals was indicated as a key strategy for ensuring ongoing engagement. Examples include materials printed in languages other than English or French, informational videos or audio recordings, being mindful of colours and font use, and opting for lay language, to name a few.

What barriers to diversity and equity in engagement have been exacerbated by COVID-19? How have you overcome these barriers?

Participants identified several barriers to diverse and equitable engagement that have been exacerbated by COVID-19 and offered alternatives to sustaining purposeful and equitable engagement:

- Participants continued to identify barriers to accessing technology. Technology has enabled many individuals to sustain their engagement throughout the pandemic, however this has not been experienced by those with limited capacity to participate virtually. Some participants noted that the growing reliance on technology can result in existing barriers to be exacerbated, specifically for individuals who are not technologically inclined or those with limited access to technology. Participants indicated the importance of organizations addressing these barriers by providing alternative methods of engagement that are suitable to an individual's needs.
- COVID-19 quarantine protocols have resulted in many Canadians remaining in places that may not be safe (e.g., domestic abuse). Participants underscored the importance of providing supports for individuals living in unsafe environments, for example offering secure text and online chat tools where support workers can provide emotional support and referrals to shelters/other resources.
- Participants noted the challenges involved in building partnerships with patients, families, and community members during COVID-19 as many individuals may be dealing with other personal challenges and may lack the capacity to engage. Moreover, participants noted that virtual engagement sessions can often feel impersonal causing some to close off and disengage.
- Creating strong and embedded partnerships and collaborations with many communities and agencies can help to navigate barriers and support the development of appropriate strategies to overcome barriers.
- Participants shared that there should also be greater attempts to engaging with patients who may have already been experiencing isolation prior to COVID-19 (e.g., rural and remote communities).
- Being mindful of tokenism at an organizational level was discussed by participants. Providing greater representation of diverse voices must be met with necessary resources being put in place to support these individuals.

Now that we are three months into COVID-19, what successes and what issues surrounding equity and access to engagement are you seeing across the country and within your organizations?

Participants shared some of the successes and issues surrounding equitable engagement during the COVID-19 pandemic:

- Participants noted a major success being their ability to sustain purposeful engagement with patients and family partners. Organizations with existing strengths in engagement or who made patient- and family-informed pivots noted they were able to continue their engagement efforts and programming during COVID-19.
- Examining the strengths and weakness of engagement and how engagement has been sustained or truncated during COVID-19 can provide organizations the opportunity to maneuver and re-strategize approaches towards enhancing trusted and open engagement with patients and family partners. Some participants described poorly implemented family/caregiver presence policies within their organizations and the need for these policies to be amended to support more patient-centered/patient-partnered care and practices.

COVID-19 has exposed the social, economic and health vulnerabilities existing within communities. These inequities have disproportionately impacted groups of people who remain underserved due to their socio-economic standing, gender, race/ethnicity, or health status across the world. As we move forward, it is essential for organizations to embed a health equity lens into their programming and strategic planning as this can support the creation of trusted partnerships that facilitate meaningful and open engagement with patients, families, and community partners.

Please see below for additional questions that were posed for the speakers, and their responses. For more information on future webinars on “Patient Partnership during this time of COVID-19”, visit the CFHI [website](#) for more details.

Presenter Question and Answer

Q: What are some organizational strategies for recruiting people experiencing vulnerability to participate as patient partners?

A: [Scarborough Health Network]

Creating inclusive systems is a strategy utilized at the Scarborough Health Network (SHN) aimed at engaging diverse patient and family partners. SHN ensures all spaces (on-site and virtual) are

accessible and inviting to a diverse group of people. Inclusive language (e.g., use of 'folks') is also noted to be a key component of creating safe spaces for individuals. The use of breakrooms that are led by a facilitator are employed by SHN to support smaller discussions, whereby members feel welcomed to voice their opinions and engage more meaningfully in group activities. Creating organizational councils with greater membership capacity for patient and families to join fosters inclusivity as this allows for a variety of perspectives to be shared. Finally, building strong ties with community partners can help to establish rapport that encourages purposeful participation among organizations and community members.

Q: Is there any evidence around safety in relation to equity observed within organizations?

A: Appropriately training patient and family partners in elements of physical, cultural and psychological safety can help to prevent the doing of any harm by ensuring partners are and feel safe to participate in any organizational activities and discussions.

Q: How are organizations and patients responding to shifts in the delivery of care (e.g., on-site to virtual)?

A: When utilizing secure virtual platforms, it is crucial to meet individuals where they are at especially in times of crisis. Providing patients with multiple platforms and options to their virtual sessions can help to attend to their diverse needs while also ensuring individuals feel comfortable and safe to engage on virtual platforms. Options may include but are not limited to the following: telephone calls, emails, video-calls, chat-box messaging, and text messaging. Moreover, attending to the different realities of patients during times of crisis is crucial as this ensures appropriate and effective virtual engagement sessions are being implemented. For example, developing councils that are representative of diverse patient populations allows various patient perspectives to be voiced and listened to during virtual sessions. In addition to this, having strategies in place that address technological access issues can help to mitigate some of the disturbances to engagement that are often experienced during crises. Offering alternative means to engagement may include telephone calls, laptop loans, or in-person access to on-site resources for individuals who are unable to utilize technology or who require special treatment.

Q: How are patient and family partners being compensated during virtual engagement sessions?

A: At Alberta Health Services, honorariums are distributed to individuals who participate in workshops and consultations as well as full coverage of accommodation expenses. Individuals who participate in organizational working groups are compensated hourly; this can be particularly meaningful for individuals experiencing unemployment during crises such as COVID-19. In some cases, younger participants are provided with a volunteer title.