



**Patient
Voices
Network**

ADMINISTERED BY
BC PATIENT SAFETY & QUALITY COUNCIL

Diversity, Equity & Inclusion

Elevating the Voices of All in British Columbia



**BC PATIENT SAFETY
& QUALITY COUNCIL**

Working Together. Accelerating Improvement.

TABLE OF CONTENTS

ABOUT US	3
INTRODUCTION	4
DIVERSITY, EQUITY AND INCUSION DEFINED	4
INDIGENOUS CULTURAL SAFETY & HUMILITY	5
CONNECTION BEFORE CONTENT	6
TEAM READINESS	6
FINDING PATIENT PARTNERS	7
INCLUDING A DIVERSITY OF HEALTH CARE EXPERIENCES	8
COMPENSATION AND REIMBURSEMENT	8
RECRUITING DIVERSE VOICES CONSIDERATIONS	8
FINAL THOUGHTS	10
REFERENCES	11



This material has been reviewed and approved by patient partners with the Patient Voices Network.

We would like to acknowledge Patient Voices Network health care and patient partners for their contributions to the development of this guide. We also thank our many partners who reviewed this document and provided feedback along the way.

About Us

The Patient Voices Network (PVN) is a community of patients, families and caregivers that has been working with health care partners to improve BC's health care system since 2010. Supported through funding from the BC Ministry of Health and administered by the BC Patient Safety & Quality Council, PVN works to include patient voices in problem-solving and decision-making in health care across the province.

Our mission is to advance authentic patient engagement by building our partners' capacities and capabilities so that person- and family-centred care becomes the foundation on which all health care decisions are made. PVN's operations and activities are guided, co-designed and supported by an Oversight & Advisory Committee consisting of patient partners from across BC and an equal number of representatives from health care organizations and the Ministry of Health. Learn more about our work at PatientVoicesBC.ca.

Introduction

Ensuring the voices of all in British Columbia are heard takes a willingness to recognize the barriers to health care services and a strong resolve to reduce them. It's through this self-reflection that health care has the potential to improve for everyone. This document is designed to highlight the importance of this as an engagement best practice. It provides important information, setting you on a path to ask important questions and, in some cases, challenge your own biases as you support patient engagement.

Our hope is that you will explore these concepts more fulsomely by taking on further research and asking important questions to help guide your engagements. We know that we are not experts, but rather partners in the search for sharing meaningful ways to engage with each other.

Diversity, Equity and Inclusion Defined

The principles of *Diversity, Equity and Inclusion* (DEI) capture the uniqueness of the individual, creating an environment that values and respects them for their talents, skills, and abilities. ^[1]

The Canadian Centre for Diversity and Inclusion uses the following definitions of diversity and inclusion:

- *Diversity* is about the individual. It is about the variety of unique dimensions, qualities and characteristics we all possess.
- *Inclusion* is about the collective. It is about creating a culture that strives for equity and embraces, respects, accepts and values difference. ^[2]

The BC Health Quality Matrix defines equity as:

- A fair distribution of services and benefits according to population need. Equity is demonstrated when every person has an opportunity to achieve their health and wellness [patient engagement] goals regardless of social, economic or geographic location. ^[3]

[EQUIP](#) is a great place to find more research on equity.

We believe that health care improves when all that are impacted by decisions can participate and provide input into the decision-making processes. Striving for DEI in how and when to

THINGS TO CONSIDER

- Does your organization have a DEI policy?
- Have you done your own self-assessment of your knowledge and beliefs towards DEI?
- Are there designated support people inside your organization for DEI?
- Have you accessed training and educational resources to increase your knowledge of DEI principles?
- Have you built enough time into your planning for increasing your knowledge?
- Do you know enough about your community to inform your planning?
- Have you identified and reached out to community partners to work with you?

embrace the voices of all British Columbians in patient engagement means that we, as health care partners, do everything we can to reduce the barriers to participation.

When we think of diversity, we often think in terms of hardly reached voices. However, when discussing health care, diversity in terms of community members' experiences is important too! Consider the patients which your project is engaging and the broader community. Who are the people your project or services are going to affect now and into the future?

Indigenous, First Nations, Métis, and Inuit Cultural Safety and Humility

Cultural Safety and Humility is its own distinct priority. The trauma associated with Indigenous, First Nations, Métis, and Inuit peoples and health care exists today and should be treated as a separate priority for your engagement work. The BC Patient Safety & Quality Council believes to foster quality care that is safe and appropriate for Indigenous Peoples, an Indigenous lens needs to be hardwired into quality across BC's health care system. ^[4] Highlighting truth and reconciliation as a priority emphasizes the importance of this work across the health system.

Part of the journey to elevating the voices of all in British Columbia realizes that the road towards DEI involves a recognition of how health care partners can learn and grow into this work. It's a sign of strength to reach out and inform yourself about how Indigenous cultural safety and humility play a critical role in the development of any patient engagement opportunity. As outlined in the [In Plain Sight Report](#)^[5], our Indigenous community members tell a story of a health care system in need of kindness, compassion, dignity and respect.

The Council has made a commitment to ensuring that Indigenous cultural safety and humility is at the core of its administration responsibilities for Patient Voices Network. In [Creating a Climate for Change](#)^[6]. The First Nations Health Authority provides a clear definition of cultural safety and humility:

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

The importance of embedding cultural safety and humility into your patient engagement work realizes that to be truly meaningful, evolving and growing as a health care system involves building relationships and trust.

For more detailed information about where to start, please see [“Culturally Safe Engagement: What Matters to Indigenous \(First Nations, Métis and Inuit\) Patient Partners.”](#)

Connection before Content

The patient experience is a human experience. Getting to know each other beyond your roles as patient and health care partners helps to create understanding, builds trust, and establishes comfort with each other when you work together. It’s important to build in time that helps this happen and to have ongoing touch points throughout the lifecycle of the engagement.

Connection before content lays the foundation for how all other communication happens in your engagement. Without this step, it’s difficult to create a culture of honest dialogue.

Team readiness

Healthcare Excellence Canada has adapted a [Diversity Learning Exchange Framework](#) that helps you when considering next steps in seeking to include diverse voices. This framework is based on the *Valuing All Voices Framework*,^[7] developed by researchers at the University of Manitoba Centre for Healthcare Innovation, which embraces a health equity lens to patient engagement, considering elements such as trauma-informed care, intersectionality, and reflexivity.

The key pillars of Healthcare Excellence Canada’s framework, underpinned by the core value of relationship building, are:

- *Trust* emerges when people feel safe, valued, respected and supported.
- *Self-awareness* seeks to understand diverse standpoints, reflects on self and acknowledges personal bias.
- *Acceptance* comes from deep listening and understanding that is free from judgement.
- *Communication and education* generate an understanding of needs, expectations and results necessary to support and sustain the work.

As you continue the DEI journey, you may find that you have more questions than answers. It’s okay to take a pause and assess the readiness of yourself and your team to move forward.

Consider:

- *Doing a DEI self-assessment.* There are many DEI self-assessments that help organizations determine where they are at and what needs to be addressed before moving forward. As an example, the City of Hamilton, Ontario, has a sample self-assessment tool.^[8]
- *Being curious.* Do your own research. It’s not the role of patient partners to educate you on DEI. Make educating yourself a priority by tapping into reputable organizations, resources and literature that can provide you with a better understanding.

- *Embracing a learning mindset.* There are many organizations that have spent a lifetime building trust and are better equipped to support their members and/or clients to provide input into improving health care services. Reach out and start the conversation about creating a partnership that meets people where they are at.
- *Incorporating Trauma & Resiliency Informed Practices.* Reliving stories of accessing health care services can be very difficult for many patient partners. Understanding how to support people, and accessing the supports that are necessary to create a safer environment is crucial to meaningful engagement.

Finding Patient Partners

As you move towards recruitment, it's important to emphasize that each person's health care perspective reflects their **individual** experiences and does not represent an **entire** population. While their individual experiences may provide you with some important feedback, it does not replace a more comprehensive engagement plan that allows for more voices to be heard.

It's also important to ensure who you are recruiting matches the population served. Taking the time to assess your patient population, and using great resources such as the Simon Fraser University [Glossary of Terms](#)^[10] can help you build your recruitment plan.

Here are just a few of the many backgrounds to consider when recruiting patient partners:

- Age – look across a wide age span, from youth and young adults to older adults.
- People with disabilities – identify supports that help make your opportunity accessible.
- Sex, gender, sexual identities, pronouns – create pathways for inclusion that respect the wishes of those you want to include.
- Racial, ethnic and cultural identities – consider a spectrum of diversity in language, heritage, culture and nationality.
- Education and income – seek to include individuals from all educational and financial walks of life.
- Geographical location – look to have representation from both urban and rural communities.

Including a Diversity of Health Care Experiences

- What health care experience and/or areas of care are you hoping to engage?
- Are you looking for those who have accessed the health care services personally? Or would you consider the role of caregivers, family members, friends and neighbours who have supported patients?
- How recent do you want the experiences to be? Six months, one year, five years?

- Is it important that the experiences are from a specific health region or location? Patient partners who have accessed services outside of their health region, province or country can bring a unique perspective.
- Look to include both positive and negative experiences.
- Think about the language/messaging that you are using in your recruitment materials. The BC Centre for Disease Control has a great [guide](#)^[11] to help support you with the use of culturally safe, trauma-informed and equitable language.

Compensation and Reimbursement

Patient partners should never be out of pocket for any expenses incurred related to travel. Practices vary across organizations regarding honoraria or compensation for patient partners' time. The BC Centre for Disease Control has a [guidance tool](#)^[12] you can refer to in discussing this as a team. Some organizations provide gift cards as small gestures of thanks.

Providing an honorarium can help reduce financial barriers associated with participation and allow for more diverse patient partner representation.

Recruiting Diverse Voices Considerations

It's important to recognize that different approaches and supports are needed for various populations. It is not a 'one size fits all' approach. Taking the time to plan and reach out to partners who can help you is an important first step. Also, working alongside reputable organizations who have a long-standing history of relationships and trust can be a great place to start.

Over the years, the BC Patient Safety & Quality Council, through its administration of Patient Voices Network, has developed some strategies to consider when you are seeking to include diverse voices:

Community	Strategies
Working Adults	<ul style="list-style-type: none"> ▪ Hold meetings outside of working hours or obtain feedback on times and dates before or after each meeting. ▪ Partner with companies that have representation of the population you are trying to reach.
Caregivers of Children, Youth, Elders and Older Adults	<ul style="list-style-type: none"> ▪ Think about covering costs such as childcare and elder care.

	<ul style="list-style-type: none"> ▪ Have a support person for an Indigenous elder/older adult (someone who can attend with them).
Hardly Reached Voices	<ul style="list-style-type: none"> ▪ Are you able to cover transportation costs such as mileage, parking, transit or taxi passes? Try to book travel and accommodation expenses through your organization. ▪ Consider meeting hardly reached voices where they are at, such as shelters or soup kitchens. Do you need to provide incentives/compensation? ▪ Are you able to provide additional supports, such as paying for telephone minutes, internet costs or printer cartridges? Can you send materials by mail?
Culture Differences	<ul style="list-style-type: none"> ▪ Be aware of special cultural considerations and language barriers when working with people of different backgrounds. ▪ Check with your organization about accessing translation and other culturally appropriate supports.
People Living with Disabilities	<ul style="list-style-type: none"> ▪ Ensure the meeting location is accessible for people with disabilities. ▪ Consider physical access and accommodation for support personnel to attend and assist if needed.
People with Lived Experience of Mental Health and Substance Use	<ul style="list-style-type: none"> ▪ Be conscious of safety in your planning. Assess the need for peer support on site, a safe space and access to naloxone kits.
Children and Youth	<ul style="list-style-type: none"> ▪ You need parental consent to engage those under age 18. ▪ Encourage them to bring a friend to make them more comfortable. ▪ Connect through schools and youth groups.
First Nations, Métis, and Inuit Peoples	<ul style="list-style-type: none"> ▪ First Nations, Métis, and Inuit are all separate voices and one cannot simply represent all Indigenous People as a whole. ▪ Have a person who can connect with attendees outside of the meeting; beforehand to check in about the agenda and afterwards to debrief.

- | | |
|--|---|
| | <ul style="list-style-type: none">▪ Acknowledging the traditional land at every meeting shows recognition and respect for Indigenous peoples. |
|--|---|

Final Thoughts

While recruiting diverse voices can be challenging at times, a variety of different cultures, backgrounds and perspectives will provide for rich insights and meaningful engagement.

Consider:

- Building relationships with community organizations who serve the population you hope to engage.
- Tapping into great resources that can help you create your engagement plan.
- Meeting with your team to talk about cultural safety and humility and addressing any concerns.
- Increasing your knowledge of cultural humility and safety by attending courses and learning about the people who were on the land before you, asking to speak to an elder, building relationships and not rushing. Trust takes time.
- Co-creating ideas with patient partners.

Engagement Leaders can help you by talking through your engagement opportunity and provide advice on how to increase meaningful involvement of patient partners. Our expertise in health system improvement and transformation can help you be an important champion in ensuring all British Columbians have a chance to be heard.

References

1. Report of the Diversity in Patient Engagement Learning Exchange event [Internet]. Canadian Foundation for Healthcare Improvement; 2020 [cited October 22, 2021]. Available from: <https://www.cfhi-fcass.ca/about/news-and-stories/news-detail/2020/05/19/report-of-the-diversity-in-patient-engagement-learning-exchange-event>
2. Diversity defined [Internet]. Canadian Centre for Diversity and Inclusion; [date unknown] [cited October 22, 2021]. Available from: <https://ccdi.ca/our-story/diversity-defined/>
3. BC Patient Safety & Quality Council. BC Health Quality Matrix [Internet]; 2020 [cited October 22, 2021?]. Available from <https://bcpsqc.ca/resource/bc-health-quality-matrix/>
4. Cultural safety & humility [Internet]. BC Patient Safety & Quality Council; [date unknown] [cited October 22, 2021]. Available from: <https://bcpsqc.ca/improve-culture/cultural-safety-and-humility/>
5. Turpel-Lafond, ME. Addressing Indigenous-specific racism and discrimination in B.C. health care [Internet]; 2020. Available Nov 19th, 2021, from: <https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf>
6. First Nations Health Authority. Creating a Climate for Change: Cultural safety and humility in health services delivery for First Nations and Aboriginal Peoples in British Columbia” [Internet]; [date unknown]. Available Nov 19th, 2021 from: <https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf>.
7. Roche P, Shimmin C, Hickes S, Khan M, Sherzoi O, Wicklund E, Lavoie JG, Hardie S, Wittmeier KDM, Sibley KM. Valuing all voices: Refining a trauma-informed, intersectional and critical reflexive framework for patient engagement in health research using a qualitative descriptive approach. Res Involv Engagem [Internet]. November 19th, 2021, 6(42). Available from: <https://doi.org/10.1186/s40900-020-00217-2>
8. Regional Diversity Roundtable of Peel. Achieving the Vision of an Inclusive Region: A diversity, equity, and inclusion organizational self-assessment tool [Internet]. Available November 19th, 2021: <https://pub-hamilton.escribemeetings.com/filestream.ashx?DocumentId=203610>.
9. Glossary of inclusive and antiracist writing terms” [Internet]. Simon Fraser University; 2021 [cited October 22, 2021]. Available from: <https://www.lib.sfu.ca/about/branches-depts/slc/writing/inclusive-antiracist-writing/glossary-terms>
10. BC Centre for Disease Control. BCCDC COVID-19 language guide [Internet]; 2020 [cited October 22, 2021]. Available from: <http://www.bccdc.ca/Health-Info-Site/Documents/Language-guide.pdf>

11. BC Centre for Disease Control. Peer payment standards for short-term engagements [Internet]; 2018 (cited October 22, 2021). Available from: http://www.bccdc.ca/resource-materials/Documents/Educational%20Materials/Epid/Other/peer_payment-guide_2018.pdf



**Patient
Voices
Network**

ADMINISTERED BY
BC PATIENT SAFETY & QUALITY COUNCIL

Sign up at PatientVoicesBC.ca or 604.668.8240



PatientVoicesBC



pvn@bcpsqc.ca



604.668.8240
1.877.282.1919