Participant, Rural, Remote and Indigenous Citizens Perspective Group

**Background**Charles Boelen authored a paper for the World Health Organization in 2000 around the partnership Pentagon/Pentagram. This has subsequently become the foundational model, accepted by all medical schools in Canada as a framework for socially accountable health education. We have adapted this by adding a 6th partner to use this framework for socially accountable health system change. The partners involved in this work include:

**Citizens:** The people of BC at a provincial level that would include a coalescence of groups looking at supporting health in rural, remote and Indigenous communities. From an equity perspective we need to ensure Indigenous representation.
**Health Administrators:** In our context Health Authorities, both geographic and First Nations Health Authority /self-governing Nations.
**Policy Makers:** Ministry of Health initially but one can quickly see the potential for other ministry involvement.
**Academia**: Educators and learners.
**Providers:** The perspective of those providing health care services.
**The 6th group we have added to this model is**:
Linked sectors: this includes industry who has a vested interest in the health of the people working for them and the impact of their work on health, as well as nonprofits working in areas related to the social determinants of health e.g. environment, housing etc.

All of the above groups meet individually and then representatives from each group connect together.

The Citizens group has been meeting since 2020 and these positions will be replacing two patient partners who recently completed their terms. Following the recruitment of two new members, a full onboarding will be provided.

As part of the citizens’ group you can expect a casual environment with structured conversation covering the following four topics:
• Co-creating culturally safe and humble primary care
• Designing, planning for and implementing Team-Based Care
• Increasing citizen and community involvement in health care transformation processes
• Improving access and transitions for patients in rural, remote and Indigenous communities