



PLANETREE  
INTERNATIONAL

## A 5-Point Plan for Engaging Patient and Family Advisors Who Reflect Your Patient Population

*The ultimate goal of patient and family engagement in ongoing quality improvement efforts is to ensure that the perspectives of healthcare consumers inform and influence how care is delivered. Accessing the unique perspectives of patients and families provides assurance that changes implemented are, in fact, improvements in the eyes of consumers.*

*Great momentum has been built over the last several years to create and strengthen these organizational partnerships with patients and families – through patient and family advisory councils, involvement in rapid improvement events and work teams and more. But as we build on this momentum, it is also important to pause and take stock of where we're at. Importantly, we must consider whether these efforts to create a more person-centered healthcare system extend to all – in other words, that the gains made toward person-centered care benefit all populations equitably. Partnering with individuals from diverse backgrounds and experiences will yield a range of perspectives that are essential for identifying gaps and opportunities to improve person-centered care for all.*

**Below is a 5 point plan for engaging a diverse mix of patient and family advisors who reflect your community.**

- 1. Know your community.** Use recent utilization figures, census data or findings from a community health needs assessment to gain a better understanding of the demographic mix of your service area and/or those who use your services. Use this data to identify populations that have historically been least empowered to have their voices heard. Compare how this community demography matches up to the mix of your patient and family advisors.
- 2. Partner with community organizations.** From here, start to develop an intentional plan to engage advisors who are representative of these under-accessed groups. A far-reaching recruitment campaign will not suffice. One strategy to build credibility and trust is to join forces with established community organizations. Churches, community centers, and other social service agencies that are pillars within the community can be excellent avenues to engage with stakeholders where they live, work, play, learn and worship. Getting to know key personnel within these community organizations may also yield strong referrals for potential advisors. Consider as well joining forces with community leaders to co-sponsor forums in the community as an additional way to access useful perspectives.

- 3. Change things up about when, where and how you meet.** If you're seriously looking to change the composition and impact of your patient and family advisory council, more will have to change than your approach to recruitment. Consider how the "rules of engagement" for your council may unintentionally be facilitating the involvement of some populations while putting up obstacles for others. When it comes to where, when and how you meet, continuing to do more of the same will result in just that – little will change. To create some real breakthroughs in the quality and impact of these partnerships, different approaches are needed. Mix up meeting times and locations to accommodate different needs. Introduce ways for members to participate virtually if they can't come in person. Consider a transportation stipend and/or facilitate carpooling to accommodate transportation needs. Enlist volunteers to provide childcare during meeting times.
- 4. Vet advisor materials for inclusivity.** When it comes to partnering effectively with advisors from a range of backgrounds and experiences, it is essential that we *literally* talk the talk of representation. Ensure recruitment collaterals, meeting materials, educational resources, and training documents accommodate a range of language and literacy needs. Also, give thought to how these meetings would change if interpreters were available to enable more active and inclusive participation in the dialogue.
- 5. Implement strategies to guard against generalizations.** To broadly apply one individual's experiences and insights as representative of the views of an entire population is 1.) unfair to the advisor and 2.) ultimately unhelpful to the organization. Though the experience of one person may suggest a gap or opportunity, a solo voice does not constitute a trend. To understand the degree to which an experience is a discrete occurrence or indicative of a pattern, a chorus of voices is crucial. This work to build the chorus of voices begins with your recruitment efforts. Set an explicit goal to engage multiple representatives of a population. This takes the pressure off of a lone voice and will provide a more thorough and well-rounded understanding of the needs and interests of the community. One way to expand representation is through peer-to-peer recruitment strategies. Consider, as well, launching separate advisory groups, as appropriate, to address the needs of specific populations. For instance, a number of hospitals have moved ahead with Spanish-speaking PFACs.

*What makes this work so complex is that person-centered care must work for all, but there is no one-size-fits-all approach. To navigate this challenge, healthcare teams must be intentional about partnering with diverse patient and family advisors who represent the populations served. Only by engaging in dialogue, perspective-taking and solution-finding with individuals who understand first-hand the patient/family experience of diverse populations will we be able to co-design person-centered approaches that meet targeted needs.*