



Leading Practices on Engaging with Marginalized Groups: What We Know and What we Hope to Learn Together



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To start: about us in brief

Our mandate

- The Canadian Partnership Against Cancer is an independent organization funded by the federal government to accelerate action on cancer control for all Canadians.
- The Partnership's model is unique to addressing cancer, cooperating and collaborating across jurisdictions and organizations.



Presentation Objectives

- Share main findings from recent Environmental Scan
- Hear your reactions and perspectives to main findings to feed into future work
- Drawing on our collective wisdom, identify issues and topics for further study and discussion



Study Context, Purpose & Rationale: DPE with Marginalized Groups



Overview:

- Study Context & Purpose
- Study Methods, Definitions & Questions
- Critical Considerations & Questions
- Conclusions, Questions & Discussion



Questions are drawn from the discussion document circulated in advance of the webinar

Study Context, Purpose & Rationale

CPAC's (2017) Cancer System Performance Report findings:

- Cancer outcomes are worse for at-risk groups, based on income, immigrant status and place of residence
- People with lower incomes and less education tend to have higher cancer burdens
- To address these disparities we need to understand the values and preferences of those who face sociodemographic and other barriers



Study Context, Purpose, and Rationale (2)



Advancing **Equity** goals is a priority theme of our Strategic Plan 2017-2022

Cancer outcomes are worse for at-risk groups, based on income, immigrant status and place of residence

An Environmental Scan for Best Practices in Reaching Marginalized Groups for Deliberative Engagement and Other Public Dialogues (2018)


We commissioned the Propel Centre to do this work to advance knowledge about and capacity for effective engagement with marginalized groups



Study Methods, Definitions & Questions




Study Methods (1)



Scan examined 25 studies (19 peer reviewed + 6 grey literature), using 5 databases



Comparative: Canada, US, the UK, the Netherlands, and South Africa



9 key informant interviews:
researchers, practitioners, and patients

Study Methods (2)

Criteria for inclusion

- 1) Evaluation conducted
- 2) Addressed a value-based or ethical question
- 3) Included a focus on marginalized groups
- 4) Took place in Canada or countries with similar healthcare systems

Four types by duration

- 1 day (14)
- Multiple days (3)
- Multiple weeks (5)
- Ongoing / integrated (6)



Definitions (1)

Marginalized Groups

“Those who are not fully integrated into society. These groups may be denied opportunities to meaningfully participate in society due to lack of economic resources, knowledge about political rights, recognition, or other forms of oppression.”

Other related terms: vulnerable, hard / difficult to reach, disadvantaged, under-served, disempowered, underprivileged and at-risk, or high-risk.



Your turn: Poll Question #1

To what extent does this definition of Marginalized Groups resonate with you?

- With 1 being completely, 2 being for the most part, 3 being somewhat and 4 being not at all.

Those who are not fully integrated into society. These groups may be denied opportunities to meaningfully participate in society due to lack of economic resources, knowledge about political rights, recognition, or other forms of oppression.”



Language Matters (1)

DISCUSSION QUESTION

- *How did you decide what terminology to use when referring to marginalized groups?*



Definitions (2)

Deliberative Public Engagement

The Partnership defines deliberative public engagement processes as approaches used to involve the public in collective problem-solving and decision-making. Their purpose is to reach common understanding, see shared values and identify acceptable trade-offs of special policy alternatives.

There are many ways to achieve DPE. Processes identified in the Environmental scan included: citizens' juries, democratic deliberation, citizens' dialogues, citizens' panels, online deliberative polling, hybrid participatory spaces.



Your turn: Poll Question #2

To what extent do you use DPE processes in your work with marginalized groups?

- With 1 being frequently, 2 being occasionally, 3 being not at all

The Partnership defines deliberative public engagement processes as approaches used to involve the public in collective problem-solving and decision-making. Their purpose is to reach common understanding, see shared values and identify acceptable trade-offs related to policy alternatives.



Language Matters (2)

DISCUSSION QUESTION

- *What barriers do you experience in using DPE processes with marginalized groups?*



Critical Considerations for DPE Processes Involving Marginalized Groups & Questions



Set the Stage for Success from the Outset (1)

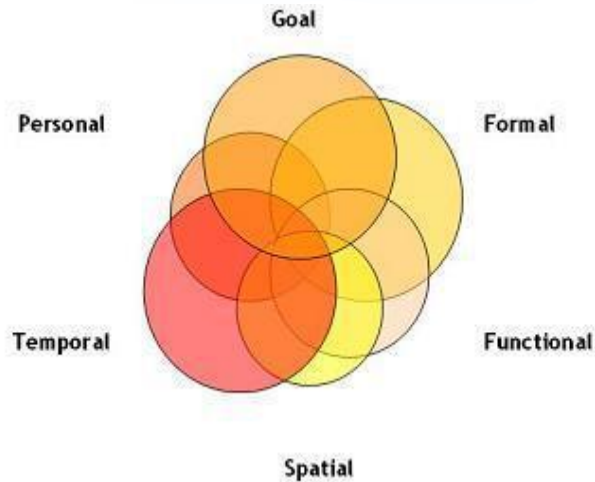


People must feel safe, secure, and valued before agreeing to participate. Trust can be built in multiple ways.



Engage participants early to identify the best ways to serve their learning and deliberation needs, preferences and capacities.

Set the Stage for Success from the Outset (2)



DPE requires time. Longer-term, multi-layered & well-designed processes to have the most potential to affect change.

No one-size fits all.
Consider the barriers & enablers to participation and design.

Setting the Stage Considerations: Questions

DISCUSSION QUESTION

What approaches have you used to engage marginalized participants upfront in planning your processes?



Shape Design Elements to Serve Those Engaged (1)



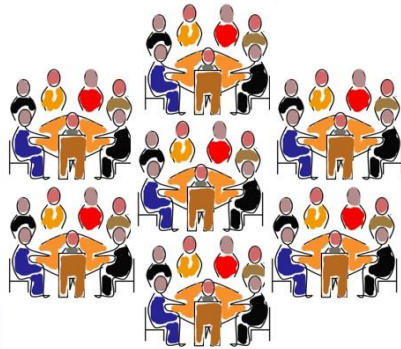
Clarity of purpose. Identify what value you anticipate groups will bring to the issue.



Empathetic and well-trained facilitators are needed.



Shape Design Elements to Serve Those Engaged (2)



Design group composition mindfully for equitable participation



Technology is most effective as a support, not as a primary method



Your turn: Poll Question #3

To what extent do these design considerations align with your work and understanding of DPE?

- With 1 being completely, 2 being somewhat, 3 being not all at all

Clarity of purpose
Empathy and training
Mindful design of group composition
Technology in support role



Design Elements

DISCUSSION QUESTION

- *How do you ensure that your processes support equitable participation?*



Understand Potential Outcomes (1)



You are responsible for your life, so why to expect something external for motivation?



Sense of group ownership and social capital is built by involving groups early in the planning stages



Commitment to participate despite barriers

Motivation to contribute to similar processes in the future

Understand Potential Outcomes (2)



Intrinsic value of
group dialogue and
socialization



Sense of
empowerment due
to feeling that
government values
their perspectives



Outcome Considerations

DISCUSSION QUESTION

- *Based on your experience and knowledge, are there additional outcomes resulting from DPE?*



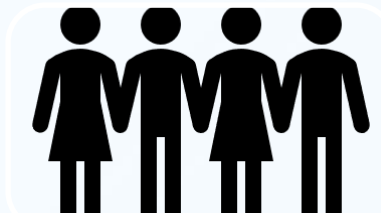
Conclusions, Questions & Discussion



What We Know for Certain About DPE Processes (1)

Equity must be at the forefront and interwoven throughout

Establishing trust with participants is essential



Tailoring DPE processes for the needs, capacities and contexts of marginalized groups does help overcome barriers to participation



What We Know for Certain About DPE Processes (2)

Apply critical considerations



To optimize equity, inclusion and effectiveness



What We Know for Certain about DPE Processes (3)



Incorporation of suitable evaluations into DPE processes provides insight into:

What works

For whom

Under what conditions

Learn to evaluate, evaluate to learn

Caveat: Lack of Evaluation Limits the Identification and Development of Leading Practices

Rigorous evaluation of outcomes is not yet systematically incorporated into DPE

Due to lack of evaluation and transferability of findings, the Scan findings do not warrant conclusions about best practices for engaging MG in DPE



Your turn: Poll Question #4

To what extent do you incorporate evaluation in your engagement processes with the public?

- With 1 being always, 2 being often, 3 being seldom, 4 being not all at all.



Discussion

QUESTIONS

- *What do you need to build good evaluation into your work with MGs?*



Q & A



Questions?



Follow-up:
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Thanks for your participation!



Appendix About CPAC



A brief history

2006

Cancer patients and professionals developed Canadian Strategy for Cancer Control

Canadian Strategy for Cancer Control



2007-17

Working together, the Partnership and partners across the country make significant, measurable advances in the first decade of implementing the *Canadian Strategy for Cancer Control*



March 22, 2016

The Canadian government announces ongoing funding for the Canadian Partnership Against Cancer in the federal budget



2006-07

Federal government created Partnership to implement national cancer strategy



Health Canada

February 4, 2016

The Partnership releases *We See Progress*, the strategic plan for the next phase of Canada's cancer strategy



ESTABLISHED IN 2007 CANADIAN PARTNERSHIP AGAINST CANCER

ational Cancer & Health Organizations



& Territorial
ents

The Partnership works with partners on initiatives that are:

- ✓ Multi-jurisdictional and pan-Canadian
- ✓ Appropriate for partnered assessment and response
- ✓ Grounded in scientific evidence
- ✓ Significant in terms of making a difference for Canadians



By 2037



Fewer Canadians develop cancer.



Fewer Canadians die from cancer.



Canadians affected by cancer have a better quality of life.

By 2027



More Canadians have access to higher-quality prevention and screening programs.



The quality of cancer diagnosis and care has improved.



Canadians affected by cancer have a better experience.



The cancer control system works more effectively and is coordinated with the broader health system.

By 2017



Canadians will have improved access to proven ways to prevent cancer.



More people will be screened appropriately and cancer will be found earlier, when treatment can make a difference.



A more consistent approach will be taken to improving the quality of cancer diagnosis and care.



Canadians will benefit from improved population health research capacity and enhanced coordination of cancer research.



First Nations, Inuit and Métis peoples will have their cancer care needs better recognized and addressed in a culturally appropriate way.



The cancer system will be better able to respond to patient and family needs.



Canadians will have better information about how well the cancer system is working, and professionals in the health system will use this information to drive improvement.



People affected by cancer, and professionals, will have timelier and easier access to good information, tools and resources related to cancer.



People affected by, or with an interest in, cancer will have more opportunities to be involved with the national cancer strategy.



Progress in cancer control in Canada will be accelerated and more efficient.

What will be different after 10 years?

- ✓ A more consistent approach will be taken to improving the quality of cancer diagnosis and care.
- ✓ Canadians will have improved access to proven ways to prevent cancer.
- ✓ Cancer researchers will be working together more collaboratively to benefit Canadians.
- ✓ More people will be getting checked and finding cancer earlier.
- ✓ Working with partners, First Nations, Inuit and Métis people will have their unique needs for cancer prevention and care better recognized and addressed.

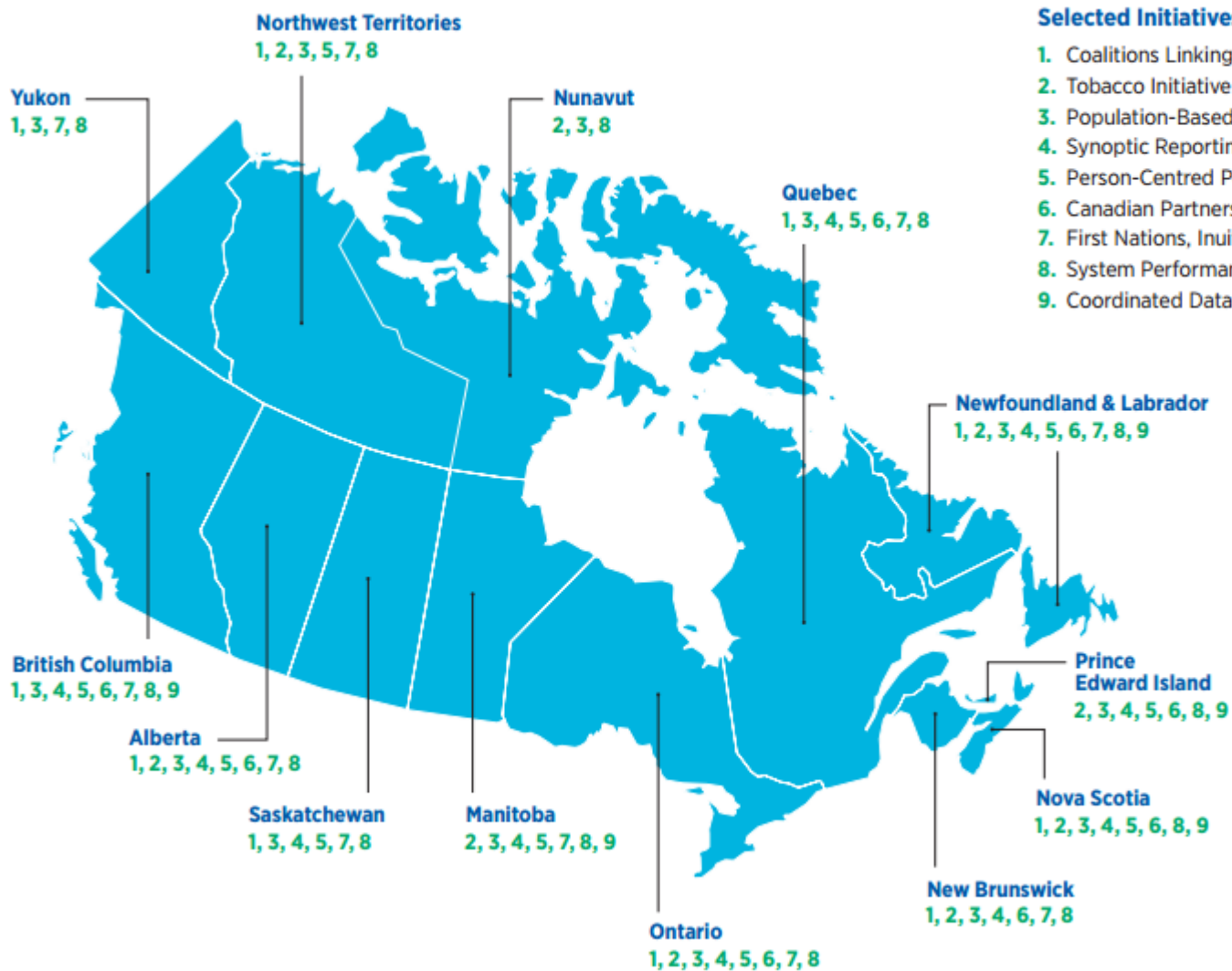


What will be different after 10 years?

- ✓ The cancer system will be better able to respond to patient needs.
- ✓ Canadians will have better information about how well the cancer system is working, and professionals in the health system will use this information to drive improvement.
- ✓ Patients and professionals will have more timely and easier access to good information, tools and resources about cancer.
- ✓ People affected by, or with an interest in, cancer will have more opportunities to be involved with the national cancer strategy.



Changing the cancer landscape



Successes to Date...





A Shared Agenda for Cancer Research

Canada's largest cancer research funders have identified common priorities for cancer research.



Connecting Evidence to Practice

Cancerview.ca serves as an online hub for Canadian cancer evidence, policy and practices.





Improved Reach to First Nations Communities

The Partnership and Saint Elizabeth collaborated on a cancer care course developed with and for First Nations communities.



Common Reporting Tools

Health professionals are using standardized electronic checklists to drive timely, high-quality patient care and system improvements.



Examples





Prevention and Early Detection

NATIONAL COLORECTAL CANCER SCREENING INITIATIVE

10 YEAR OUTLOOK

More Canadians screened for colorectal cancer; more cancers and pre-cancers detected.

20 YEAR OUTLOOK

A greater proportion of colorectal cancers are diagnosed earlier.

30 YEAR OUTLOOK

Fewer Canadians dying from colorectal cancer.





Quality & Reporting

SYSTEM PERFORMANCE REPORTING

10 YEAR OUTLOOK

Cancer agencies and programs have developed tools to assess strengths and areas for improvement.

20 YEAR OUTLOOK

Common performance targets set and informed decisions made about cancer control planning.

30 YEAR OUTLOOK

Cancer patients experience better care and outcomes.





Research

CANADIAN PARTNERSHIP FOR TOMORROW PROJECT

10 YEAR OUTLOOK

Researchers are learning more about the causes of cancer and related chronic diseases.

20 YEAR OUTLOOK

People change the way they live and work based on new research findings.

30 YEAR OUTLOOK

Canadians less likely to develop cancer and related chronic diseases.



Thank you

