Barriers and Facilitators to the Recruitment and Engagement of Diverse Populations into Patient Engagement Groups: A Scoping Review

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Background

- Patient engagement has the potential to improve the delivery of healthcare, decrease healthcare costs, and improve research quality and efficiency
- Ensuring diverse patient engagement is also necessary for addressing disparities in health outcomes, access, and patient experience
- Many interested in patient engagement lack the knowledge on how to support and sustain collaborative relationships with members of under-represented (i.e., equity-deserving) patient groups



Recommendations for Recruitment

- Volunteer time, services, and support in community settings and organizations
 - E.g., assisting with fundraisers or grant applications, providing health education or screenings
- Ask which populations will be impacted and should be represented in the engagement group
- Use tools such as the Healthy Equity Impact Assessment
 Approach individuals at community organizations or peer led support groups, or ask local organizations to identify and refer typical users of their services
 Describe how the engagement group has addressed possible barriers to participation in ads

 E.g., caregiving responsibilities, language, transportation

 Ask clinicians, staff, and allied health professionals to discuss the group with diverse patients and families, give out personal invitations to join, or identify and recommend potential members to organizers



Aims

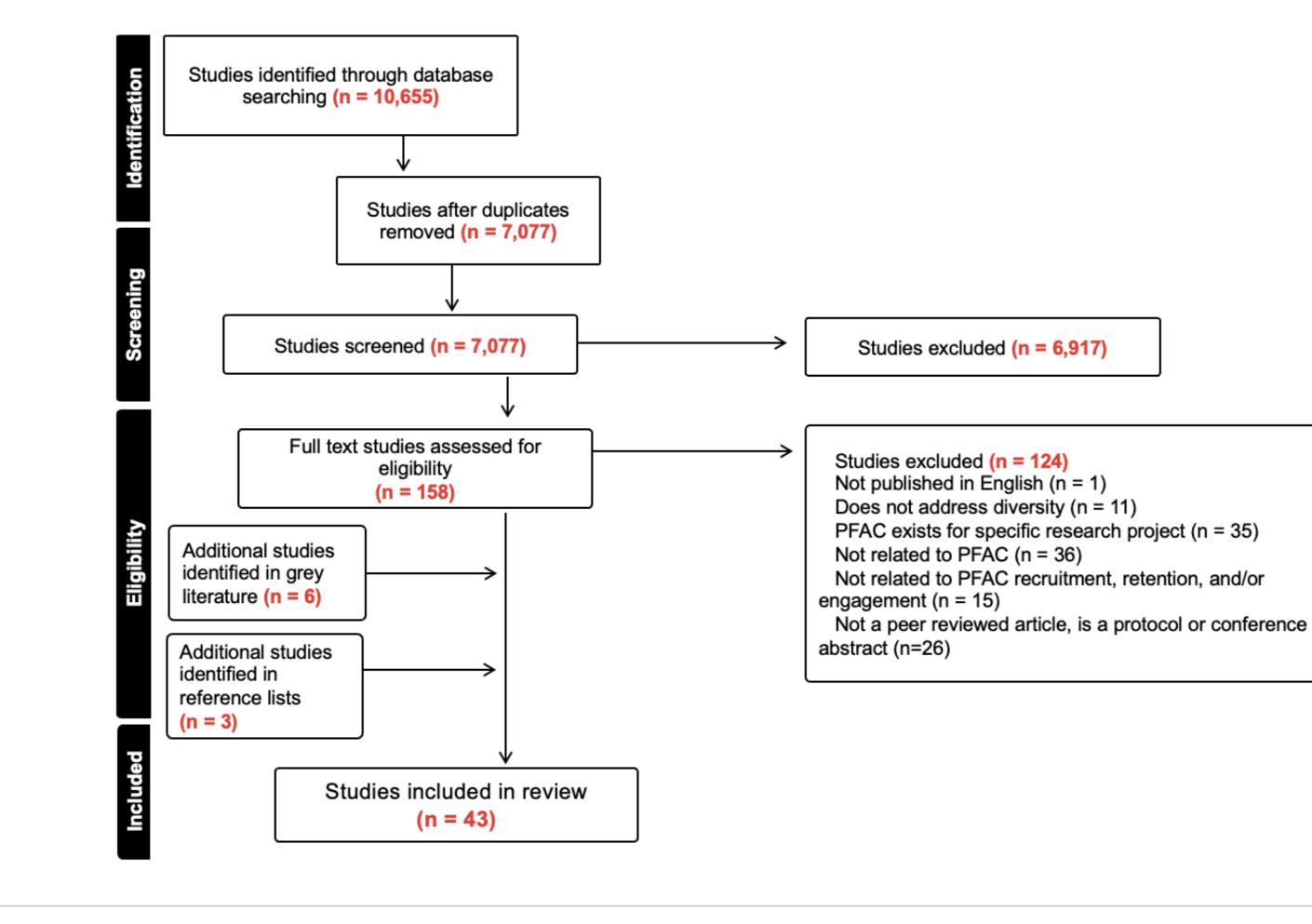
 This scoping review aims to synthesize the literature on barriers and facilitators to the recruitment and engagement of under-represented population groups into patient engagement groups and provide practical recommendations for stakeholders

Methodology

This review followed Levac, Colquon, and O'Brien's (2010) methodological framework
CINAHL, MEDLINE, PsycINFO, EMBASE and Scopus databases were searched on July 19, 2023

- Grey literature searched on Google per CADTH guidelines
- Search strategies included MeSH terms and keywords related to the categories of "patient advisor" and "diversity", with keywords recruit* or engag* or retain*
 English peer-reviewed articles were included

PRISMA Flow Diagram



Recommendations for Engagement

- Adopt an open-door communication policy including individual meetings if requested
 Use member preferred mode of communication
- Be receptive to non-traditional forms of knowledge sharing and consult on culturally inclusive practices to ensure authentic sharing of expertise
- Provide relevant training to members

Recruitment

Engagement

- Exclusionary materials and criteria
- Historical mistrust and stigma
- No community knowledge of the engagement group
- Geographic distance
- Conflicting with primary responsibilities

Inadequate training

- Discomfort with or lack of access to technology
- Tokenism
- Invalidating diverse forms of knowledge
- Mistrust
- Difficulty understanding or communicating with staff

- I.e., project or practice specific knowledge, research ethics, the research process and methodologies
- Provide cultural competency or diversity training to staff, plus education on relevant history, knowledge systems, and cultural protocols
- $\circ\,$ Reduce direct and indirect costs
 - Offer gift cards or stipends, transportation or parking vouchers, childcare, and/or meals
- Devote time at meetings for personal conversations and socializing
- Co-create the engagement group's vision, priorities, or goals

Key Takeaways

We determined that fostering positive dynamics in patient engagement groups going forward involves: Tailoring recruitment and engagement efforts to be culturally

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Results

- Developing a relationship with community prior to recruitment
- Understanding the diversity needs of your engagement group
- Providing appropriate and relevant information in ads
- Employing healthcare organization driven recruitment methods
- Employing community driven recruitment methods
- Maintaining consistent contact with members
- Recognizing the unique expertise members bring
- Preparing staff to interact with diverse lay collaborators
- Sharing leadership and decision-making with members
- Preparing members to effectively participate
- Removing barriers to participation
- Building personal relationships with and between members

- relevant and inclusive of diverse needs
- Emphasizing relationship building, and empowering members with the means and opportunity for shared decision-making

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