

# Knowing When, Where, Who and How to Engage in Participatory Action Research (PAR): Lessons From a Canadian-Australian Research Program That Aims to Improve the Access of Vulnerable People to Primary Healthcare (PHC) Via Organizational Changes

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## Context

Innovative Models Promoting Access-to-Care Transformation (IMPACT) is a five year research program to identify and implement **organizational innovations** to improve access to **primary health care** (PHC) for **vulnerable populations**:

- ❑ Participatory Action Research (PAR)
- ❑ Six sites: in Canada (Alberta, Quebec, Ontario) and Australia (New South Wales, Victoria, South Australia)
- ❑ Each site: Local Innovation Partnerships (LIPs) that design, implement, and evaluate PHC interventions addressing access to care for vulnerable populations
- ❑ Vulnerable populations: individuals who are underserved, experiencing low social support, low literacy, low income, homelessness, mental illness, complex health conditions, or who are aboriginal, recent immigrants, or refugees

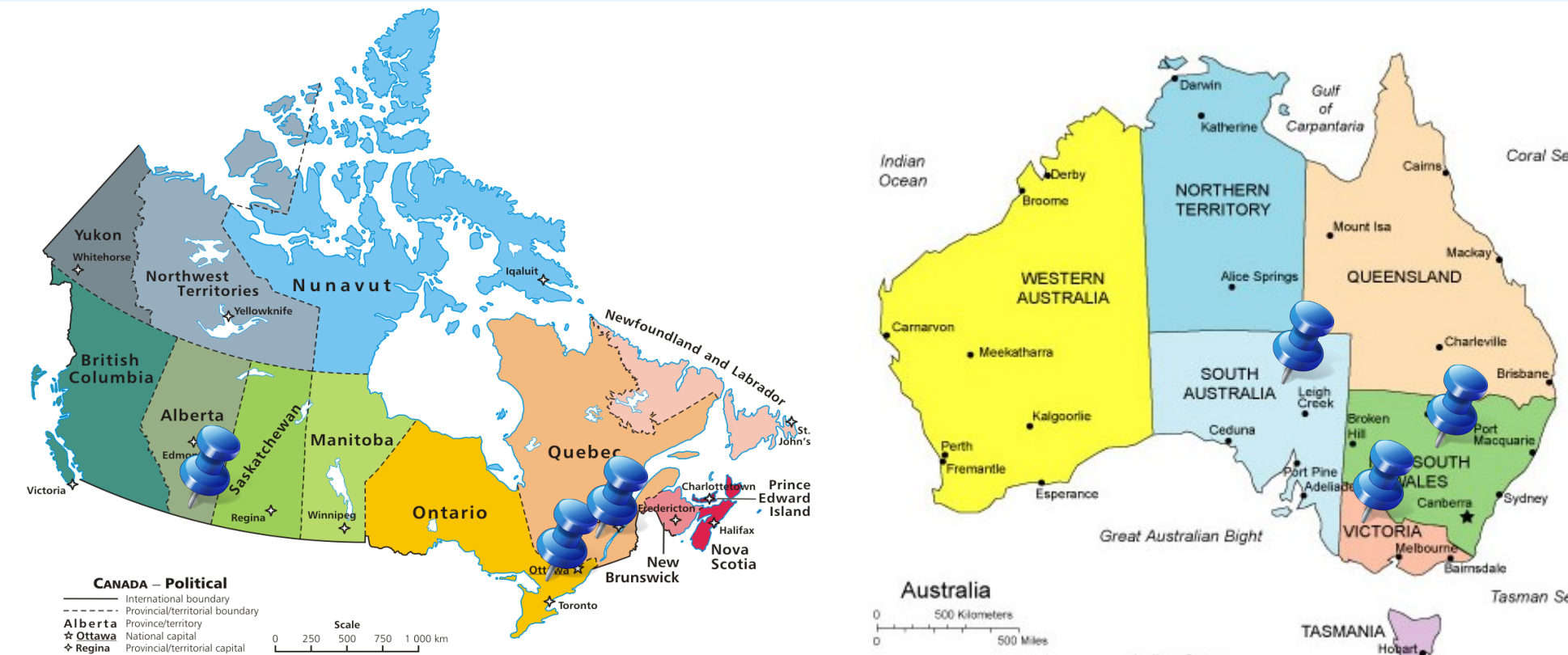


Figure 1. Maps of Target Countries Indicating Provinces and States (left – Canada, right – Australia)

## Rationale

Success in Participatory Action Research (PAR) rests on building relationships. To support its success, IMPACT coupled PAR with: 1) broad stakeholder and community representation<sup>12</sup>; 2) approaches and theories behind Collective Impact (IC)<sup>3</sup>; 3) Development Evaluation (DE), Rapid Evaluation Cycle (REC) and After-Action Review (AAR) processes<sup>4</sup>; and 4) project and risk management (PM/RM) to realize outcomes, foster capacity development, build capacity, integrate lessons and learnings, and optimize good communication.

## Objectives & Design

### Objectives

- ❑ To reflect on the challenges and lessons learned of doing PAR, specifically of building relationships and engaging partners.
- ❑ To reflect on structures and strategies developed to promote partner, patient and community engagement in LIPs, to design complex, locally funded, and sustainable PHC interventions.
- ❑ To foster LIPs, i.e. meaningful partnerships between researchers, decision-makers, care providers, and community representatives<sup>6</sup>.

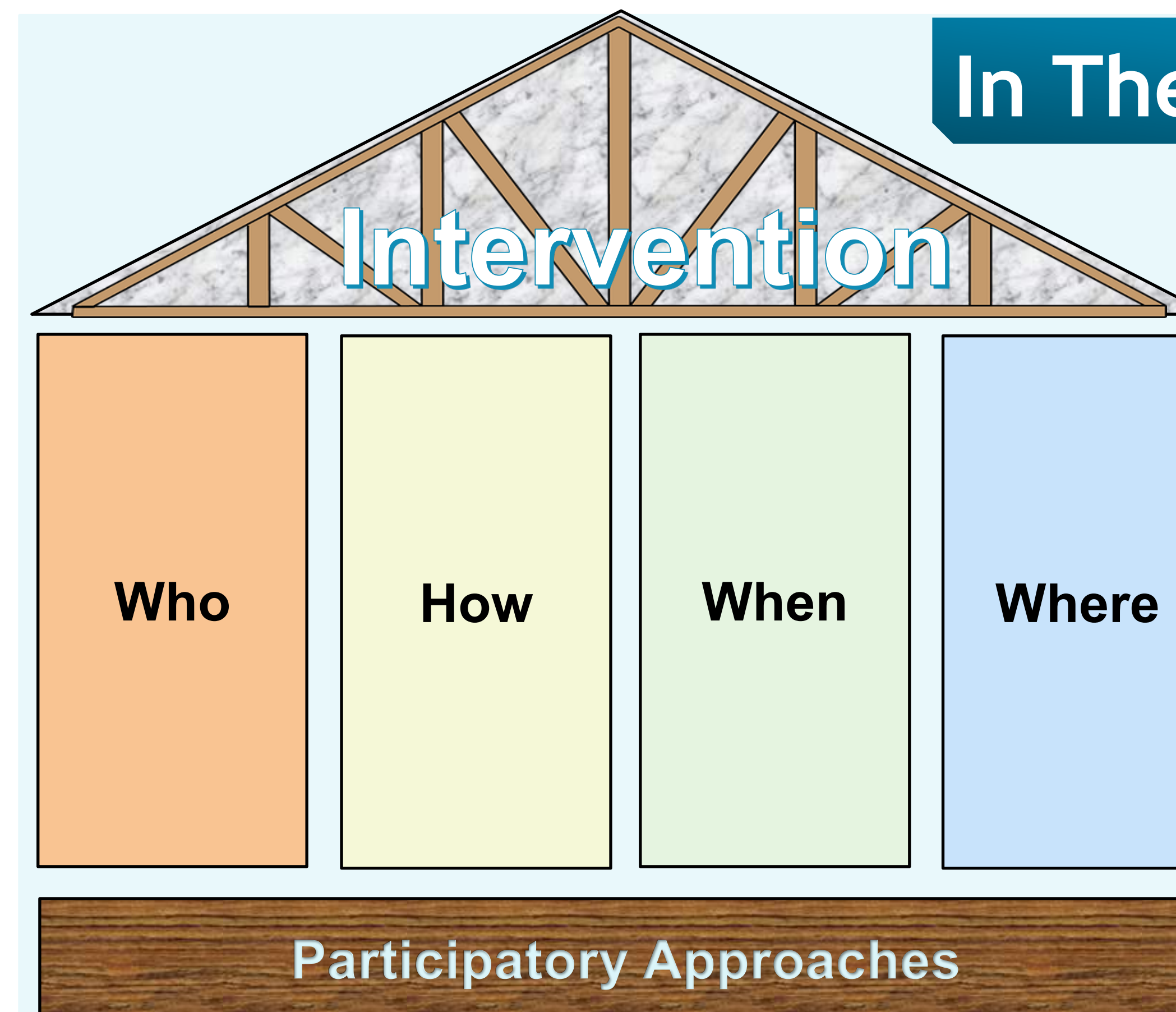
### Design

Governance structure of LIP involves<sup>6</sup>:

- ❑ Research team (PIs, Co-leads, Research associates, and Coordinators);
- ❑ Core team (Leaders, Decision-makers, and research team)
- ❑ Working group (research team, key stakeholders, and community members)



## In Theory



- ✓ Participatory Action Research (PAR) provides effective models for the successful engagement (i.e., who, how, when, where) of stakeholders for the innovative and meaningful development, implementation, and sustainability of a complex PHC intervention.

## In Reality

- ✓ Participatory Action Research (PAR) provides models for reflection so the creation of a complex – sometimes perilous – ecosystem for engagement and intervention success can be developed.



## Case-studies: Our Alberta LIP



## Learnings

- ❑ Who, when, where, and how to engage partners **matter**
  - IMPACT research program is **complex**: 4 research streams (RS); 4th RS = **Organizational Interventions** in PHC and their evaluation.
  - Main Key Stakeholders *for implementation of organizational interventions* are **decision makers and service providers**:
    - Patient engagement is also central to project;
    - Engagement takes other forms than partnership roles.
- ❑ Priorities of different stakeholders can vary, and bring out tension:
  - ‘Providing care’ is interpreted in different ways and can mean different things
    - For leadership = about providing as much care as possible;
    - For services providers = about providing as much care as possible **and** having meaningful interactions;
    - For patients = about meaningful interactions and relationships.
- ❑ Implementing a partnership is not enough. **Ongoing Engagement strategies** are needed:
  - Multi-years, multi-sites international PARs (6 partnerships) = changing timelines;
  - Stakeholders must be engaged throughout, with varied strategies to cultivate motivation, engagement, and new facets of role and engagement.

**References:** 1. Woolf SH, et al. Authentic engagement of patients and communities can transform research, practice, and policy. Health Affairs, 2015, 35(4):590-594. 2. Parry, DJ, et al A Guide to Researcher and Knowledge-User Collaboration in Health Research. *Canadian Institutes of Health Research (CIHR)*. 2009. 3. Cabaj, M.; Weaver, L. (2016). Collective Impact 3.0: An Evolution in the Revolution. Waterloo, ON: The Tamarack Institute 4. Sawyer TL, Deering S. Adaptation of the US Army's After-Action Review for simulation debriefing in healthcare. Simulation in Healthcare: The Journal of The Society for Medical Simulation 2013 Dec;8(6):388-97; Cronin G, Andrews S. After action reviews: a new model for learning. Emergency Nurse 2009 Jun;17(3):32-5. 5. IMPACT LIP Implementation Guide, 2013.