

Transforming spaces and places of patient engagement to advance health equity using the Power Wheel

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Background

An important but challenging aspect of patient engagement is including diverse perspectives particularly those experiencing health inequities. When such populations are excluded from decision-making in health policy, practice and research, we risk creating a healthcare ecosystem that reinforces structural marginalization and perpetuates health inequities. Despite the growing body of literature on knowledge co-production, there is a dearth of literature on power relations in patient engagement and few actionable tools to support praxis (reflection + action) - particularly as it relates to partnering with diverse individuals and equitable involvement in decision-making.

Project objective

To fill this knowledge gap, we have developed a new conceptual tool, the Power Wheel, which can be used to analyse the interspersions of power in the spaces and places of patient engagement.

Methodology

The authors of this work are members of Equity Mobilizing Partnerships in Community (EMPaCT); a co-governed model of patient engagement that exemplifies how power can be shared between health system partners and patient partners towards a goal of improving health equity. As a group, we collectively identified asymmetric power relations as a key barrier to equity-oriented patient engagement. Inspired by Gaventa's conceptualisation of the power cube, we co-developed a Power Wheel tool to help others better understand how power relations operate in the spaces and places of patient engagement so that they can be transformed and aligned towards a goal of improving health equity. We drew on theoretical concepts of power, our own experience co-designing EMPaCT, and extensive experience as patient partners engaged across the healthcare system.

Definitions

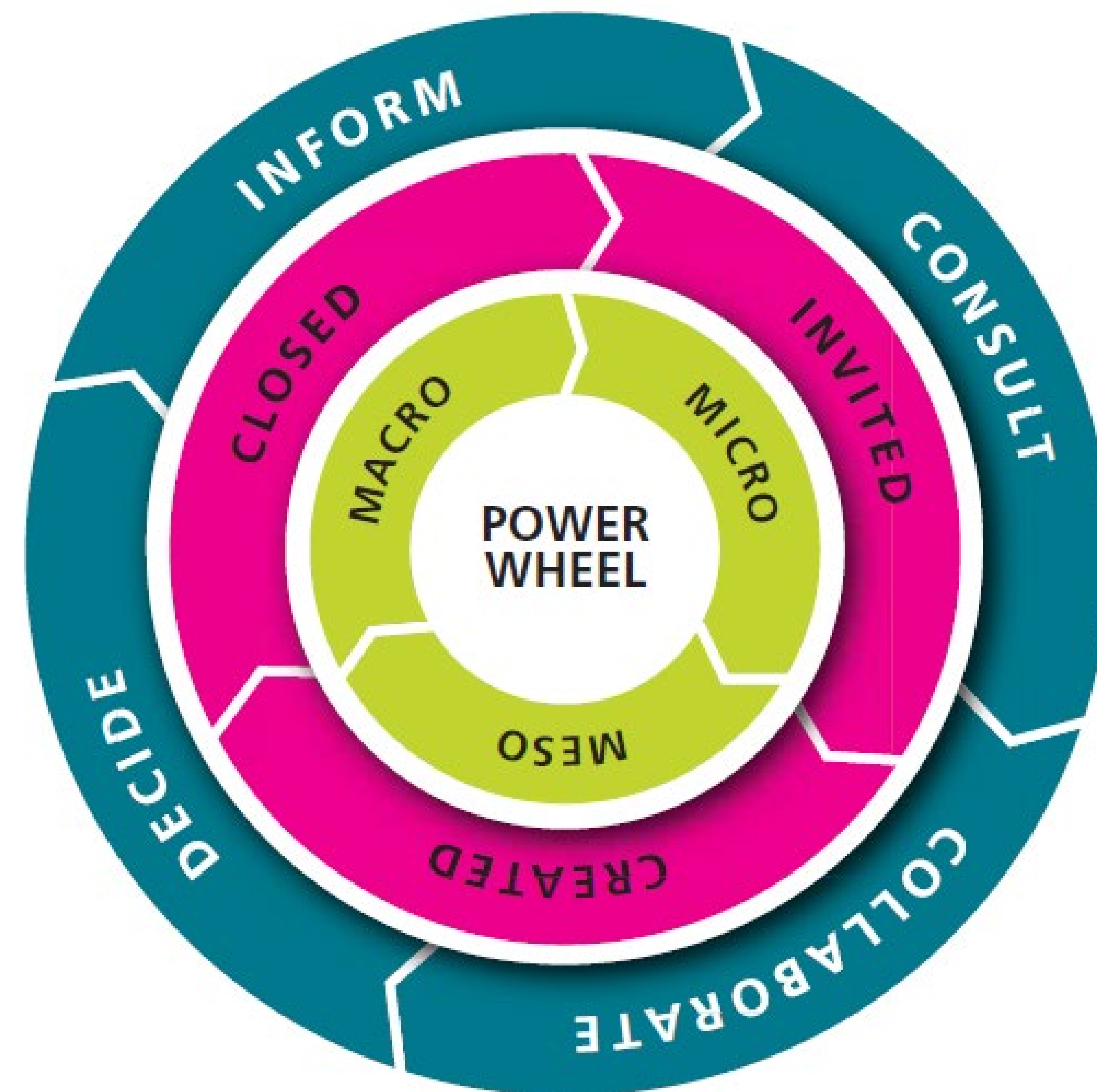
Power: The ability (agency) of an individual (an agent) to act. Power is mediated through social relations and legitimised through social processes such as language, policies and the production of knowledge.

Power over: The asymmetric relationship between two or more agents in a group such that one can influence the outcome over the other

Power to: The ability of an agent to create an outcome.

Power with: The ability of a group to act and mobilise together towards a collective outcome.

The Power Wheel



DIMENSION	LEVEL
PLACE: A socially constructed area that has acquired meaning through human activities and interactions and where social, political and economic power is held. Place directs the levels on which agents can exert influence and each level is interrelated to the others.	MICRO: Individual projects (clinical practice, research) or localised policy issues.
	MESO: Intermediate-level projects that lead to changes in institutions, organizations, or specific communities.
	MACRO: Large-scale social, economic or political issues that have a wide-ranging impact on society as a whole.
SPACE: An abstract or physical setting where social interactions and relationships occur between agents and actors. Space is typically confined within the ideological possibilities of the actors who create the space.	CLOSED: Healthcare spaces where decision-making occurs without patient engagement.
	INVITED: Healthcare spaces where patient partner perspectives on a predetermined topic or area of study are solicited.
	CREATED: Informal or formal spaces where patient partners collect and gather around a common need, creating their own boundaries around priorities, policies and programs.
INFLUENCE: Also understood as social power, in which a social relation between two individuals is able to impact an outcome such as a decision.	INFORM: Patient partners are provided information about what is being done and what it means for them. Patient partners have no influence on the outcome.
	CONSULT: Patient partners are involved in providing feedback and input on a specific project. Patient partner input is taken into consideration when decisions are made.
	COLLABORATE: Patient partners work together with decision-makers to develop alternatives. Decisions are made together with patient partners.
	DECIDE: Patient partners prioritise and decide what is relevant and important. Decisions are made by patient partners and implemented by institutions and project teams.

Using the Power Wheel

We recommend using the Power Wheel to report, reflect and resolve power asymmetries within patient engagement practices in the following ways:

- 1. Report:** the current status of decision-making influence within a given patient engagement project as a figure in the methods section of presentations, reports and publications to promote transparency and accountability in patient engagement practices.
- 2. Reflect:** analyse the spaces and places of patient engagement within a given project to question which perspectives are privileged in decision-making and which ones are absent.
- 3. Resolve:** identify existing skills, knowledge, relationships and resources that can be mobilised to help transform existing power asymmetries.

Significance

The Power Wheel is an action-oriented tool that supports better praxis (reflection + action) in equity-promoting patient engagement. Researchers, clinicians, and decision-makers in health systems can use the Power Wheel as a reporting tool to share their patient engagement practices, as a reflective tool to analyse the various dimensions of power within their patient engagement practices, and as a transformative tool to identify tangible actions to modify spaces and place

References

Gaventa J. (2005). Reflections on the uses of the 'power cube' approach for analyzing the spaces, places and dynamics of civil society participation and engagement. Prepared for Dutch CFA evaluation assessing civil society participation as supported in-country by Cordaid, Hivos, Novib and plan Netherlands; Available: http://www.powercube.net/wp-content/uploads/2009/11/reflections_on_uses_powercube.pdf