

Recommendations for Person-First Language and Person-Centered Care: Findings from a Community of Practice Focused on Older Adults and Latino/a Populations with Mental Illness



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Background

- Person-First Language and Person-Centered Care:
 - **Person-first language** emphasizes a person's autonomy and humanity by avoiding blaming or stigmatizing words, phrases, and names.¹
 - **Person-centered care** can increase trust and engagement in care for individuals with mental health disorders who frequently experience discrimination.^{2,3} This approach has the potential to improve cancer outcomes for marginalized populations.⁴
- The **Engage Initiative**⁵ is a coalition of diverse stakeholder dedicated to ensuring that mental illness is never a barrier to cancer care.

Specific Aims

- Develop joint recommendations for person-first language and care for adults with mental illness from marginalized populations, to promote engagement in care and research during the Covid-19 pandemic using community-based participatory research
- Refine recommendations by incorporating diverse perspectives.
- Disseminate best practices for person-first language and care using targeted approaches

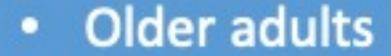
Methods

- To <u>gather recommendations</u> for <u>person-first language</u> and <u>person-centered care</u>, researchers:
 - Developed a Community of Practice (CoP),⁶ a group of people who share a common purpose and gain skills by learning together.
 - Conducted 10 virtual CoP sessions that utilized **co-learning** to address barriers to engagement in care and **co-designed recommendations** for person-first language and person-centered care.
- To refine recommendations, researchers:
 - **Discussed recommendations** and **incorporated feedback** from a working summit and town hall which included representation from patients, caregivers, clinicians, researchers, and administrators.
- To disseminate best practices, researchers:
 - Constructed digital equity toolkit⁷
 - Created an ID badge card with key principles for person-centered care.

Results

Gathering Recommendations through CoP Sessions

The Community of Practice was comprised of 18 stakeholders including:



Latinos/as

- Individuals with lived experience (sometimes called service users, experts by experience, peer specialists, and patients)
- Caregivers
- Clinicians
- Patient Navigators
- Community Health Workers
- Researchers
- Advocates



The Virtual Working Summit reached 75 attendees



The Town Hall reached 100 attendees

Figure 1: Recommendations for Person-First Language

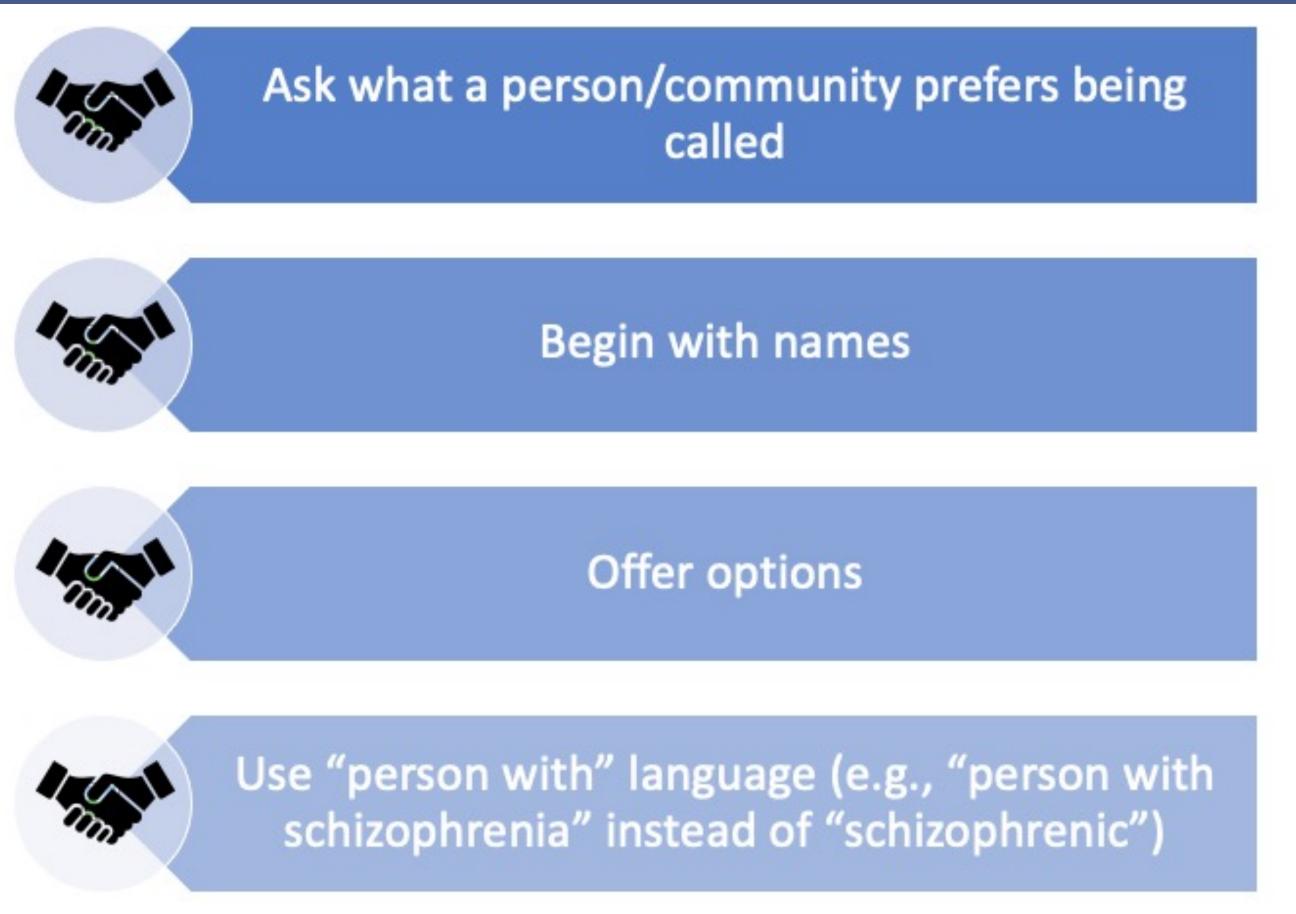
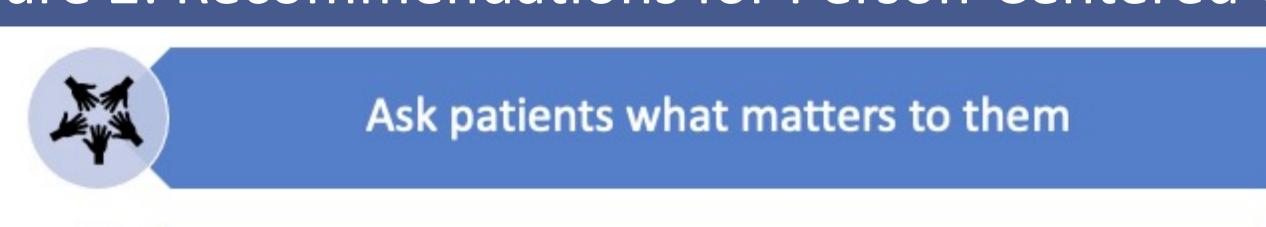


Figure 2: Recommendations for Person-Centered Care



Focus on strengths



Acknowledge complexities in culture/identity (practice of cultural humility – guided by patient)



Conclusions

- Community-Based Participatory Research methods are effective in generating recommendations for person-first language and person-centered care.
- Further research is needed to assess the impact of person-centered care on health outcomes for marginalized populations.

Citations

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