

FLAOHT Community Council: Recommendations on Terminology

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Overview

The design and development of the FLA OHT is founded on the premise of inclusivity. The terminology we use in our conversations is important and either conveys or refutes that notion of inclusivity. It may be appropriate in certain contexts (ie. when a doctor is treating a patient, or a social support agency is assisting a client) to use specific terms like patient, client, consumer, user, etc. But when we are speaking in the context of the OHT, we need to pay attention to the words we use to ensure we are being inclusive of **all people** who will be served by the FLAOHT. Our vocabulary should reflect the philosophy we are trying to achieve.

Much of the vocabulary of traditional systems is hierarchical in nature. In health care, terms like patient, client, consumer, caregiver, user, imply a power structure with the person at the center of care being a passive recipient of the expertise of others. In today's health systems, and certainly in the development of the FLAOHT, our goal is to have truly active partnerships among all members of this OHT.

It is also essential that the terms we use are easily translatable and present the same notions of membership and inclusion in French and in other languages.

The FLAOHT Community Council recommends the following terms be used in discussions, planning and decision-making

- **“People” or “person”/Individual** - Ultimately that is who we want to serve, the PEOPLE of the region.
- **“Community”** - Our communities change and flow around us. We can at once be a member of a large organizational community (the FLAOHT) and simultaneously be a member of smaller communities working towards the same goals but perhaps from a different perspective. (The FLAOHT Community Council, the Aging Well at Home Priority Project group, members of the Mental Health and Wellness community, etc.) And we can belong to entirely different communities at the same time.
- **Membership” or “member”** - Membership implies community, and that is what we hope to build, a community of people who will work together to support the health of people in the region. Membership will at times need to be more specifically described, as in “all members of the FLAOHT community receiving care”, the “primary care members of the FLAOHT”, etc.

- **“Partner”**. The use of the term “partner” reduces the notion of hierarchical relationships. So while a caregiver has a role and responsibilities, there is an assumption of passivity, especially when it comes to decision making. The term **“care partner”** has an entirely different connotation, one of respect and recognition of expertise. The same kind of distinction can be made between the terms “patient” and “patient partner”.

Wherever we can, we should look for opportunities to use language that acknowledges and is respectful of the many different types of healthcare expertise. Doctors, nurses and other health care professionals have extensive education, training and experience that make them experts in the diagnosis, treatment and care of people. People are experts in knowing their own bodies. Care partners are experts in observing how their loved ones respond to care. Wherever possible, people who interact with the FLAOHT should try to use terms like “partner”, “community” and “member” that recognize and respect the expertise of the people for whom the OHT is designed.

The 4 elements of a sense of community are:

1. Membership, the feeling of belonging or sharing a sense of personal relatedness
2. Influence, the notion of mattering and the group also mattering, and being able to make a difference
3. Reinforcement, that brings integration and fulfillment of needs
4. Shared emotional connection

(McMillan and Chavis, 1986)

Examples with some context.

Red indicates the term used in the original statement. Blue indicates a change.

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| <p>1. <u>From this:</u> A central component of the FLA OHT will be to develop networks, services that are “wrapped around” an individual, allowing patient/ client to lead informed choices to their healthcare, wellness needs.</p> | <p><u>To this:</u> A central component of the FLA OHT will be to develop networks, services that are “wrapped around” an individual, allowing people to lead informed choices to their healthcare, wellness needs.</p> |
| <p>2. <u>No change needed:</u> It has become obvious that community members experience significant obstacles in “navigating” through our traditional medical system.</p> | |

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| 3. | <p><u>From this:</u> Foster long-term relationships in the care team, thereby ensuring continuous care across the lifespan. Patients live healthier, fuller lives when they receive care from a responsible provider, who uses their deep knowledge of their patients/individuals and health changes over time.</p> | <p><u>To this:</u> Foster long-term relationships in the care team, thereby ensuring continuous care across the lifespan. People live healthier, fuller lives when they receive care from a responsible provider, who uses their deep knowledge of their patients/individuals and health changes over time.</p> |
| 4. | <p><u>From this:</u> Connected to a robust ‘neighborhood’ of services to meet the health and wellbeing needs of individuals served and their caregivers.</p> | <p><u>To this:</u> Connected to a robust ‘neighborhood’ of services to meet the health and wellbeing needs of individuals served and their care-partners.</p> |
| 5. | <p><u>No change needed:</u> Our goals will include keeping people out of hospitals and institutions; healthy, living meaningful and independent lives in their communities whenever possible and creating a system where there are no “unattached” people/individuals.</p> | |
| 7. | <p><u>From this:</u> Virtual care does not require patients/individuals and providers to be in the same room at the same time.</p> | <p><u>To this:</u> Virtual care does not require people/individuals and health care providers to be in the same room at the same time.</p> |