

Patient- and community-centered approaches as the cornerstone of health services evaluation in the 21st century

This year (2022), the conference of the *Canadian Evaluation Society* centred on 'providing a safe and reflective space' to explore diversity of evaluative approaches and methods within the evaluation community. Gathered in Winnipeg (Canada), evaluation scholars, students, practitioners, and experts addressed uncomfortable topics, such as the so-called 'neutrality' of evaluation and evaluators—acknowledging that the dominance of Western-centred epistemologies,¹ theories, axioms, and ways of doing represents a major limitation of the current evaluative world. They also discussed the true meaning of collaborative evaluation, inspired by Nan Wehipeihana's vision for Indigenous evaluation, that is, from evaluation 'for' or 'with', to evaluation 'by' and 'as' through Indigenous self-determination.² Applying this long-overdue lens to health services involves championing communities' and patients' involvement as legitimate experts and co-producers of evaluation processes. This is the most promising avenue for delivering meaningful and relevant health services evaluation. As we stated in the original call for paper for this special issue, communities and patients push us, evaluation researchers and practitioners, to rethink the mainstream determinants of performant health services, for example, by recentering on respectfulness, trustworthiness and cultural humility. This involves going beyond the canons of traditional scientific research, while safeguarding principles of confirmability and dependability (e.g., through the provision of accountable, thick descriptions of each research stage, from initial stages to reporting of findings).³ In the field of health services research, the complementarity of analytical angles, particularly between researchers and the targeted communities or populations, is an essential principle.⁴

This special issue offers a collection of 16 insightful papers, including short communications, evidence-informed opinion pieces about the future of health services evaluation, review articles, and original research articles. Many of these papers embrace theoretical perspectives that revisit the evaluation notion, by suggesting innovative ways to look at evaluation through this recentering on patients and communities. In tune with our inclusive purpose, our special issue also features a geographically diverse range of authorship—with authors affiliated with organisations from across four continents and representing 12 countries in total.

A first category of papers embraces the need to do research differently, by acknowledging the dominant scientific community's Western biases, and by taking actions to shift epistemic power towards patients and communities, that is, involving them as co-producers of evaluative knowledge to deliver *effective* participatory evaluation. Our first category of papers thus offers powerful views about securing community ownership in health services evaluation,⁵ ensuring the systematic and meaningful inclusion of socially-excluded and/or historically-oppressed patients and communities,⁶ engaging in culturally-reflective and responsive evaluation,⁷ and decolonising realist evaluation.⁸

A second category of papers, looks at patient- and community-centred care and evaluative knowledge coproduction through the eyes of the providers, that is, health frontline workers and/or health decision-makers. For instance, Becerril-Montekio et al. offer a useful scoping review of terminologies referring to research-practice collaborations.⁹ The authors emphasise diverse tools of integrated knowledge translation that enable for such coproduction processes. In the Canadian context, Wood and colleagues developed a conceptual framework for describing and evaluating socially accountable health professional education.¹⁰ Couturier et al. examine patient-centred care from the providers' side within health facilities in six provinces of Indonesia.¹¹ Sepp et al. assess, from the perspective of community pharmacists, the extent to which person-centered care principles are included in Estonia's Community

Pharmacy Services Quality Guidelines.¹² Based on in-depth, repeated interviews with Australian rural physicians, O'Sullivan highlights several innovations in physicians' practice to better match patients' needs in the context of COVID-19.¹³ Also featuring the pandemic context, Zafra-Tanaka and colleagues investigate health care workers adaptations for managing type 1-diabetes patients in Peru.¹⁴ These papers also highlighted some significant positive lessons on innovation and resilience of health services. These papers add to the bulk of literature assessing the consequences of COVID-19 and providing suggestions on how to prepare better for the next health crises. Yet, given that there have been many articles in the context of the pandemic, there is still much work to be done to better describe how they are formulated so that their content is as evidence-based as possible and rigorously collected and analysed.

A third category of papers comprises original research findings that review, and/or test innovative patient-centred frameworks for analysis and/or measurement of diverse health services, with several papers centring on health systems performance determinants as a whole and directly involving communities or patients in identifying and analysing these.^{15,16} Other papers in this category focused on specific determinants, namely, responsiveness,¹⁷ receptiveness,¹⁸ accessibility,¹⁹ and care friendliness for adolescent patients.²⁰ The experimentation of these measurement instruments provides invaluable information that can inform patient-centered health care standards. A caveat or limitation associated with these new measurement tools and assessment frameworks for specific determinants often involve the absence of cross-validation of the key components (performance concepts and analytical dimensions, question formulation, scales, etc.) by health service users themselves. We invite authors to engage more often in such participatory exercises, especially through going beyond the mere 'consultative' process for producing these new measurements and frameworks.

Another key takeaway message for the current special issue is that the context of the COVID-19 pandemic made it difficult to do patient- and/or community-centred health services evaluation, mainly because of physical distancing and other disease prevention measures. These surely precluded the development of many patient- and community-centred innovations. Indeed, doing evaluative research with these patient, user, or practitioner communities often require trust building through close, regular contacts in situ. In fact, none of the authors were able to collect empirical data for evaluating health services with service users in 2020 or 2021. In this regard, our special issue offers yet another demonstration that the pandemic significantly reduced the participation of health service users in research.^{21,22}

In a nutshell, the present special issue consecrates the paradigm of patients- and community-centred research as the cornerstone of the new era of participatory health services evaluation globally, regionally, nationally, and locally—and at multiple scales of health systems. We strongly invite the health services research and evaluation community to embrace this paradigm to produce relevant, valid, community-endorsed health services research and evaluation findings, including new measurement tools and new ways of thinking certain determinants of health service performance.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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