# Co-designing care improvements for women living with HIV: a deliberative dialogue workshop in Montréal, Québec.

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\*I have no conflict of interest to declare

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involved in this study

Étude sur la santé sexuelle et reproductive les femmes vivant avec le VIH au Canada

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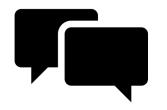
Acknowledgment: We thank all the women living with HIV, care providers, investigators, and collaborators



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## **Objective and Methods**

Co-design care recommendations by engaging patients and care providers in a deliberative dialogue workshop



8 patients (women living with HIV )

8 providers (doctors, nurses, pharmacists)



Deliberative dialogue: participants consider evidence and other's views

Identifying Priorities and Recommendations

## Methods – Deliberative Dialogue



Pamphlet with synthesized evidence

#### Deliberative dialogue is characterised by:

- i) the critical examination of evidence;
- ii) the mix of participants;
- iii) the valuing of experiential knowledge;
- iv) the skilled facilitation of discussions aimed at producing statements of the group's considered views.

### Process – 1 Afternoon, Montreal April 2019 :

- Synthesis of the evidence
- Small (patient & provider) deliberations
- Combined large group deliberations
- Voting on top recommendations

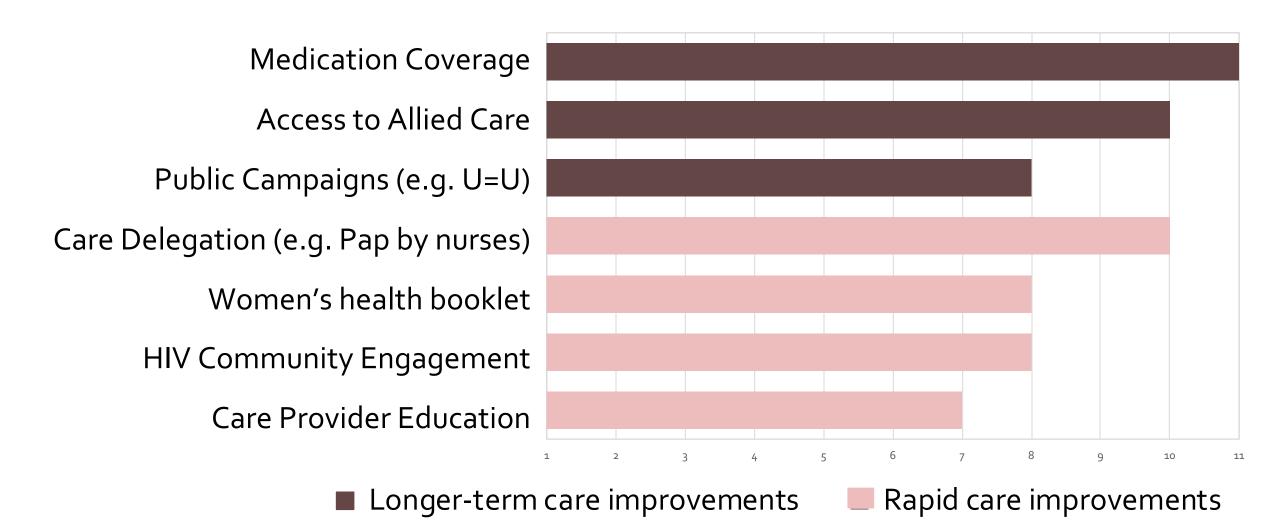
### Findings – Patient advocating for comprehensive care

"I would lump all that together with comprehensive care for women. Sure, we see a specialist for HIV, but there isn't just that in the lives of women living with HIV. . . It's really to consider women as whole-persons. There isn't just HIV in her life, it is not her identity, she is a WOMAN."

-Patient, deliberative dialogue

### Findings: Top Voted Care Recommendations by Patients & Providers

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