Save the Date!
ACCORDS & CCTSI Community Engagement Showcase
April 24, 2026

Hybrid Zoom Presentation: 11:00-12:00pm MT

In-Person Networking Lunch: 12:00-1:00pm MT
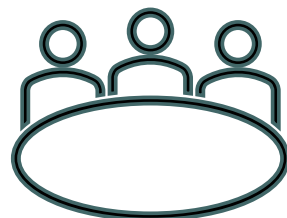
Receive advice and guidance on your research project from experienced community members and academics

CCTSI Community Engagement Consultations

Email Kaylee: Kaylee.Gordon@cuanschutz.edu for more information or to request a consult.

https://www.cuanschutz.edu/cctsi/community/programs

CCTSI Community Engagement
Pilot Grants

Be a grant reviewer!

Learn about the health innovations and partnerships working together in the Rocky Mountain Region.

Network with academicians and community members that are committed to community-based translational research and the public health field

Email Kaylee: Kaylee.Gordon@cuanschutz.edu for more information.

CE-Pilots: https://cctsi.cuanschutz.edu/funding/cepilot

Stay updated by joining our mailing list:
https://ucdenverdata.formstack.com/forms/pact_mailing

Colorado Immersion Training Program

Applications will open in February 2026

Check the website for more information

CCTSI Colorado Immersion Training: https://cctsi.cuanschutz.edu/community/cit

ICYMI:
watch previous Community Engagement Forums

https://medschool.cuanschutz.edu/accords/educational-offerings/archive/seminar-series-(2025---2026)

What is ACCORDS?
Adult and Child Center for Outcomes Research and Delivery Science

ACCORDS is a 'one-stop shop' for pragmatic research:

- A multi-disciplinary, collaborative research environment to catalyze innovative and impactful research

- Strong methodological cores and programs, led by national experts

- Consultations & team-building for grant proposals

- Mentorship, training & support for junior faculty

- Extensive educational offerings, both locally and nationally

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ACCORDS Upcoming Events – mark your calendars!

March	• March 9 – ACCORDS Highlights
April	• April 8 & 9 – ACCORDS D&I Science for Researchers Workshop • April 13 – ACCORDS Grand Rounds • April 24 – ACCORDS/CCTSI Community Engagement Showcase
May 20-21, 2026	Colorado Pragmatic Research in Health Conference *Pragmatic Research: Methods, Tools, and Technology for Rapidly Changing Contexts* **Register now at COPRHCon.com!**

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Data Analysis – isn't that the "researchers'" role?

Why the researchers?

- Specialized skills and training

- Familiarity with software

- Access to sometimes expensive software

- "Expertise"

- Culture of meritocracy in research and academia often pushes us to *default* to the academics as the analysts

Why not <u>just</u> the researchers?!?

- Most of analysis is the decisions we make, which don't always require special training

- More accessible and affordable software is available

- Expertise is not just degrees and training; lived experience with the topic and data can be more valuable in meaning making
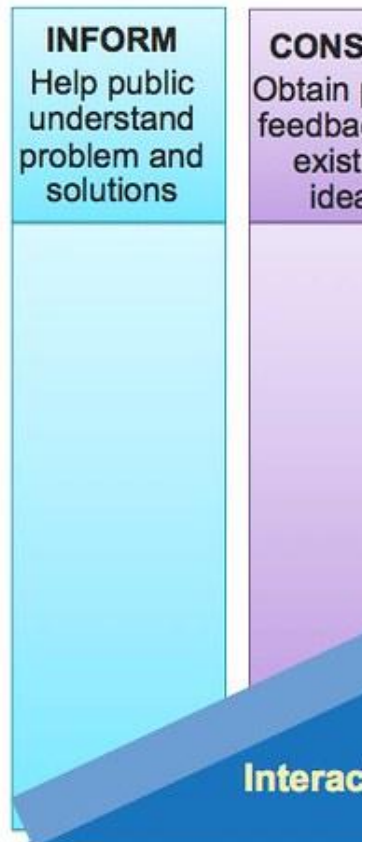
It doesn't have to be that way!

IAP2 Spectrum of Public Participation

IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION →

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

The right engagement for the partnership, project, and goals of the team.

Decide where you want to be. Then be intentional about how to achieve that.

Does it change over the course of a partnership or project?

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- Traditional research approach – share analysis and findings with the public via several potential pathways
  - Uni-directional data analysis flow from academic partner to community partners
  - Might involved sharing an analysis plan or notifying partners of preliminary or final results
  - Likely flow into traditional formats:
    - Academic publication
    - Conference presentations
    - Community presentations

INCREASING IMPACT ON THE DECISION

| INFORM | CONSULT | INVOLVE | COLLABORATE | EMPOWER |

- Academics ask for input about analysis plans or steps
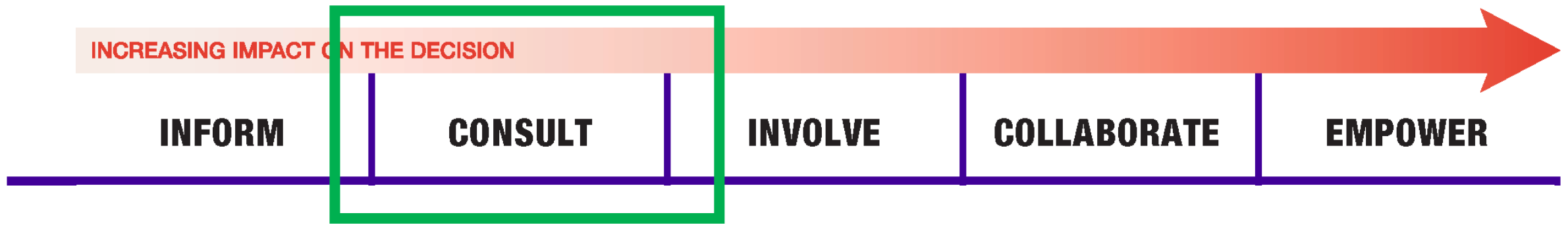 - Mostly uni-directional data analysis flow from academic partner to community partners, limited opportunities for partner input

- Academic partners might:
  - Bring targeted questions for partner input on specific questions like variable definitions, codebook, etc.
  - Share a draft analysis plan and asking for approval or specific input
  - Present near-final results for targeted or specific input

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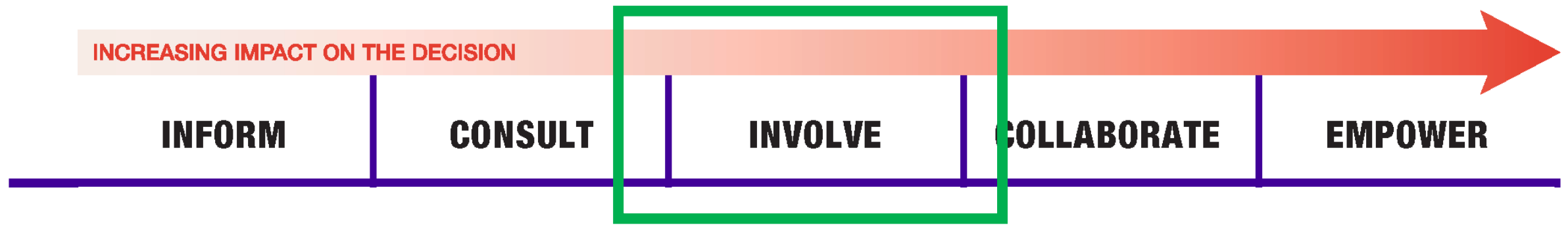| INCREASING IMPACT ON THE DECISION				
INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER

- Academics ask for input about analysis plans and steps
  - Mostly bi-directional flow of information and direction on analysis between academic and community partners, typically still led by academics

  Examples:
  - Partner input on general and specific questions for planning and conducting the analysis
  - Partners draft analysis plan together, or academic draft and get thorough feedback from community partners
  - Present preliminary results at several points and adjust based on input

INCREASING IMPACT ON THE DECISION

INFORM | CONSULT | INVOLVE | **COLLABORATE** | EMPOWER
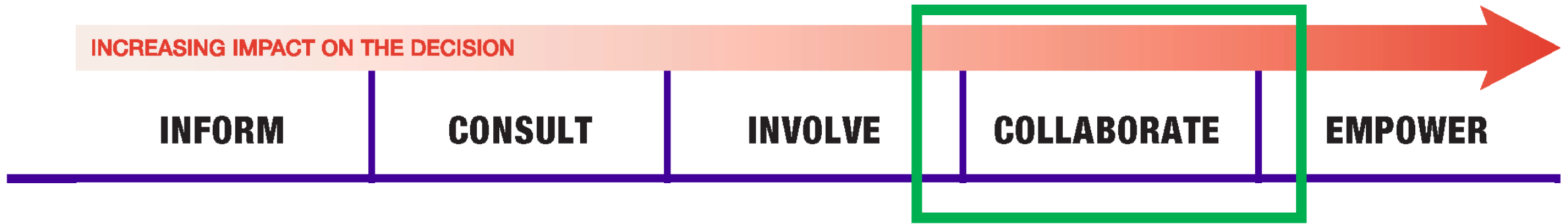
- Partners co-develop analysis plans and conduct analysis together, leveraging skills and strengths of both partners
  - Active bi-directional flow of information and direction on analysis between academic and community partners
  - Typically, consensus-driven
- Examples:
  - Partners draft analysis plan together
  - Both partners are involved, hands-on with data and analytic steps
  - Present preliminary results at several points and adjusted based on full team input
  - Community and academic partners responsible for interpretation of the meaning of results, sharing with respective communities

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- Community partners lead
- develop analysis plans and conduct analysis together, leveraging skills and strengths of both partners
  - Mostly bi-directional flow of information and direction on analysis, with primary leadership by community partners
- Examples:
  - Community partners conceive of and may draft analysis plans
  - Community partners more involved, hands-on with data and analytic steps; academic partner may function more as a subject matter expert or consultant
  - Present preliminary results for academic input and review
  - Community partners lead interpretation and meaning-making with academic consultation or support

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Think intentionally about your partnership and goals together:
- What 'level' of engaged partnership are you seeking to have? *There are no right/wrong answers!*
- What skills and capacities do each partner have and want? How can you build new skills?
- What are opportunities to 'stretch' to the next level to the right → on data analysis rather than default to the left ← ?

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SUSAN MOORE
Guest Speaker

DISCUSSION

University of Colorado **Anschutz Medical Campus**

THANK YOU

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cctsicommengage@cuanschutz.edu

Beyond the numbers: including community insights in data analysis & interpretation

Susan L. Moore, PhD, MSPH

January 28th, 2026

Today's Conversation

Brief overview of mixed methods research

Central principles for collaborating with community members, no matter the role

Discussion of real-world project experiences and insights

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Who am I and why am I talking about this?

- **Associate Professor (Research),** Dept of Community & Behavioral Health
- **Director**, mHealth Impact Lab, Colorado SPH
- **Director**, Digital Health Technology Core, ACCORDS, CU SOM
- **Research Program Director (Innovation)**, Office of the Vice Chancellor for Research, University of Colorado Anschutz
- Research Focus: Consumer health informatics and clinical informatics, specifically the design, implementation, and use of innovative digital health solutions in health system contexts.
    - In clinic settings and between clinic visits
    - Technology-assisted health care delivery; patient-generated data collection, integration, and use; chronic condition management

What is mixed methods research?

- **<u>The thoughtful and structured combination</u>** of different information from different sources to give a complete picture
  - Quantitative: "numbers-based," statistics, deductive reasoning, allows inferences to be drawn about causality
  - Qualitative: primarily inductive, allows exploration of new or emerging concepts and topics, insights into contextual factors
- Mixed methods research is more than collecting data in different ways and from different sources (that is multiple methods). The *intentional combination* of the data in analysis and interpretation is central.

Mixed methods design choices

- Sequential or concurrent (parallel; convergent)
- Explanatory or exploratory
- Nested (embedded) or non-nested

Mixed methods design choices

- Sequential or concurrent (parallel; convergent)

- Explanatory or exploratory

- Nested (embedded) or non-nested

- Exploratory Sequential Design:

Mixed methods design choices

- Sequential or concurrent (parallel; convergent)
- Explanatory or exploratory
- Nested (embedded) or non-nested
- Explanatory Sequential Design:

Quantitative Data (eg large survey, health indicator measures) → Qualitative Data (eg interview, focus group, panel)

Mixed methods design choices

- Sequential or concurrent
- Explanatory or exploratory
- Nested (embedded) or non-nested
- Convergent Parallel Design:

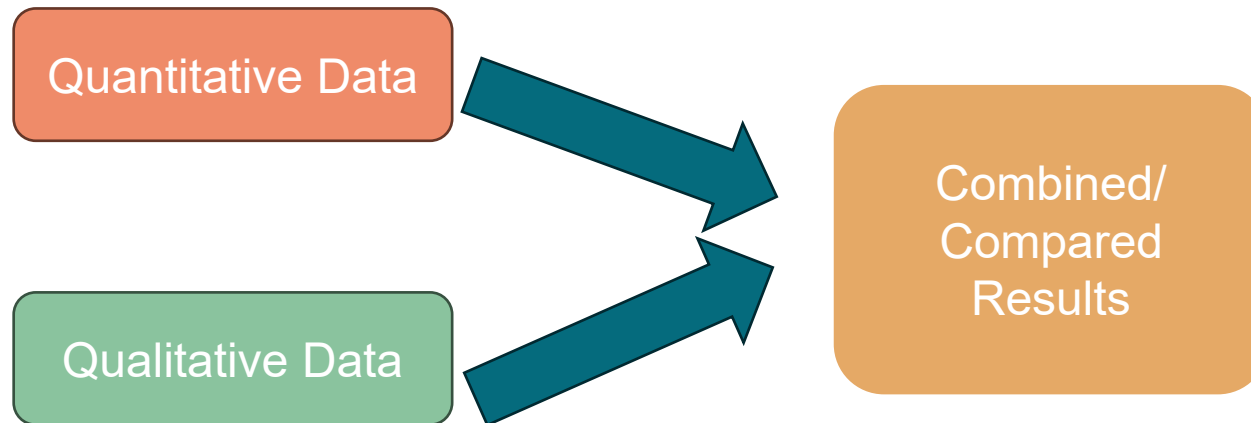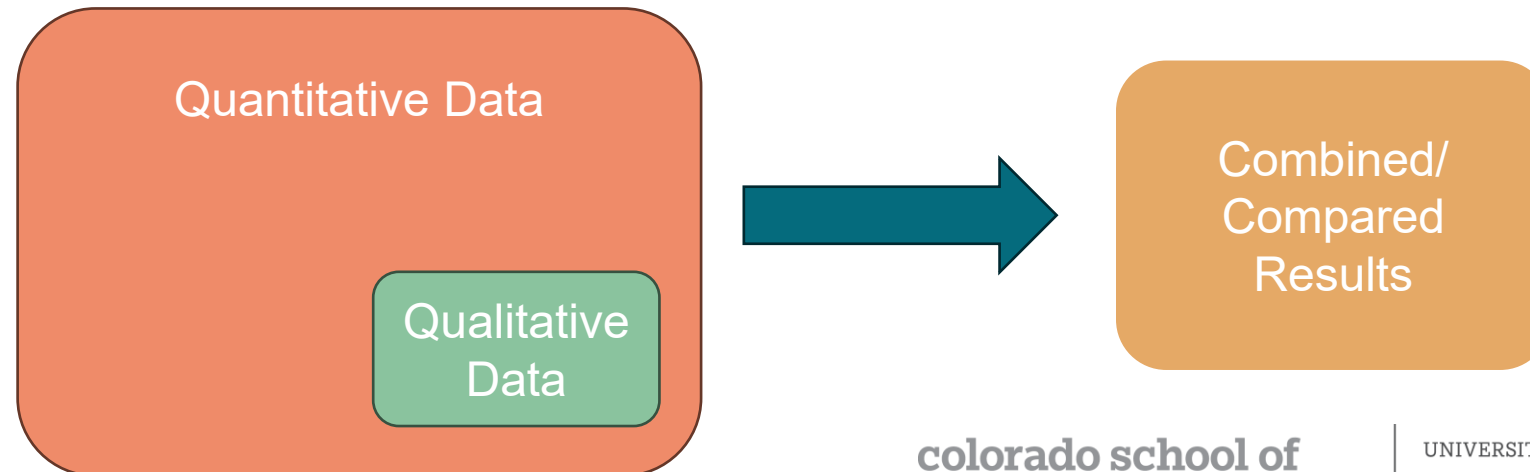# Mixed methods design choices

- Sequential or concurrent

- Explanatory or exploratory

- Nested (embedded) or non-nested

- Embedded Concurrent Design:

Quantitative Data

Qualitative Data

Combined/ Compared Results

Principles for Community Engagement

Community members are experts.

- *Different* perspectives does not mean less expertise.
- *Different* terminology does not mean less valid.
- *Stigmatization* must be avoided.

Clear communication is essential.

- Do not assume words mean the same thing to all parties involved.
- Community partners and researchers may have different expectations, needs and goals.

Share the results.

- Traditional and non-traditional channels and means; academic publication is important but not enough.

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Project Examples

- Care by cell phone: text messaging for chronic disease management (*ePROs, closed-loop communications*)

- Remote patient monitoring for patients after bone marrow transplant (2 studies) (*app-based sensors, ePROs*)

- Creating an infrastructure to support patient engagement: Denver Health and Hospital Authority

Care by Cell Phone

- 47 patients with diabetes received and answered text messages over 3 months.

- 8 patients participated in focus group discussions in English and Spanish.

- Insights from focus group participants and unprompted text engagement with the system helped improve it significantly over time.

Care by cell phone: text messaging for chronic disease management

Henry H Fischer [1], Susan L Moore, David Ginosar, Arthur J Davidson, Cecilia M Rice-Peterson, Michael J Durfee, Thomas D MacKenzie, Raymond O Estacio, Andrew W Steele

Affiliations + expand
PMID: 22435883

Abstract

Objectives: To assess the feasibility of engaging adults with diabetes in self management behaviors between clinic visits by using cell phone text messaging to provide blood sugar measurement prompts and appointment reminders.

Study design: Quasi-experimental pilot among adult diabetic patients with cell phones who receive regular care at a federally qualified community health center in Denver, Colorado, which serves a population that is predominantly either uninsured (41%) or on Medicaid or Medicare (56%).

Methods: Patients (N = 47) received text message prompts over a 3-month period. Blood sugar readings were requested 3 times per week (Monday, Wednesday, and Friday). Reminders were sent 7, 3, and 1 day(s) before each scheduled appointment. Acknowledgments were returned for all patient-sent messages. Focus groups were conducted in English and Spanish with selected patients (n = 8).

Results: Patients of all ages were active participants. Correctly formatted responses were received for 67.3% of 1585 prompts. More than three-fourths (79%) of the cohort responded to more than 50% of their prompts. The appointment analysis was underpowered to detect significant changes in attendance. Participants reported increased social support, feelings that the program "made them accountable," and increased awareness of health information. Two-thirds (66%) of patients provided glucose readings when prompted during the study, compared with 12% at 2 preceding clinic visits.

Conclusions: For certain patients, cell phone-based text messaging may enhance chronic disease management support and patient-provider communications beyond the clinic setting.

PubMed Disclaimer

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Remote Patient Monitoring

- Adult stem cell transplant (SCT) and CAR T-cell therapy patients used RPM for up to 30 days (autologous SCT or CAR T-cell therapy) or 90 days (allogeneic SCT) post-treatment following hospital discharge.

- Patients wore biometric sensors around the clock and texted with a chatbot system for health checks and symptom reporting (ePROs).

- Virtual care center personnel evaluated patient status when alerted by RPM They contacted patients directly and/or treating clinicians as needed.

- Patients, caregivers, and healthcare providers completed surveys about their experience with and perceptions of the home care program.

Remote Patient Monitoring

Patients (n=6)

- All patients who responded to surveys felt more cared for by their health care team, found the wearable and the chatbot system easy to use, and felt the chatbot was helpful.
- To improve: some had discomfort while wearing the device (n=3)

Caregivers (n=6)

- Most responding caregivers (n=5) found RPM useful, felt it helped with the stress of caregiving, and reported feeling their loved one was well cared for.
- To improve: battery life, amount of information shared

Providers (n=8)

- 75% felt RPM improved quality of care, detection of fever, infection, and symptoms among their patients, were satisfied with virtual care team communication, and thought RPM should be used more often to manage care at home.
- To improve: communication, alert sensitivity

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Creating infrastructure for patient engagement

- Denver Health initiative originally led by Ed Havranek

- Multifaceted, multiple funding sources – 2 core elements:

  - Community Advisory Panel / Colorado Patient Partners in Research Council

    - Active advising on research and capacity development for community partners

    - Investigator development & engagement: presentations to partners

  - The CoPPIR Network

    - Web-based resource to match investigators/projects with patient partners

    - Advised by the CAP/CoPPIR Council; included partnership between DH and Kaiser Permanente

    - Included social media campaign (2017; Twitter & Facebook)

    - 500 patient partners signed up; 13 matched in first 6 months

Questions, Collaborations, & Contact:

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Mobile: +1-303-885-5085 (text or voice)

Office: +1-303-724-8858

LinkedIn: @susanlmoorephd

Thank you!

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