

What is ACCORDS?

ACCORDS conducts pragmatic research in real-world settings to improve health care and outcomes, by providing:

- 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



ACCORDS Upcoming Events

November 14, 2022	Methods and Challenges in Conducting Health Equity Research
12:00-1:00 PM MT	Leveraging Community Engagement and Implementation Science Methods to Reduce Pediatric Asthma Disparities Presented by: Amy Huebschmann, MD, MSc; Andrea Jimenez-Zambrano, PhD, MPH (CU Anschutz)
June 5-7, 2023	COPRH Con 2023
10:00 -3:00 PM MT	Save the date! More info coming soon!

Co-Creation: Promoting a Community Engagement Approach for Health Equity Research

Presented by:

Monica Perez Jolles, PhD, MA

Associate Professor

ACCORDS, Department of Pediatrics

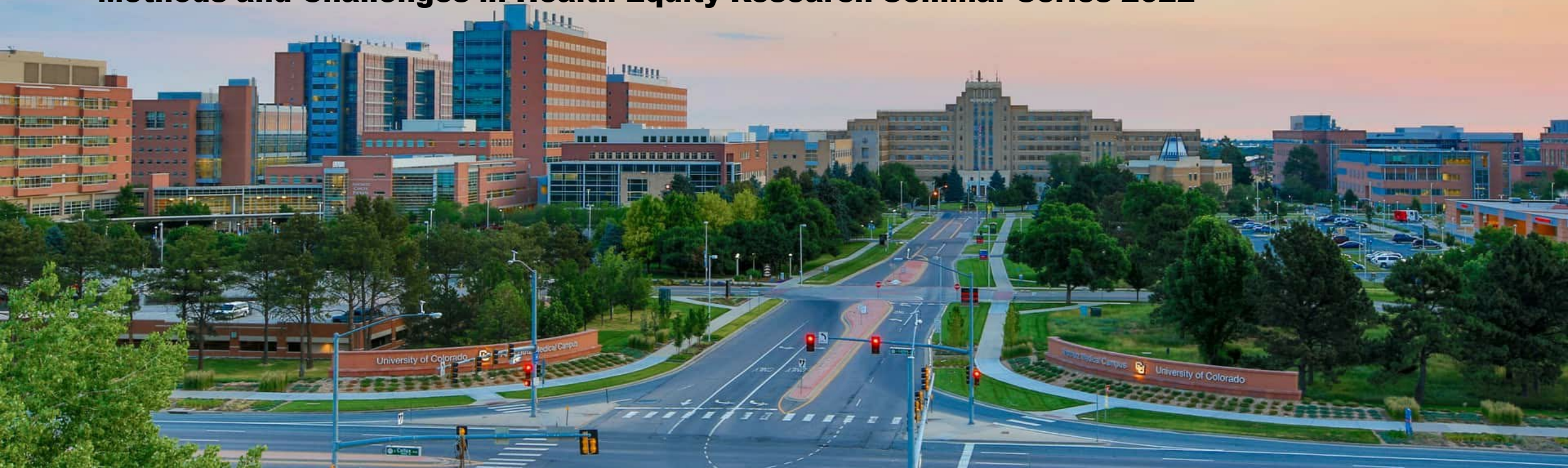




University of Colorado **Anschutz Medical Campus**

Co-creation: Promoting a Community Engagement Approach to Health Equity Research

Methods and Challenges in Health Equity Research Seminar Series 2022



Mónica Pérez Jolles, PhD, MA

Invited Associate Professor

ACCORDS

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LEARNING OBJECTIVES

- Reflect on the role of participatory engagement in research and the impact of collaborations lacking it
- Increase knowledge of the concept of co-creation in engaged research, its core goals, and concrete research activities to support those goals
- Learn five tips to enhance and strengthen the engagement section of your grant proposal

Introduction

We increasingly value and promote *active engagement* of diverse voices in intervention planning, design, implementation, and dissemination



Benefits

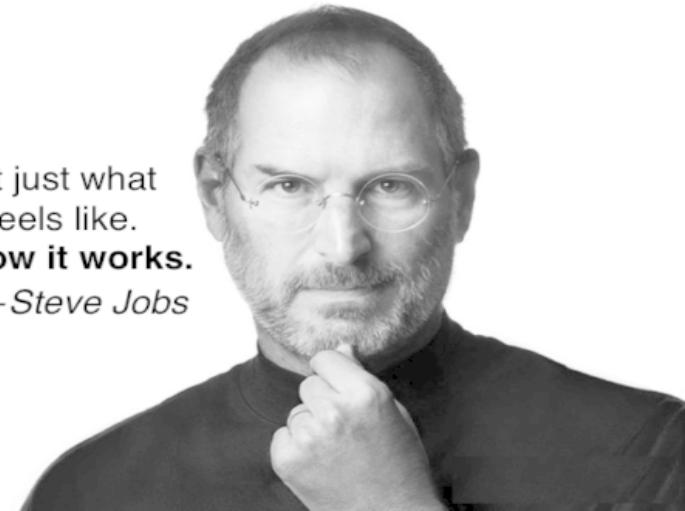
- Increase buy-in and fidelity
- Outcome relevance
- Sustainment of evidence-based practices
- Integration of research and community action* with high relevance for translational research



Yes, but **how** do we know that we have achieved **active** engagement?

Especially given power, privilege, and information **asymmetries** among members / agencies?

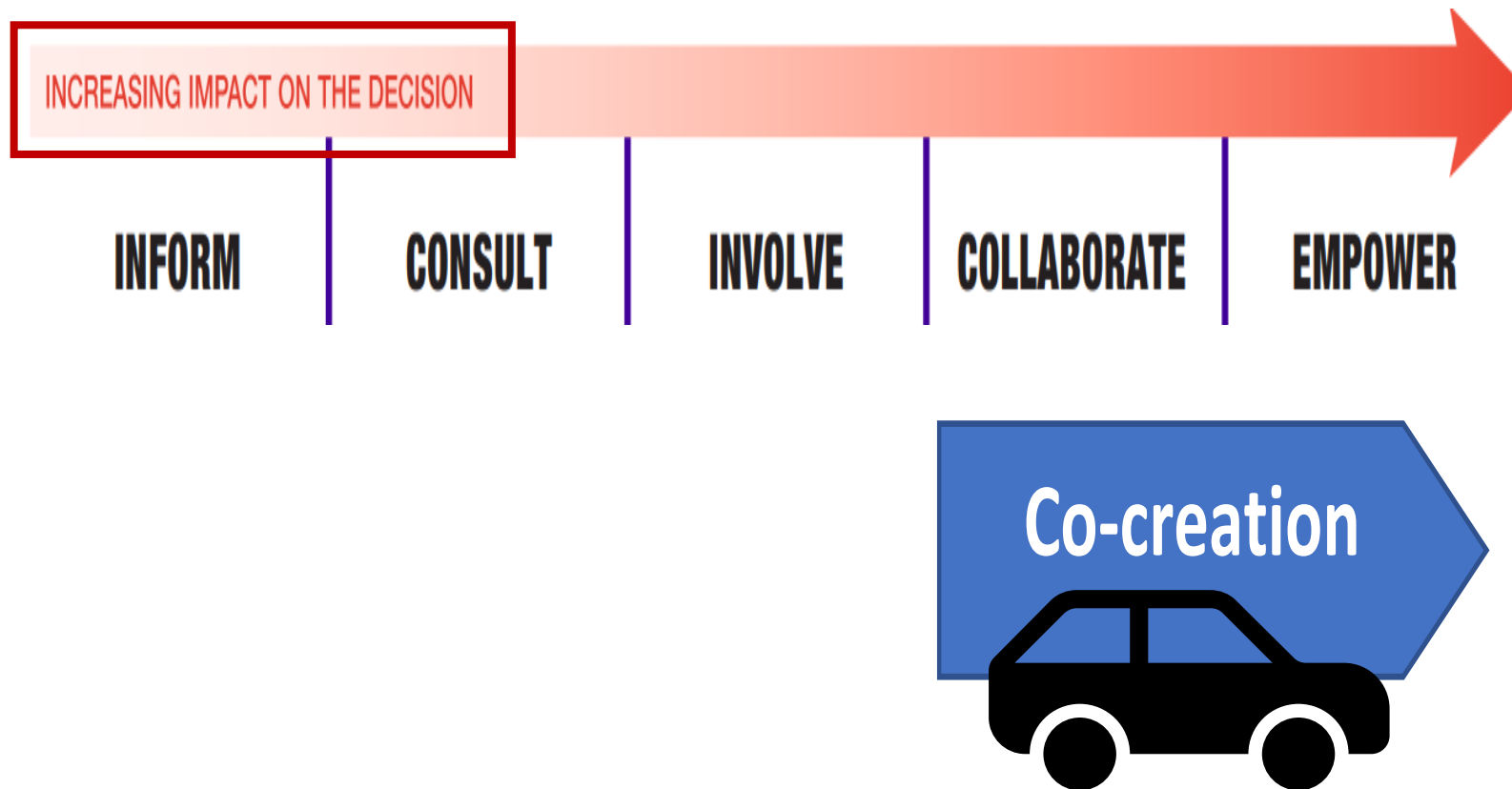
Design is not just what it looks and feels like.
Design is how it works.
— Steve Jobs



Within the Spectrum of Engagement

IAP2 Spectrum of Public Participation

https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf

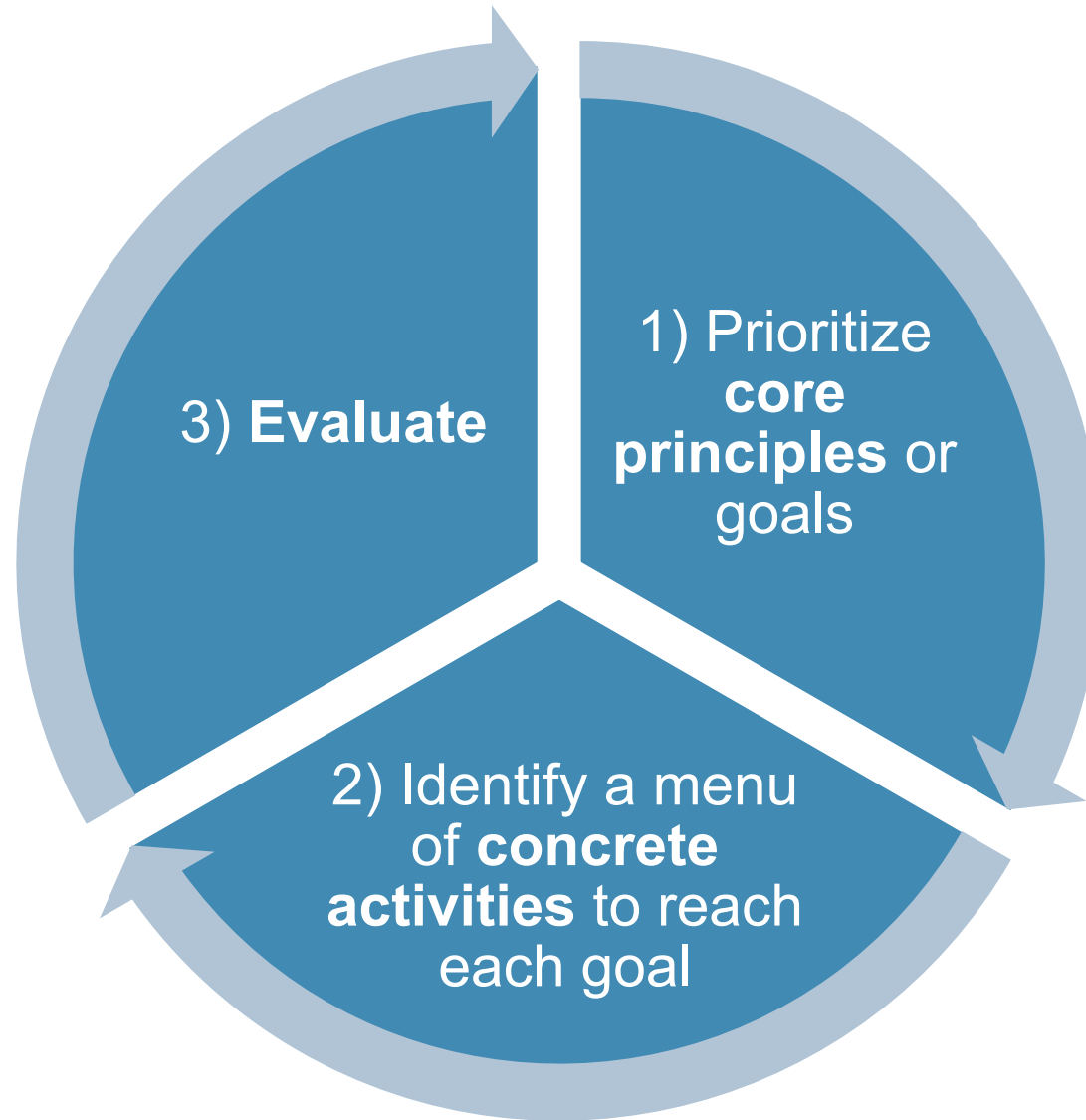


Co-creation

- Collaborative process where multiple actors invest their skills and knowledge to “**set the direction** of development” (Edquist, 2005)
- Concerns with the question: “***What it means for professionals to open up their processes to engage with different partners (including consumers / clients / patients, other agencies)?***” (Tuunas, S. 2015; Ostrom, 1996)
- “**Collaborative generation of knowledge** by academics working alongside other stakeholders” (Greenhalgh et al., 2016; p. 1)

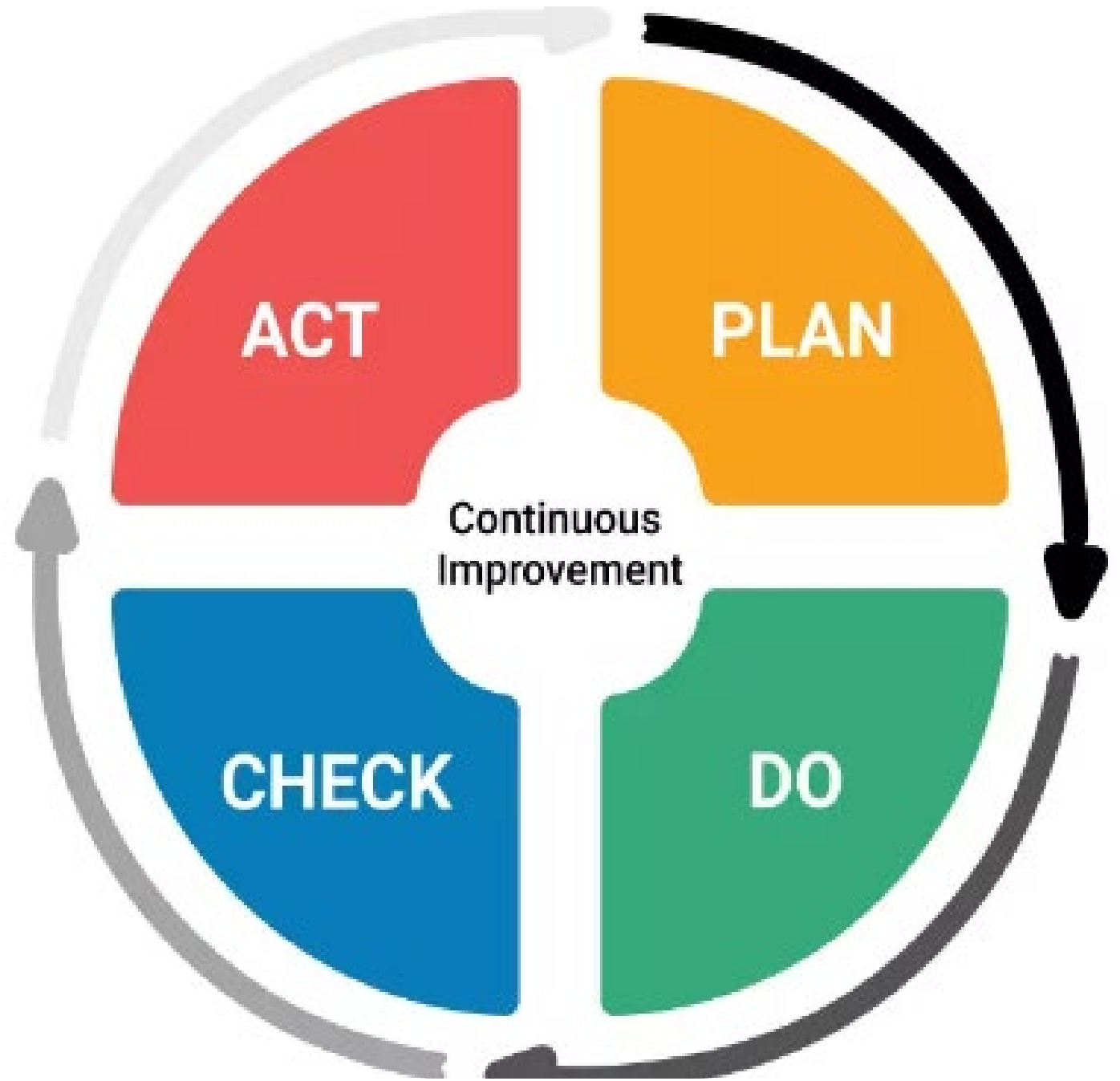


How do we build co-created partnerships?

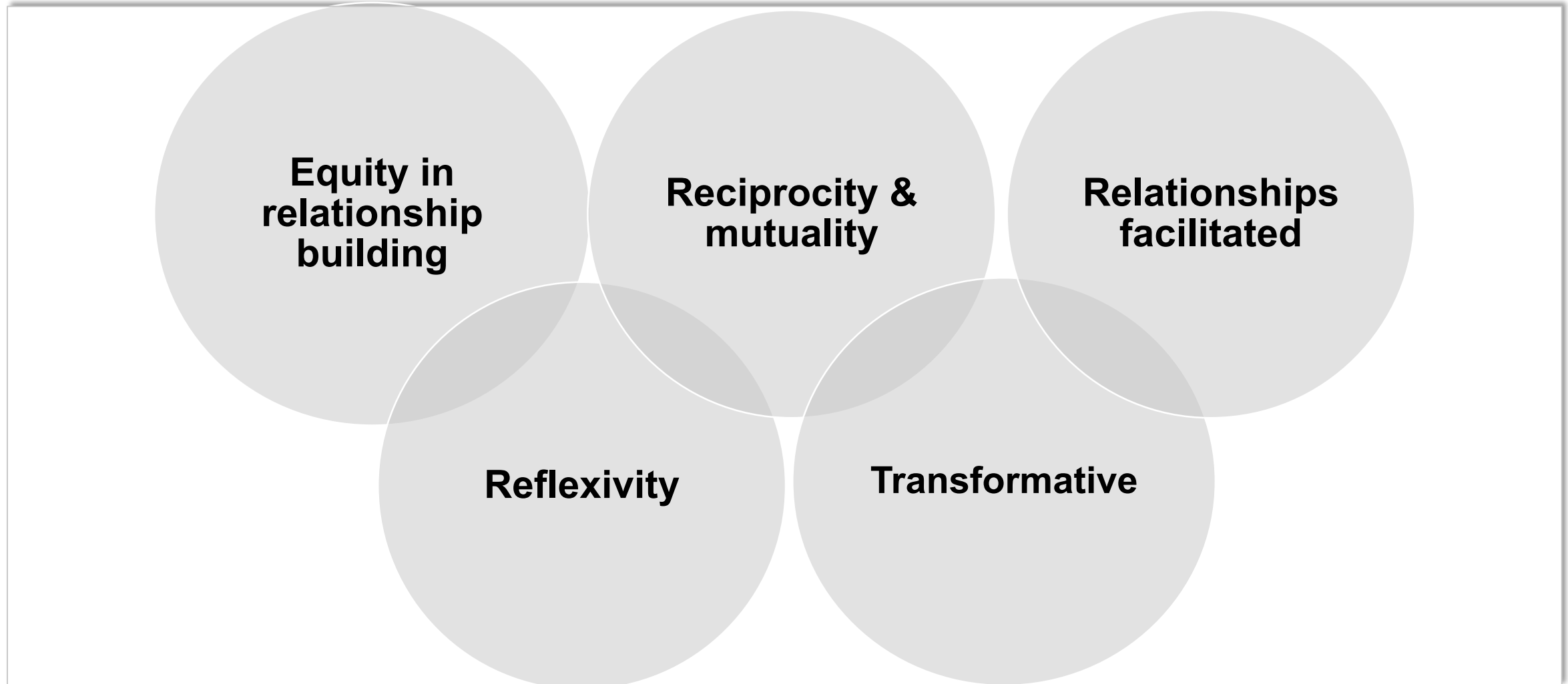




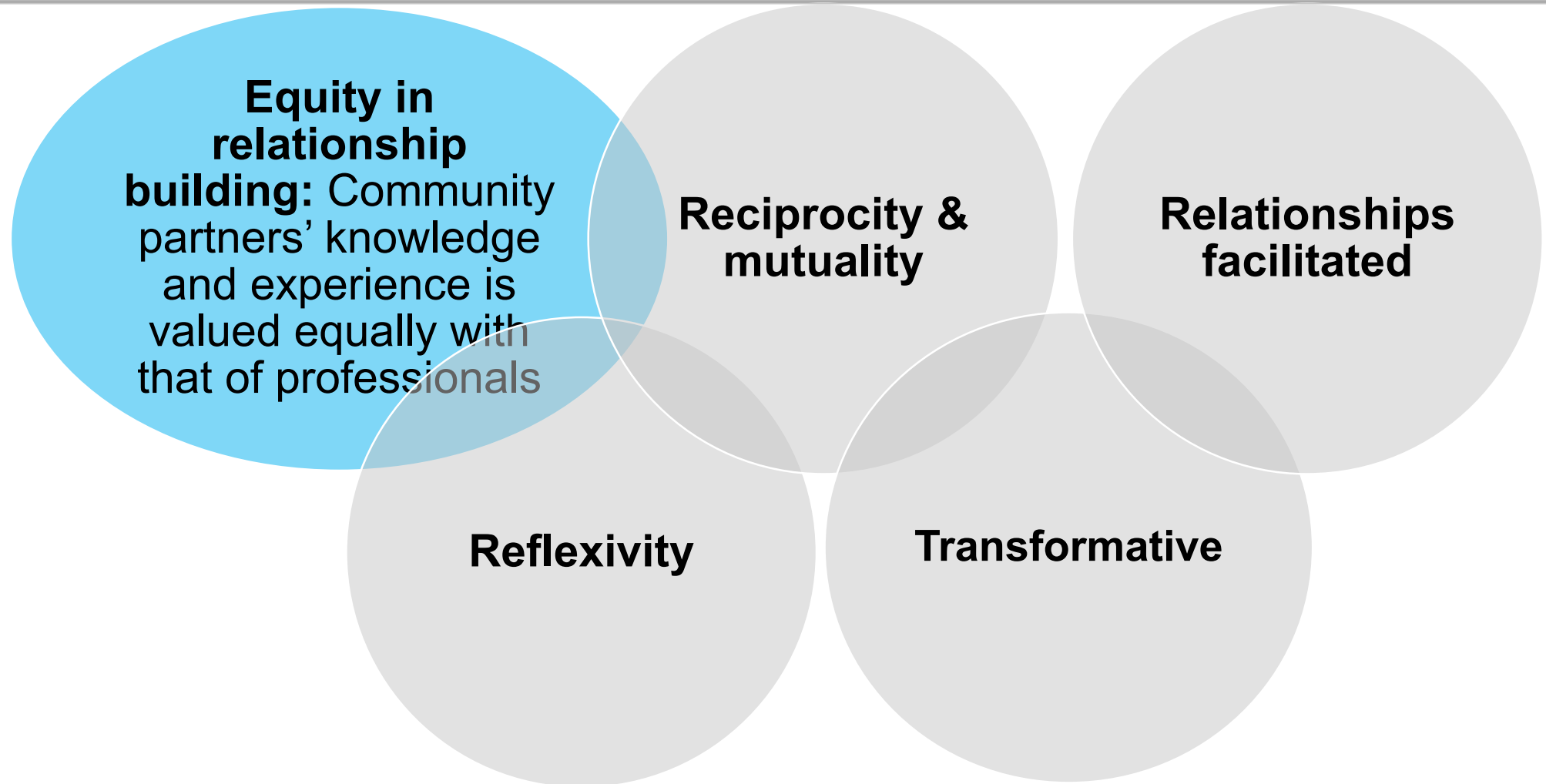
PDCA Rapid Cycles



Co-creation Principles



Co-creation Core Goals



Co-creation Core Goals

Equity in relationship building: End-user knowledge and experience being valued equally with that of professionals

Reciprocity & mutuality

Relationships facilitated

Reflexivity

Transformative

Community partners included as key personnel or Co-investigators; equal payment as other participants



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Pérez Jolles et al., 2022. Understanding Implementation Research Collaborations from a Co-Creation Lens: Recommendations for a Path Forward. Frontiers in Health Services Implementation Science. Frontiers in Health Services Implementation. <https://doi.org/10.3389/frhs.2022.942658>

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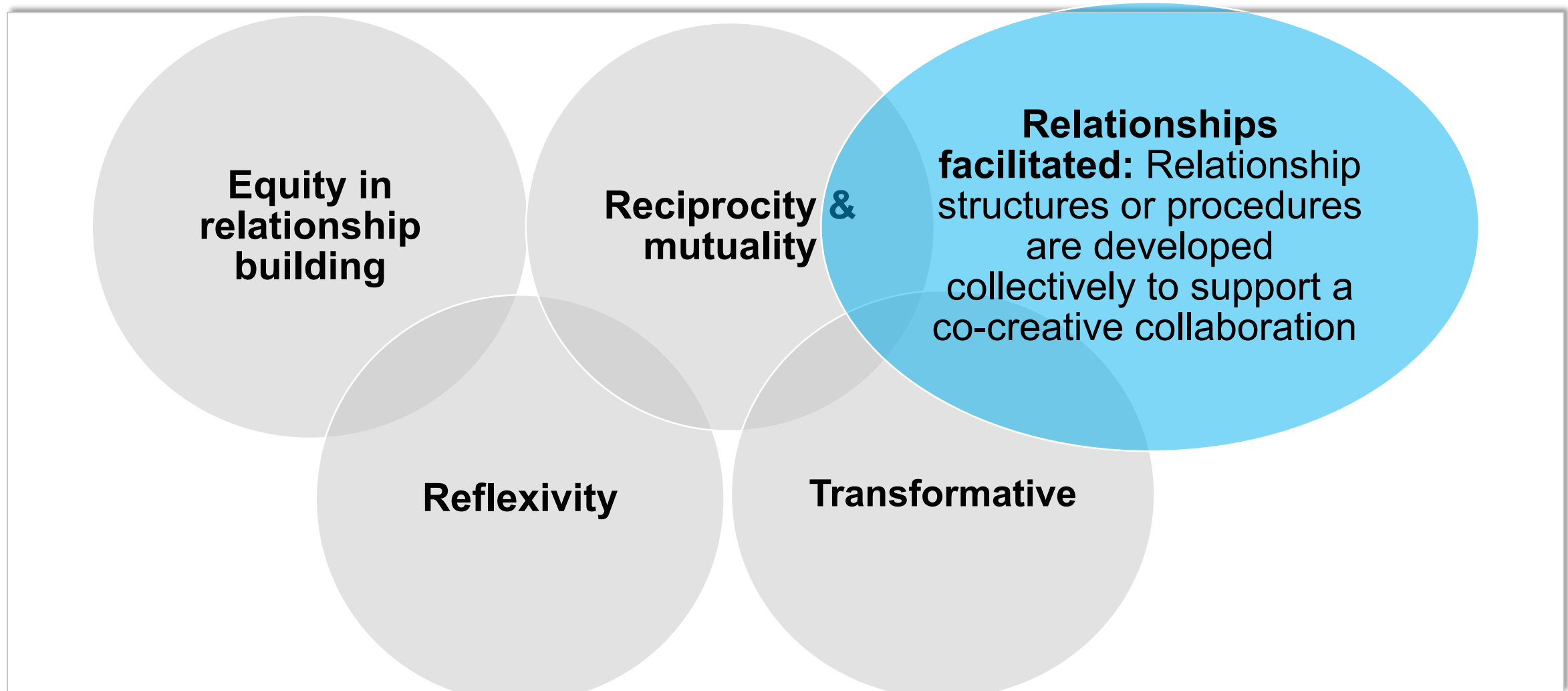
Re-design governance before, during, and after implementation



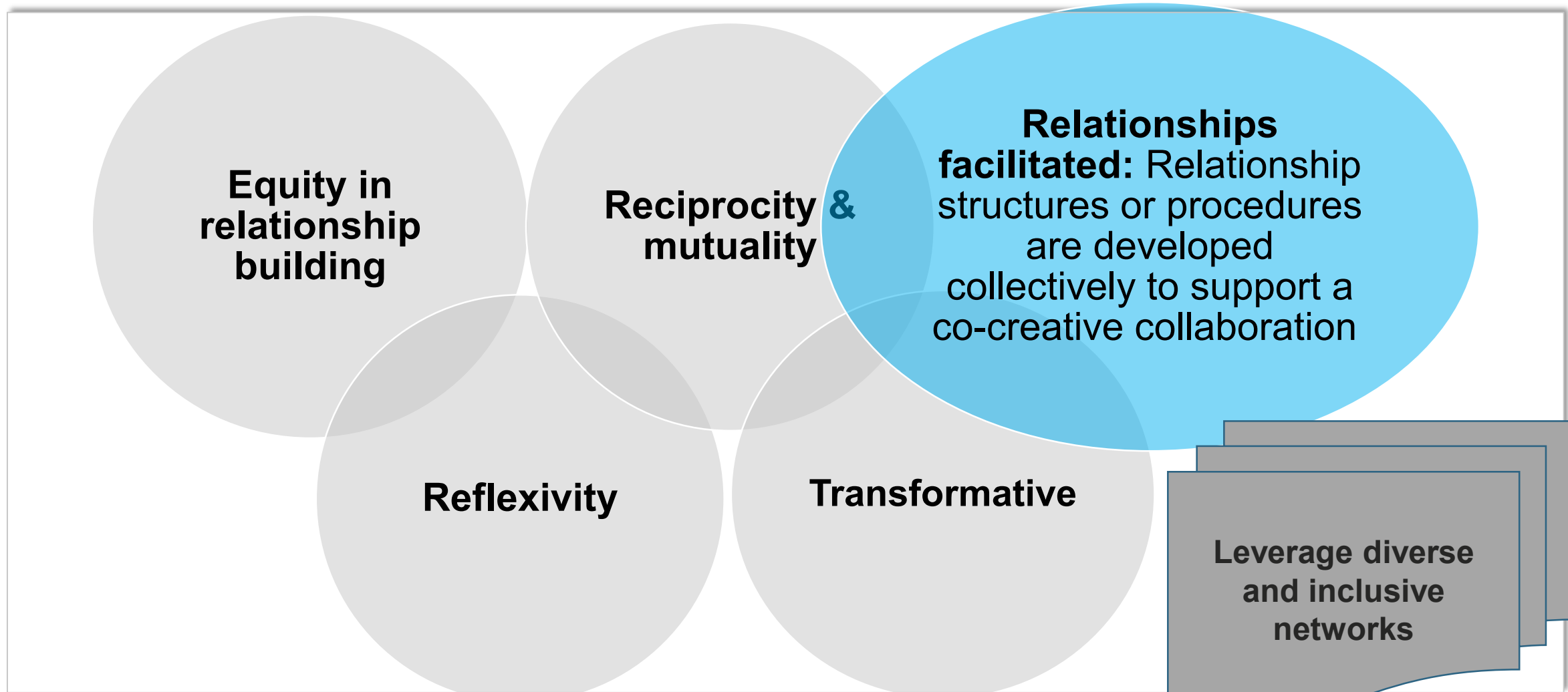
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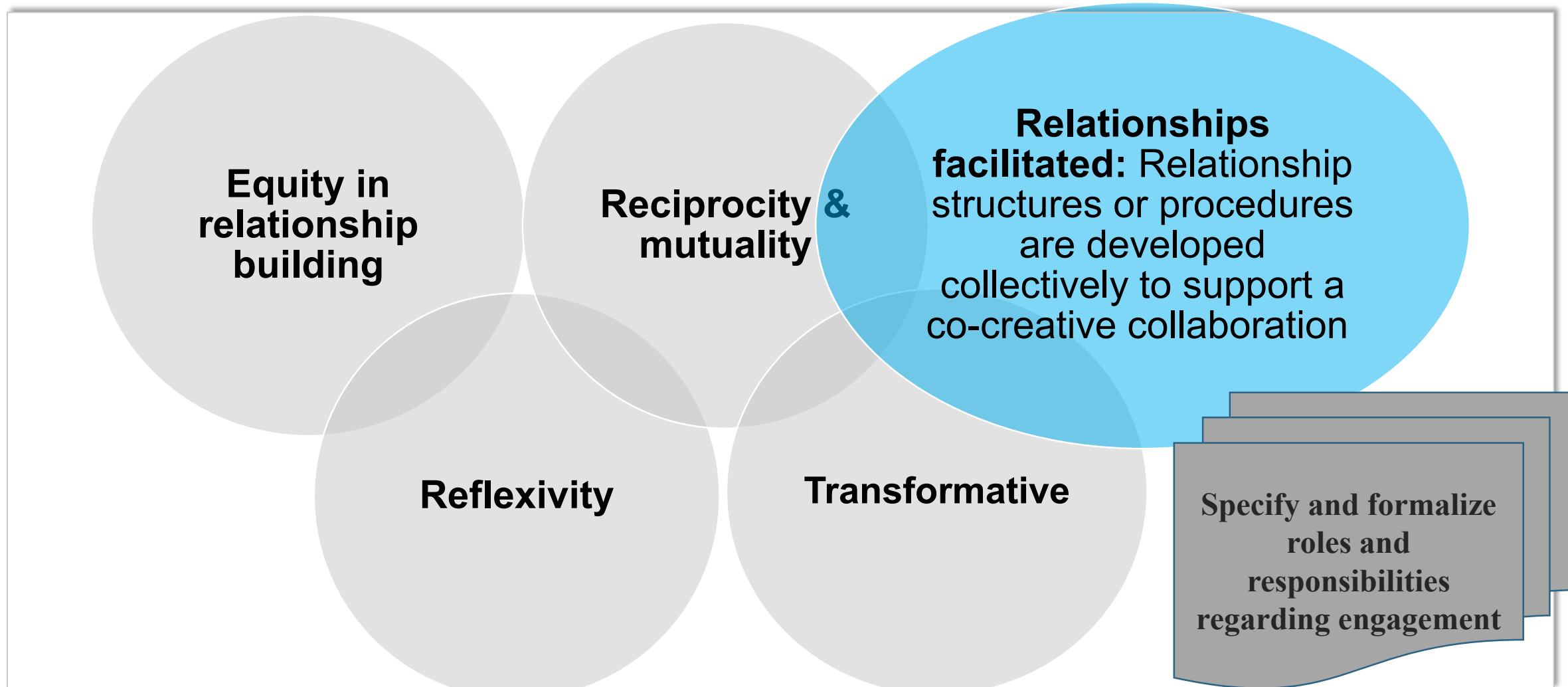
Co-creation Core Goals



Co-creation Core Goals



Co-creation Core Goals



Co-creation is essential for equity and inclusion because...

- **Community partners become activated and eventually lead their co-created process**



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- **Researchers avoid tokenism and overcome research mistrust by infusing every aspect of the research with expertise from all partners, and**



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- **Researchers avoid tokenism and overcome research mistrust by infusing every aspect of the research with expertise from all partners, and**
- **Researchers foster a “meaningful involvement and partnership...throughout the research process...” (PCORI)**

Summary

We identified 5 co-creation principles or **core functions and mapped each to activities or forms**

**Equity in relationships
Reciprocity & Mutuality
Relationship Facilitated
Reflexivity, and
Transformative**

Pérez Jolles et al., 2022. Understanding Implementation Research Collaborations from a Co-Creation Lens: Recommendations for a Path Forward. Frontiers in Health Services Implementation Science. Frontiers in Health Services Implementation. <https://doi.org/10.3389/frhs.2022.942658>



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Perez Jolles M, Lengnick-Hall R, Mittman BS. Core Functions and Forms of Complex Health Interventions: a Patient-Centered Medical Home Illustration. *J Gen Intern Med.* 2019 Jun;34(6):1032-1038. DOI: 10.1007/s11606-018-4818-7.

How do we convey a participatory engagement in a grant proposal?



Five tips for writing a research engagement section in a grant proposal



1 –

Clearly state the reason(s) for the engagement effort

- Why does the study need an engagement effort?
- What role would the partnership play in facilitating/supporting the research?
- What role would the partnership play in achieving proposed outcomes?
- Section(s): Aims page, background, conceptual framework, and/or methods depending on the funding option and nature of the research

2 –

Make evident your ability to convene the proposed group of partners/ stakeholders

- Do you know these individuals / groups directly?
- Have you collaborated with them before?
- Is their work and interests aligned with your proposal's aims/goals?
- Do you have the system-level capacity to bring them together in person and/or virtually?
- Section(s): Background, significance, innovation, institutional environment, and depending on the funding option and nature of the research

3 –

Use a systematic and evidence- informed engagement approach / strategy

- Describe a specific engagement approach, preferably evidence-based, and why
- Show that you or a Co-I in your team has experience with this engagement approach / method
- Section(s): Methods, engagement section and depending on the funding option and nature of the research

Engagement approaches

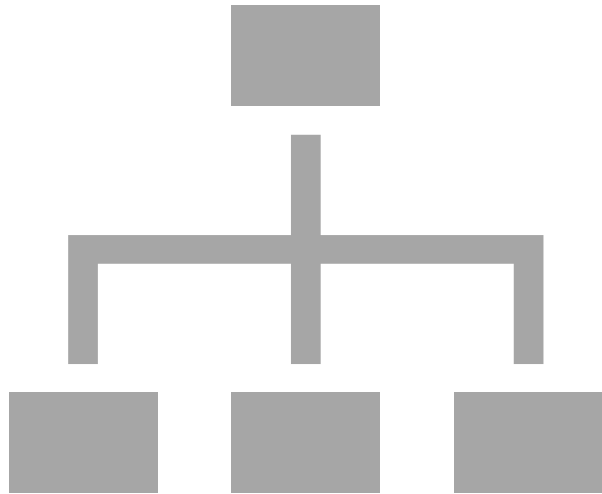
NAME	EXPLANATION
Nominal Group Technique	Nominal (meaning in name only) group technique (NGT) is a structured variation of a small-group discussion to reach consensus. NGT gathers information by asking individuals to respond to questions posed by a moderator, and then asking participants to prioritize the ideas or suggestions of all group members
DICE methods	Stakeholder Engagement Navigator webtool : DICEMethods.org
Discrete Choice Experiments (DCE)	Prioritize and narrow options
Implementation Mapping	Use participatory approach to identifying/refining implementation strategy / Aligned with EPIS; RE-AIM

4 –

Describe the partnership/ group structure **and** the process

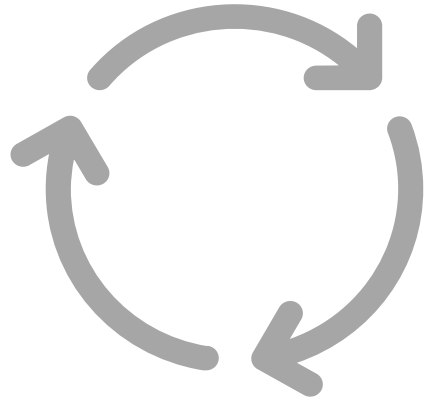
- They are not the same
- We often focus on the former and neglect the latter
- How you shape both aspects of group dynamics greatly contributes to successful goal attainment and partner satisfaction with the engagement experience
- Section(s): Methods, engagement plan, research team in human subjects section, and depending on the funding option and nature of the research

Group structure



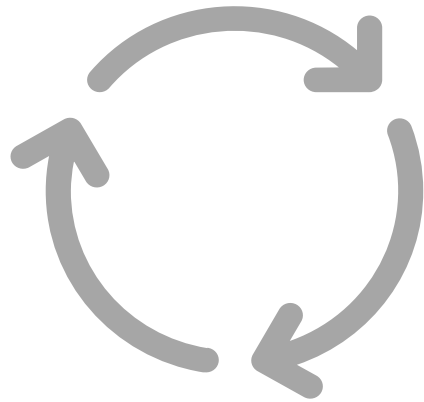
- Boundaries that define a group's norms, rules, and interactions*
- Who & What
- Size of the group and why
- Roles and responsibilities and how it relates to your proposal
- Use a visual to showcase multiple groups/cores and how they relate to each other (within and across networks)
- Governance Structure

Group process



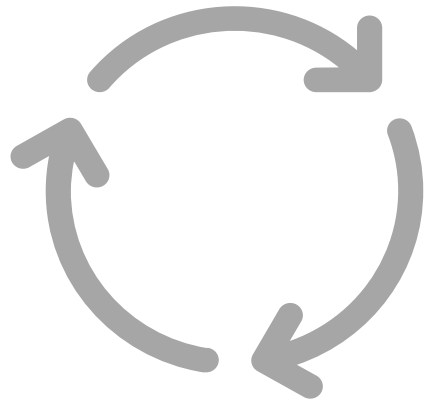
- How will you make the wheels turn to achieve synergy? To get things done?
 - It is all about trust and relationships
 - Harder to convey on paper!
- What type of engagement are you focusing on? **Why?**
 - Consult
 - Inform
 - Co-create

Group process



- Key group process areas to include in the engagement section:
 - Communication
 - Participation / Inclusion
 - Decision-making
 - Prioritization

Group process



- Key group process areas to include in the engagement section:
 - Communication
 - Participation / Inclusion
 - Decision-making
 - Prioritization



5 –

Foresee problems/ challenges ahead

- Identify concrete potential challenges to the engagement process
- Provide a plan to overcome them if they ever happen
- Section(s): End of the methods section, end of engagement section and depending on the funding option and nature of the research



When writing
about
collaborations



When
engaging in
collaborations



And, yeah,
Sometimes...



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THANK YOU

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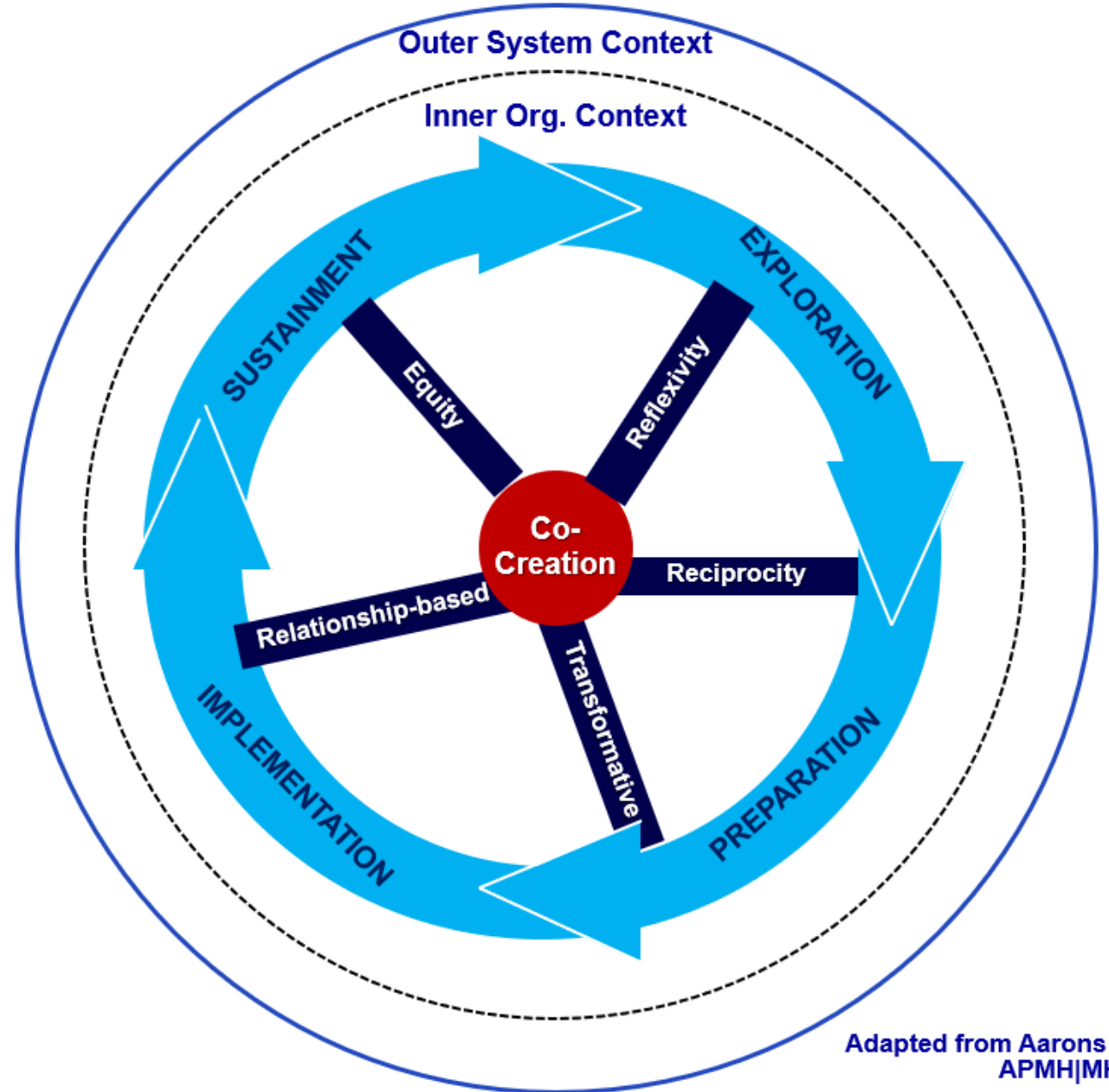
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We present three case examples informed by the Exploration, Preparation, Implementation, Sustainment (EPIS) Framework, and foregrounded in the concept of *co-creation* to guide the structuring of implementation collaboratives

Figure 1. Co-creation EPIS Model

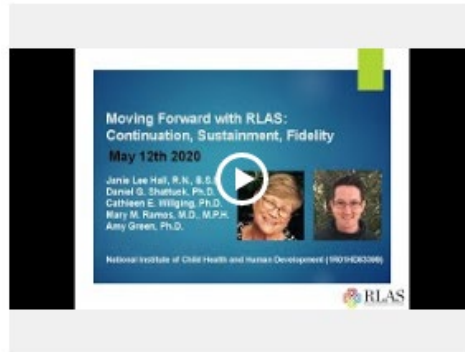


Reducing LGBTQ+ Adolescent Suicide (RLAS)

Aims to make high schools in New Mexico safer and more supportive of gender-diverse and sexual minority students through the introduction of LGBTQ+ supportive practices

Makes use of implementation science and cocreation methods to enable practice adoption

Goal is to improve health equity for LGBTQ+ youth placed at risk for minority stress and negative health and mental health outcomes



RLAS Webinar: Continuation, Sustainment, and Fidelity

STUDY PROTOCOL [Open Access](#)

Implementing school nursing strategies to reduce LGBTQ adolescent suicide: a randomized cluster trial study protocol

Cathleen E. Willging^{1*}, Amy E. Green^{2,3} and Mary M. Ramos⁴

Abstract

Background: Reducing youth suicide in the United States (U.S.) is a national public health priority, and lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) youth are at elevated risk. The Centers for Disease Control and Prevention (CDC) endorses six evidence-based (EB) strategies that center on meeting the needs of LGBTQ youth in schools; however, fewer than 6% of U.S. schools implement all of them. The proposed intervention model, "RLAS" (Implementing School Nursing Strategies to Reduce LGBTQ Adolescent Suicide), builds on the Exploration, Preparation, Implementation, and Sustainment (EPIS) conceptual framework and the Dynamic Adaptation Process (DAP) to implement EB strategies in U.S. high schools. The DAP accounts for the multilevel context of school settings and uses Implementation Resource Teams (IRTs) to facilitate appropriate expertise, advise on acceptable adaptations, and provide data feedback to make schools implementation ready and prepared to sustain changes.

Methods/Design: Mixed methods will be used to examine individual, school, and community factors influencing both implementation process and youth outcomes. A cluster randomized controlled trial will assess whether LGBTQ students and their peers in RLAS intervention schools (n=20) report reductions in suicidality, depression, substance use, bullying, and truancy related to safety concerns compared to those in usual care schools (n=20). Implementation progress and fidelity for each EB strategy in RLAS intervention schools will be examined using a modified version of the Stages of Implementation Completion checklist. During the implementation and sustainment phases, annual focus groups will be conducted with the 20 IRTs to document their experiences identifying and advancing adaptation supports to facilitate use of EB strategies and their perceptions of the DAP.

Discussion: The DAP represents a data-informed, collaborative, multiple stakeholder approach to progress from exploration to sustainment and obtain fidelity during the implementation of EB strategies in school settings. This study is designed to address the real-world implications of enabling the use of EB strategies by school nurses with the goal of decreasing suicide and youth risk behaviors among LGBTQ youth. Through its participatory processes to refine and sustain EB strategies in high schools, the RLAS represents a novel contribution to implementation science.

Trial registration: ClinicalTrials.gov, NCT02875535

Keywords: Evidence-based practice, Implementation, Sexual and gender minority, School nurses—suicide





<https://www.co-create-radx.com>

DOI: 10.1111/1475-6773.13910

RESEARCH ARTICLE

HSR Health Services Research

Co-creating a Theory of Change to advance COVID-19 testing and vaccine uptake in underserved communities

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 Paul Watson MS⁵ | Marina Ibarra⁵ | Raphael Lagoc BS⁵ |
 Lawrence O. Ayers MPH⁶ | Linda Salgin MPH, CPH^{7,8} |
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 Keith Pezzoli PhD^{11,12,13} | Borsika Rabin PhD, MPH, PharmD^{2,4}



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Who We Are

CO-CREATE (Community-driven Optimization of COVID-19 testing to Reach and Engage underserved Areas for Testing Equity—in Women and Children) is one of the RADx-UP projects funded by the NIH. CO-CREATE is a partnership between UC San Diego, San Ysidro Health, and the Global Arc.

[Meet the partners here.](#)

Our Mission

COVID testing equity for women, children, and their communities.

What We Do

We are conducting a study to understand the challenges and supports involved in getting tested for COVID-19 in the San Ysidro community, and to use what we learn to design strategies to make it easier to get tested for COVID-19.

How each of these projects strived for equitable relationship building



Equity in relationship building

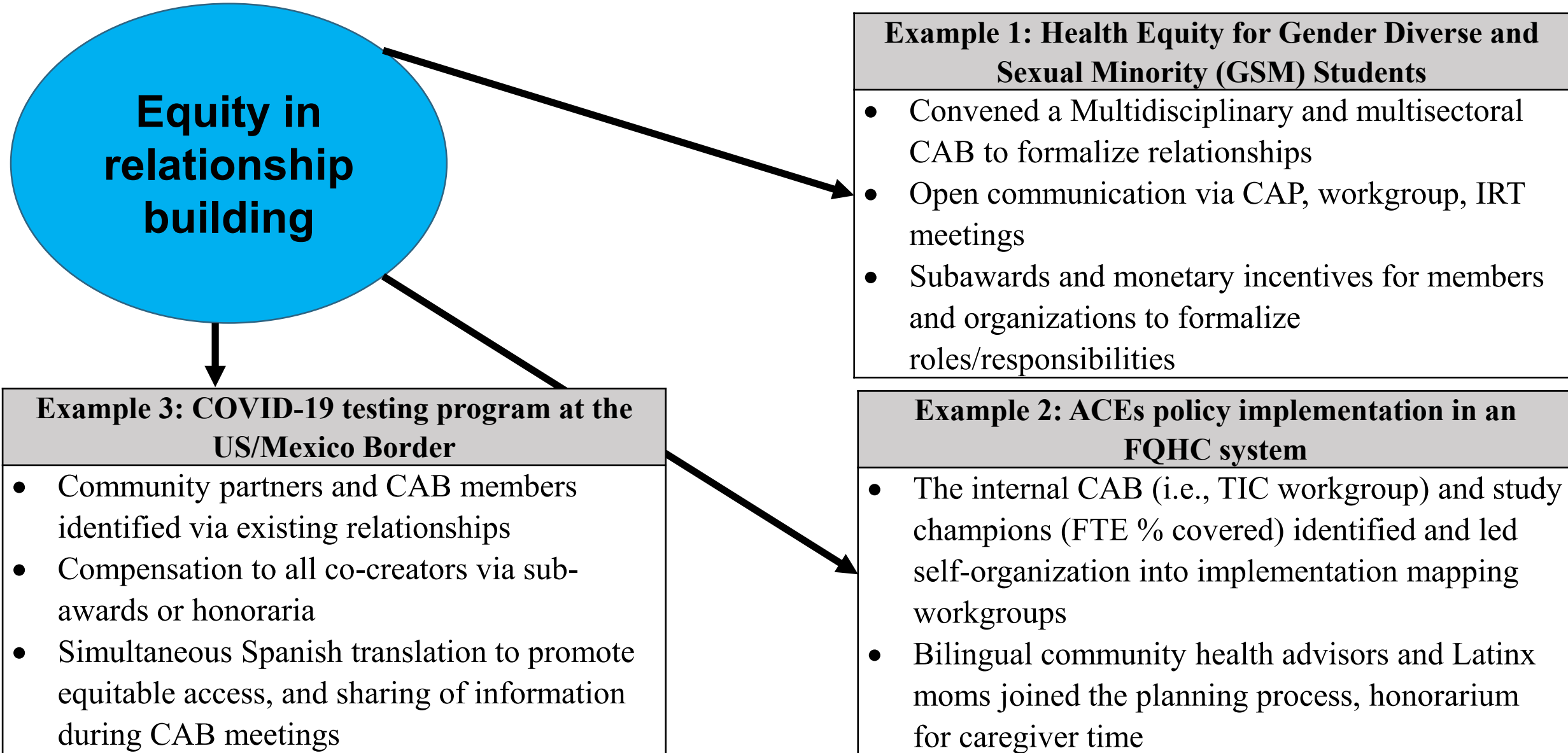
Example 1: Health Equity for Gender Diverse and Sexual Minority (GSM) Students

- Convened a Multidisciplinary and multisectoral CAB to formalize relationships
- Open communication via CAP, workgroup, IRT meetings
- Subawards and monetary incentives for members and organizations to formalize roles/responsibilities

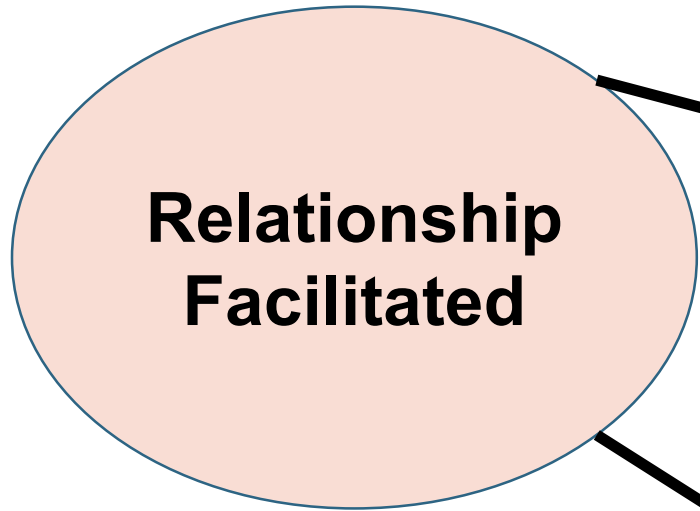
Example 2: ACEs policy implementation in an FQHC system

- The internal CAB (i.e., TIC workgroup) and study champions (FTE % covered) identified and led self-organization into implementation mapping workgroups
- Bilingual community health advisors and Latinx moms joined the planning process, honorarium for caregiver time

How each of these projects strived for equitable relationship building



How each of these projects strived for Relationship Facilitated Engagement



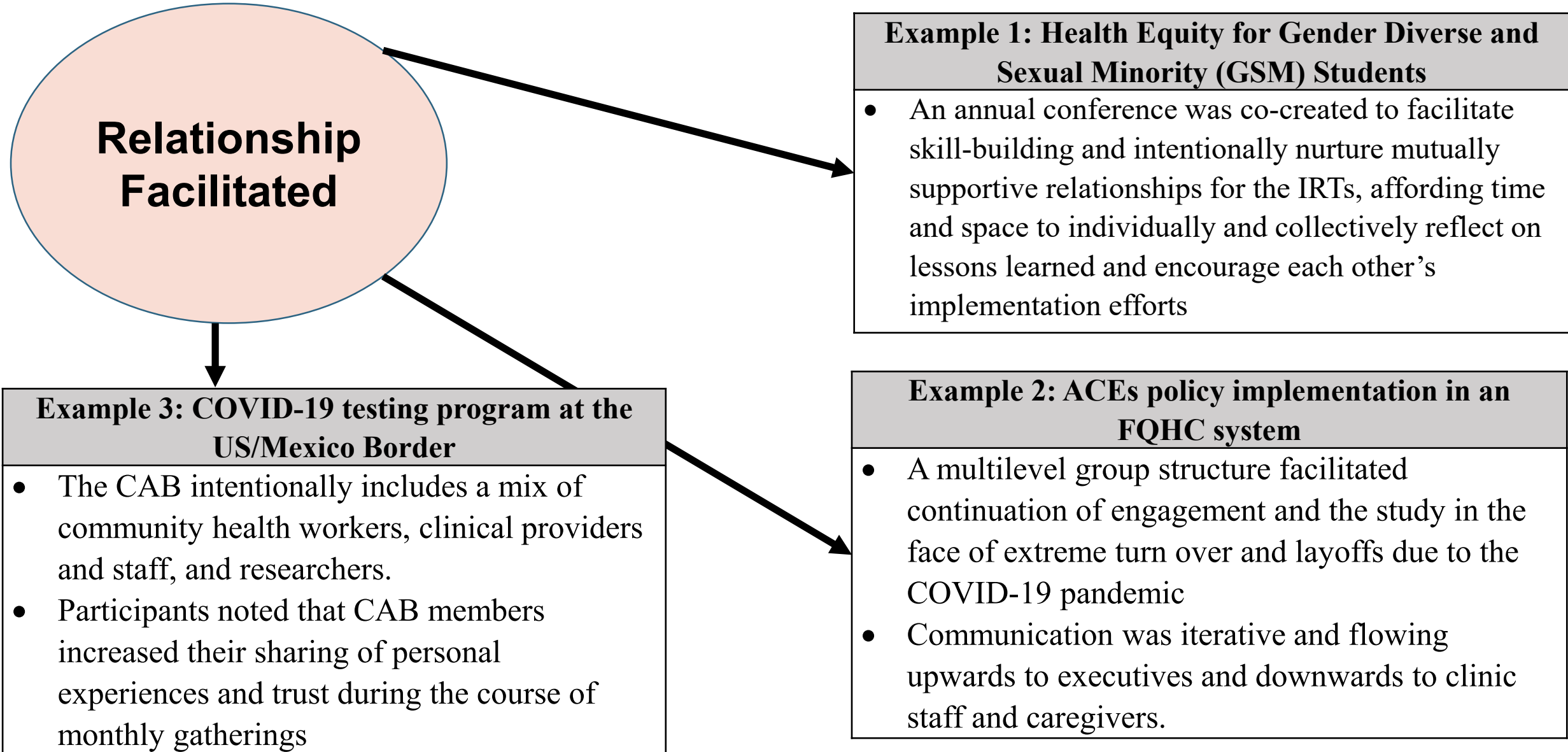
Example 1: Health Equity for Gender Diverse and Sexual Minority (GSM) Students

- An **annual conference** was co-created to facilitate skill-building and intentionally nurture mutually supportive relationships for the IRTs, affording time and space to individually and collectively reflect on lessons learned and encourage each other's implementation efforts

Example 2: ACEs policy implementation in an FQHC system

- A multilevel group structure facilitated continuation of engagement and the study in the face of extreme turn over and layoffs in the clinical system as a result of the COVID-19 pandemic
- Communication was iterative and flowing upwards to executives and downwards to clinic staff and caregivers.

And within the EPIS framework



EPIS IMPLEMENTATION PHASE