Measuring the Engagement in "Community-Engaged" Research: Are We (Truly) Empowering the Community to Inform Behavioral Health Equity?

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Roadmap Health Equity in Implementation Science Community-Engaged Research Principles CERIE Overview & Aims Measuring CE: "Advancing the Science of Engagement" Challenges/Discussion

Health Equity in Implementation Science

An explicit and intentional integration of implementation science and equity

Community Engaged Research (CEnR) as central feature of IS from its inception

Drahota et al. (2016): recommend consensus around using the term "Community Academic Partnership" to unite research disciplines & more systematically advance the field

Holt & Chambers (2017): Community Engaged Dissemination and Implementation (CEDI) research

Community-Engaged Dissemination & Implementation

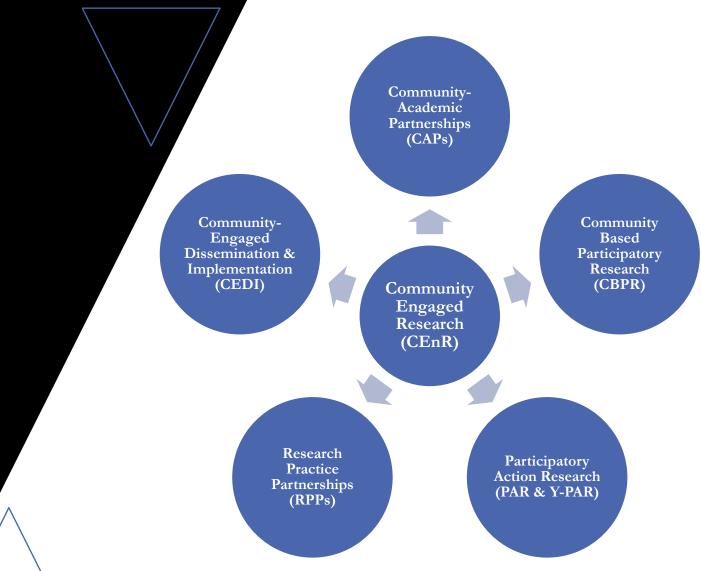
"Research involving dissemination or implementation of evidence-based health interventions within clinical or community-based settings using communityengaged processes or partnerships, including but not limited to community-based participatory research." (Holt & Chambers 2017)



Emphasizes engagement of *stakeholders* (e.g., community members, practitioners, community organizations, etc.) with diverse experiences, perspectives, and expertise to provide key knowledge re. local context, priorities, needs, and assets



Incorporating unique perspectives from communities which have been historically excluded from the research process Types of Community Engaged Research



Community Engaged Research Principles

Before starting work with the community

- 1. Defined purposes, goals, & community
- 2. Know the community

Needed for Engagement

- 3. Go to the community
- 4. Look for collective self-determination

Community Engaged Research Principles

Succeeding in the Engagement Process

- 5. Community partnerships are vital
- 6. Respect community diversity & culture
- 7. Mobilize community assets and develop capacity
- 8. Maintain flexibility
- 9. Commitment to collaboration

Community Empowered Research to Inform Behavioral Health Equity (CERIE)

- Community-partnered collaboration centered on a comprehensive approach to community engagement for behavioral health equity and inclusion.
- UCSD partnership with Community Health Improvement Partners (CHIP) and the Global Action Research Center (Global ARC)
- Funded by the County of San Diego Behavioral Health Services System (BHS)
- Predicated on full community involvement at all phases of the project

Continuum of Community Engagement

Increasing Level of Community Involvement, Impact, Trust, and Communication Flow

Outreach	Consult	Involve	Collaborate	Shared Leadership
Some community Involvement	More community involvement	Better community involvement	Community involvement	Strong bidirectional relationship
Communication flows from one to the other, to inform	Communication flows to the community and then back, answer seeking	Communication flows both ways, participatory form of communication	Communication flow is bidirectional	
Provides community with information	Gets information or feedback from the community	Involves more participation with community on issues	Forms partnerships with community on each aspect of project from development to solution	Final decision making is at community level
Entities coexist	Entities share information	Entities cooperate with each other	Entities form bidirectional communication channels.	Entities have formed strong partnership structures
Outcomes: Optimally, establishes communication channels and channels for outreach.	Outcomes: Develops connections	Outcomes: Visibility of partnership established with increased cooperation	Outcomes: Partnership building, trust building	Outcomes: Broader health outcomes affecting broader community. Strong bidirectional trust built.

Source: Clinical and Translational Science Awards (CTSA) Consortium Principles for Community Engagement (2011)

CERIE AIMS

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Aim 1: Develop a community engagement process rooted in approaches which promote community empowerment



Aim 2: CEnR approach to integrate community collaborators (e.g., community affected, community impacted, allies, advocates, interested parties, etc.) via a Community Partnership Council (CPC)

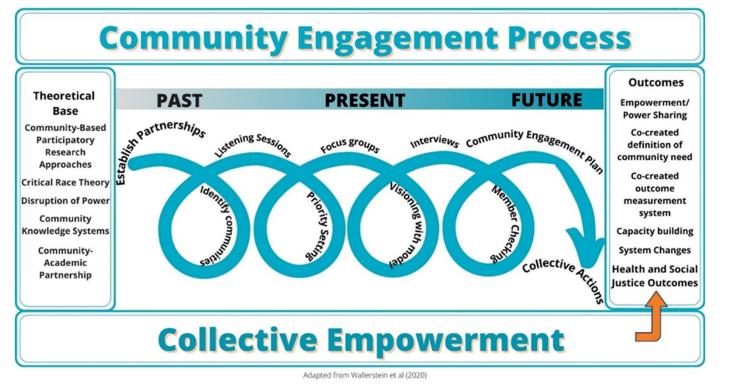


Aim 3: Conduct system-wide community engagement activities



Aim 4: Create a strategic plan to improve behavioral health service delivery for historically underrepresented populations.

Aim 1: Community Empowerment via Engagement



https://engageforequity

Aim 2: Develop & Implement a Community Partnership Council (CPC)

CPC will be "CAP" which will operationalize the "CEnR" approach

- Principles of cultural exchange
- Training & support for capacity building
- Collaborate on multiple, co-led approaches to determine & prioritize greatest system needs
- Undertake evaluation & feedback processes

CPC will engage in a collaborative planning process through a VMOSA (vision, mission, objectives, strategies, & action plan)

Aim 3: Systemwide Engagement

Representative of San Diego County

Priority communities (defined by state/county)

Activities include: listening sessions/forums, focus groups, interviews, & surveys

Aim 4: The Strategic Plan

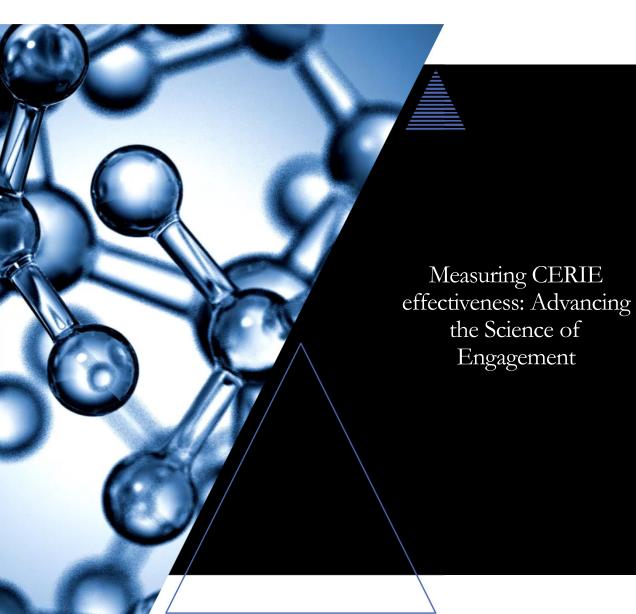
Implement a Community-Engaged Approach (Aims 2 + 3) to inform BHS program and policy = community-driven evidence to inform BHS decision-making



"Engaging vulnerable community stakeholders in medical research is less of a controlled and predictable science than we might wish. Nevertheless, it seems curious that we invest millions of dollars in product development, clinical training, design and building of facilities, etc, but often leave vital processes of community engagement largely to trial and error."

NEWMAN PA. (2006) TOWARDS A SCIENCE OF COMMUNITY ENGAGEMENT. LANCET.

DOI: 10.1016/S0140-6736(06)68067-7.



- While CEnR is increasingly accepted as essential to improving research quality & health outcomes – across scientific disciplines – the science of engagement effectiveness lags practice
- And, effective methods for engaging & facilitating inclusion of historically underrepresented communities as study partners presents a further knowledge gap
- How to understand power-sharing practices that create pathways toward health equity outcomes

Patient-Centered Outcomes Research Institute (PCORI)



Funding Announcement to Advance the Science of Engagement (SoE): Address high-priority gaps in the SoE, focused on the evaluation of engagement methods



No consensus exists on how to measure the variety of aspects that constitute engagement, and little systematic study has examined what engagement methods are most effective



The long-term goal of the SoE initiative is to build an actionable evidence base that clearly identifies the methods & approaches that lead to effective engagement; how they should be modified & resourced for different contexts, settings, and communities to ensure equity in engagement and research; & how engagement supports patient-centered outcomes research

Testing of engagement methods to generate evidence on the most effective approaches, particularly for understanding underrepresented populations, and how effectiveness varies by context

SoE Study Aims

01

Define activities and behaviors that encompass a CERIE approach 02

Design a (comparative effectiveness) approach to understand which components predict engagement success and the mechanisms which underly them 03

Demonstrate the effectiveness of CERIE components via a robust mixed-method approach

Aim 3: Evaluation/Measurement

- Metrics should be easy/feasible to collect, sensitive to change, community/patient centered, and measured at multiple points in time
- Must support real-world decision making
- Validated measures (where possible, or propose validation strategy)
- Consider: Social Network Analysis

Range of potential outcomes

Quality of engagement (e.g., engagement experience, partnership functioning, group dynamics)

Outcomes of engagement (e.g., trust among community members & researchers)

Impact of engagement methods on research process (e.g., collaborative decision-making)

Near-term outcomes (e.g., timely completion of projects, representative participants)

How is BHS being responsive to needs identified by CE activities?



What is design?

Potential Implementation Approach: 3-Phase Diffusion Model

01

Create the CPC

02

CPC becomes in-vivo implementation coaches for additional CPC waves in identified communities, until full diffusion is achieved 03

CPC shifts to maintenance function: ensuring system-wide, authentic community input in BHS program planning & policy



- Thoughts on measurement? How to intersect validated measures with community cocreation?
- Possible diffusion model of CPC approach
- Community-led research and IS: Centering equity and generating communitydriven evidence = implications for IS?

Thank You!



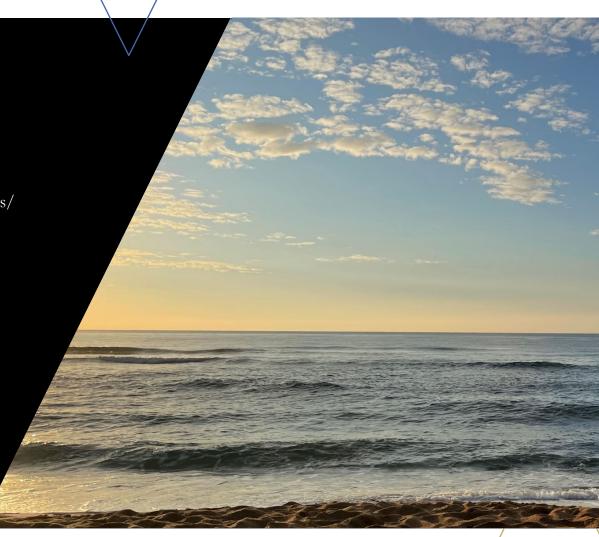
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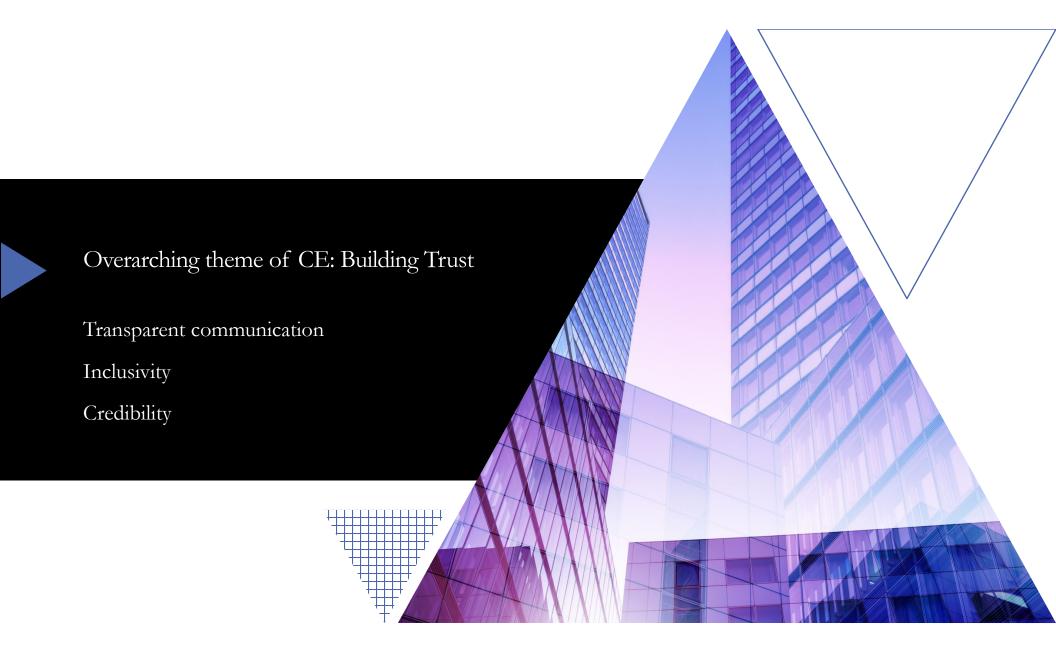


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CERIE: Year 1

- Goal: Creating a definition of community engagement according to the community
- What does community engagement mean to the community partners?



How is CE effective (according to community)?

- Holding engagement activities in neighborhood/community spaces
- Participating in existing community meetings to connect with people "where they are" (i.e., shift research mentality – don't expect community members to "go to" externally held engagement events

"We just have to meet them where they are, and speak their language, as opposed to inviting them into our space."

How is CE effective (according to community)?

- Holding engagement activities in neighborhood/community spaces
- Participating in existing community meetings to connect with people "where they are" (i.e., shift research mentality – don't expect community members to "go to" externally held engagement events
- How is input being used in program planning & decision-making
- Bidirectional communication! Feedback to the community that is clear & easy to understand

"We just have to meet them where they are, and speak their language, as opposed to inviting them into our space." "You know, what community engagement really, where the power is... is inviting people into a conversation or more, you'd hope, craving the opportunity to be invited into their conversation. You know, I think that that really is, you know, because ... the example for years, you know, creating a seat at the table for people, but the reality is, rather than creating a seat for them, let's give them a table. And, and hope they give us a seat at their table. Because we're gonna find out so much more about what works and what doesn't work."