

# SAN DIEGO CFAR IS HUB, DISC, IN STEP Center, and UCLA Rapid, Rigorous, Relevant (3R) IS Hub Present:

## Qualitative Methods, Scaling Implementation Science Grants, and Community Engagement Series

Session 2 led by  
Alison Hamilton, PhD, MPH and Nicole Stadnick, PhD, MPH

June 16, 2023



UC San Diego  
ACTRI Dissemination and  
Implementation Science Center



**CHIPTS**  
Center for HIV Identification, Prevention  
and Treatment Services

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(NAME, LOCATION, GOAL FOR TODAY'S SESSION)

# Full Series:

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## SD CFAR Implementation Science Hub:

### Qualitative Methods for Implementation Research and Community Engagement Series

#### Session 1

Introduction to Qualitative Methods in Implementation Research  
**May 25th from 10:00-11:30 am PT,**  
**Cathleen Willging, PhD and Daniel Shattuck, PhD, MPH**

#### Session 2

Assessing Context in Implementation Research Using Qualitative Methods  
**Friday 6/16 10:00-11:30 am PT**  
**Alison Hamilton, PhD, MPH & Nicole Stadnick, PhD MPH**

#### Session 3

Conducting Interviews and Focus Groups  
**Tuesday 6/20 10:00-11:30 am PT,**  
**Cathleen Willging, PhD and Daniel Shattuck, PhD, MPH**

#### Session 4

Analyzing, Reporting, and Disseminating Qualitative Research  
**Friday 8/11 10:00-11:30 am PT,**  
**Cathleen Willging, PhD, Daniel Shattuck, PhD, MPH, and Emily Haozous, PhD, RN, FAAN**

#### Session 5

**Wednesday 8/23 9:00-10:30 am PT,**  
**To Be Determined**

#### Session 6

Meaningful Community Engagement in Qualitative Implementation Research  
**Friday 9/8 at 10:00-11:30 am PT,**  
**Cathleen Willging, PhD, Brooke Tafoya, MSW, and Adrien Lawyer, BA**

#### Session 7

Utilizing Qualitative Methods to Conduct Mixed Methods Research (Introduction to Data Integration and Data Transformation Methods)  
**Thursday 10/19 10:00-11:30 am PT**  
**Jodi Summers Holtrop, PhD, MCHES**



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Questions? email [SDCFARDISC@health.ucsd.edu](mailto:SDCFARDISC@health.ucsd.edu)

**CFAR**  
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# Overview

- 90-minute didactic session, followed by a 30-minute group consultation period
  - For those who registered for the consultation period, simply stay on!
  - Look out for our evaluation survey

## What to expect after today's session:

- Emailed resources and further reading
- Access to session recording

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# Session 2: Assessing Context in Implementation Research Using Qualitative Methods

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Dr. Alison Hamilton, UCLA Rapid, Rigorous, Relevant (3R) Implementation Science Hub

Dr. Nicole Stadnick, UC San Diego Center for AIDS Research Implementation Science Hub



SIRC Conference 2015

## Alison Hamilton, PhD, MPH



Principal Investigator, UCLA Rapid, Rigorous, Relevant (3R) Implementation Science Hub, Center for HIV Identification, Prevention, and Treatment Services (CHIPTS)

Professor-in-Residence, Department of Psychiatry and Biobehavioral Sciences, UCLA

Research Career Scientist, Center for the Study of Healthcare Innovation, Implementation & Policy, VA Greater Los Angeles Healthcare System

## Nicole Stadnick, PhD, MPH



Co-Principal Investigator, San Diego Center for AIDS Research Implementation Science Hub

Assistant Professor, Department of Psychiatry  
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Director of Dissemination and Evaluation, ACTRI  
Dissemination and Implementation Science Center  
Child and Adolescent Services Research Center

Administrative Core Co-Lead, IN STEP Children's Mental Health Research Center

# Agenda

- Overview of implementation context assessment using qualitative methods (Alison)
- Deep dive into:
  - Ethnographic approaches
    - Focused ethnography (Alison)
    - Periodic Reflections (Alison)
    - Virtual ethnography (Nicole)
  - Theory of Change (Nicole)
  - Brainwriting pre-mortem (Nicole)
- Synthesis and concluding thoughts (Alison)

# Review: what is implementation science?

Crux of implementation science (Bauer & Kirchner 2020):

1. Identify uptake barriers and facilitators **across multiple levels of context**
2. Develop and apply implementation strategies that overcome barriers and enhance facilitators to increase the uptake of evidence-based innovations

**“implementation science protocols do not ignore or control for context, but rather *actively seek to intervene to change the context* in which clinical innovations are used in order to enhance their uptake”**

“Context is a problem for implementation science.” (May et al., 2016)

Need study designs that help to characterize context (not “capture”)

Scoping review (Bates & Ellaway, 2016):

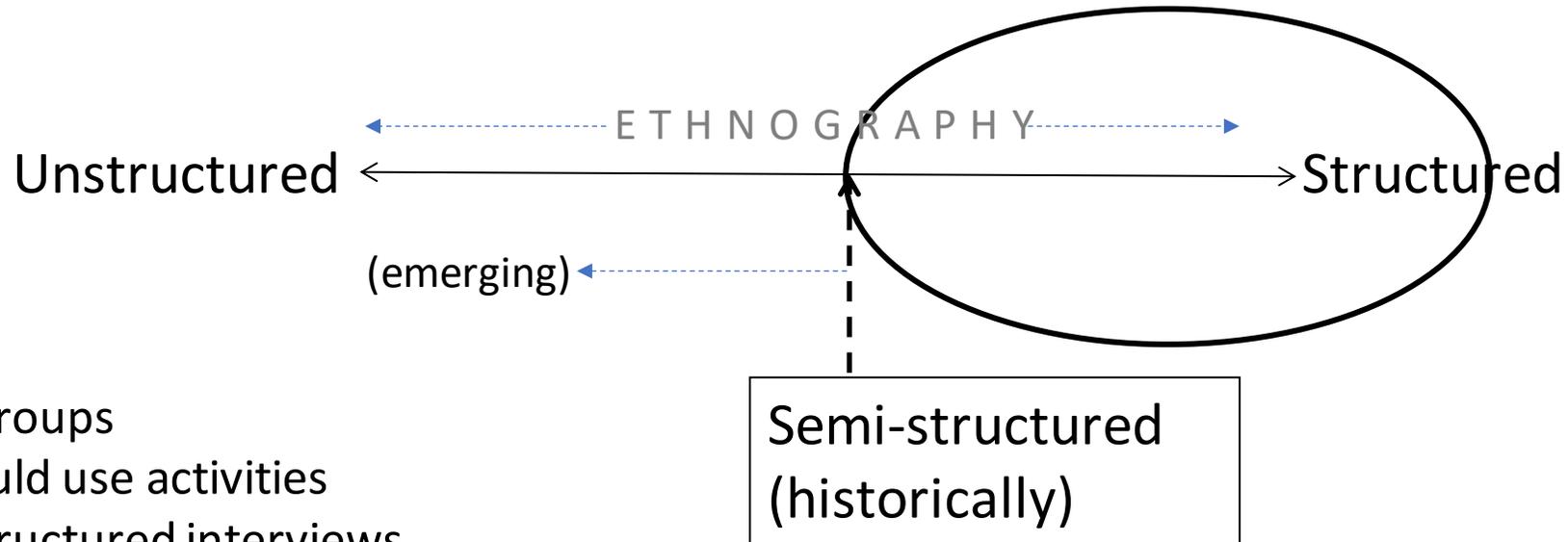
1. Physical relationship
2. Location
3. Identity
4. Culture

- What ‘is’ the context? (static)
- How does context ‘work’?
- How can context be represented?

17 frameworks that address contextual determinants (Nilsen & Bernhardsson, 2019)

“Context is commonly viewed as a multidimensional concept” → only “partially mature” in implementation science (Pfadenhauer et al., 2015)

# Choosing your qualitative methods for assessing context



- Focus groups
  - Could use activities
- Semi-structured interviews
  - Could contain rating/ranking questions
  - Could limit sample to key informants, key stakeholders (e.g., purposeful sampling)
- Observations
  - Descriptive fieldnotes, semi-structured templates, structured templates (Fix et al., 2022)

# Studying context (Tomoaia-Cotisel et al., 2013)

## Most important contextual factors

1. Practice setting
2. Larger organization
3. External environment
4. Implementation pathways
5. Motivation for implementation



## To understand context\*

1. Engage diverse perspectives and data sources
2. Consider multiple levels
3. Evaluate history and evolution over time
4. Look at formal and informal systems and culture
5. Assess interactions between contextual factors, process, and outcome

\*Check out the Context Matters worksheet:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3707255/>

# Studying context (cont.)

**Table 3. The 3 Cs—Context, Content, and Concepts—Approach to Field Observations**

Category	Definition	Focus
Context	The circumstances (both material and theoretical) under which observations are being conducted, as well as any historical, sociocultural, political, and other information that may directly (or indirectly) influence data collection	Who is there as observer? What is your reason for being there? Why this location? What is your state of mind (eg, confused, unhappy, tired, excited)? What are your key areas of (observational) interest based on your prior research experience and/or scholarly background?
Content	The matter or substance of what happened	Who are the participants? How are they related, if at all (eg, physicians and patients, work colleagues, friends or family members, cancer survivors)? How do participants interact? What actions/events are occurring? What is the timing/sequence of events? What quotes best capture the exchange that occurred?
Concepts	The larger theoretical context to which observations connect, either as evidence of or refutation of theory; theoretical insights that emerge from observations (as in grounded theory); directions for future research	What have you learned that you did not know before? Does this observation help support or refute your hypothesis/expectations? How is this observation related to prior observations or to your reading of the scholarly literature? What are some potential implications of what you have observed? What new questions (research or otherwise) arise from this observation? How do participants respond to the presence of an observer? (Are they excited, anxious, skeptical, wary, etc?) What historical or current events may influence this response?

## 3Cs Observation Template

Project Title:

Document Type: Unstructured field observations

Observer:

Date/Time:

Location:

Main Research Question:

Participants:

Context: Researcher observations about any factors or circumstances that might influence the data collection process or affect the researcher and/or participants.

Content: Who are the participants? What actions/events are occurring? What is timing/sequence of events? What are great quotes?

Concepts: Preliminary ideas, observations, “light bulbs” - What have you learned that you did not know before? What are some potential implications of what you have observed? What new questions (research or otherwise) arise from this observation?

## Focused ethnography (Higginbottom et al., 2013)

- “FE can be applicable to any discipline whenever there is a desire to explore specific cultural perspectives held by sub-groups of people within a context-specific and problem-focused framework.”
- Focused = “when investigating specific beliefs and practices of particular illnesses, or particular healthcare processes, as held by patients and practitioners”
- Findings anticipated to have meaningful application
- Different from rapid appraisals, micro or mini ethnographies (deductive observational studies)

# Focused ethnography

- Bikker et al., 2017
- Applied and pragmatic form of ethnography
- Explores only one particular problem or topic, “**focused field of enquiry**”
  - background of the problem is studied and based on the literature
  - **problem-focused research question** is formulated before going into the field
- Involves **short-term and targeted data collection**
  - visits to the field tailored to a particular timeframe or events so that relevant results on the pre-defined topic can be obtained
- Interviews with **carefully selected participants structured** around the study topic

## Higginbottom et al., 2013

- Conceptual orientation of single researcher
- **Preselected topic**
- Focus on discrete community, organization, social phenomena
- **Problem-focused** and context-specific
- **Limited number of participants**, with specific knowledge
  - Purposive sampling
  - Maximum phenomenon variation
- **Episodic participant observation**
- Interviews can be **highly structured**
- Observer as participant (less time-intensive)
- Selected (vs. descriptive) observations can be documented with checklists
- Document analysis

# Ethnographic process evaluation (Bunce et al., 2014)

- Study of the translation of a primary care health information technology (HIT)-based quality improvement intervention from an integrated care setting to community clinics
- Ethnographic approach to process evaluation: “emphasizes placing the intervention in its historical and social context, “being there” to document the process as it unfolds and as interpreted by its participants, openness to unanticipated consequences, and illumination of multiple, complex, and competing perspectives”
  - What is happening, and why
- Used less intrusive methods (weekly diaries by site coordinators, short surveys, document review, workflow observation) as primary form of data collection
- Insider site coordinators
- Two-hour in-person training
  - goal of ethnographic data collection in implementation research
  - asking good questions and learning to listen

## Bunce et al. (cont.)

- Weekly diaries: originally structured, low yield → “Please include anything you think might help us understand barriers and facilitators to [the] implementation”
  - training: why, what, how, value
  - conversation between diarist & ethnographer

A.L.L. Study - Weekly Site Coordinator Feedback Log

Date:		Name:							
<p>Please include anything you think might help us understand barriers and facilitators to OCHIN A.L.L. implementation.</p> <p><b>Reminders:</b></p> <ul style="list-style-type: none"> <li>• Goal is to reveal the stories and ongoing process of implementation.</li> <li>• Please be specific and include details (how, who, what, &amp; when) whenever possible.</li> <li>• Note the feedback source (i.e., nurse, doctor, MA, patient, etc.)</li> <li>• Use square brackets when sharing your insights or interpretations.</li> <li>• Use quotation marks for verbatim quotes.</li> </ul>									
<p><b>Potential topics for your feedback log:</b></p> <table border="0"> <tr> <td>✓ Implementation (Day-to-day logistics)</td> <td>✓ Surprises, Challenges, and Solutions</td> </tr> <tr> <td>✓ Communication (Formal and Informal)</td> <td>✓ Unresolved or ongoing issues</td> </tr> <tr> <td>✓ Tools (BPA, Inreach and Outreach Solutions rosters, and education materials)</td> <td>✓ Other feedback that you think is relevant</td> </tr> </table>				✓ Implementation (Day-to-day logistics)	✓ Surprises, Challenges, and Solutions	✓ Communication (Formal and Informal)	✓ Unresolved or ongoing issues	✓ Tools (BPA, Inreach and Outreach Solutions rosters, and education materials)	✓ Other feedback that you think is relevant
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✓ Communication (Formal and Informal)	✓ Unresolved or ongoing issues								
✓ Tools (BPA, Inreach and Outreach Solutions rosters, and education materials)	✓ Other feedback that you think is relevant								

# Periodic reflections (Finley et al., 2018)

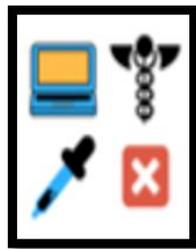
- Ethnographic in allowing close engagement, over time, multi-layered emic perspective
- Low burden strategy for documenting events in real (concurrent) time
- Brief phone calls with implementation team members (e.g., Pis, site coordinators) and key implementers
- Lightly guided
- Flexible, allow for multiple perspectives on what, why, how, who and when
- Reflection and sensemaking [complexity theory]

# Periodic reflections (cont.)

- 15-60 minute phone calls, approximately monthly
- Lightly guided discussions by telephone/Zoom, etc.
- Individuals, dyads, teams
- <https://youtu.be/UBBnjlo3Auk>



Main  
Activities



Adaptations  
to Intervention



Adaptations  
To Implementation



Stakeholder  
Engagement



Changing  
Environment

Special thanks to Erin Finley!

Study Name/Publication	Implementation Goal	Timing of Reflections	Participants in Reflections	Data Informs
EXTEND QUERI (Damush & Penney)	Increase Veterans' access to telehealth	Monthly, Quarterly	Coordinators, Project PIs	Pre-implementation planning, selection of implementation strategies, contextual factors to watch
Hospital2Home (Penney)	Improve Veterans' care transitions	At key moments of change	Implementation team members, key stakeholders	Documentation of activities and events, why decisions made, identification of key challenges
Baayd & Simmons, 2020	Increase state-level access to contraception	Monthly	Implementation team member	Understanding implementation context, how intervention implemented (fidelity & adaptations), and mechanisms of impact
Malo et al., 2021	Increase access to colorectal cancer screening	Monthly	Implementation team	Understanding factors influencing implementation and clinic-level adaptations
Morris et al., 2020	Reduce food insecurity among older adults	Not specified	Clinic champions, implementation team	Understanding implementation phenomena, unplanned adaptations, real-time barriers or facilitators
Pittman et al., 2021	Implement eScreening for suicide risk in VA	Not specified	Not specified	Documentation of adaptations (along with adaptation log), identification of contextual factors impacting implementation

# Tailoring VA's Diabetes Prevention Program to Women Veterans' Needs: Learning from Reflection

“The in-person groups are done. We’re thinking about doing a maintenance monthly session... Not very many people want to come, but a few women would be interested. We have funding for [the peer leader] through September so we could do them through then.”

*Intervention  
content  
modification  
(Stirman et al., 2019)*



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# Using ethnographic approaches to document, evaluate, and facilitate virtual community-engaged implementation research

[Borsika A. Rabin](#) , [Kelli L. Cain](#), [Linda Salgin](#), [Paul L. Watson Jr.](#), [William Oswald](#), [Bonnie N. Kaiser](#), [Lawrence Ayers](#), [Crystal Yi](#), [Alexander Alegre](#), [Jessica Ni](#), [Allyn Reyes](#), [Kasey E. Yu](#), [Shelia L. Broyles](#), [Robert Tukey](#), [Louise C. Laurent](#) & [Nicole A. Stadnick](#)

*BMC Public Health* **23**, Article number: 409 (2023) | [Cite this article](#)

574 Accesses | 5 Altmetric | [Metrics](#)

# Ethnography in Implementation Science

- Increasingly used to provide a contextual understanding of processes, complex interactions, and diverse views<sup>1</sup>.
- Recommendations for use:
  - iterative development of methodologies
  - valuing the reflexivity of the researcher/documenter
  - contextualizing findings by considering the local and broader context and perspectives from partners at multiple levels
- Our objective was to describe a multi-method ethnographic approach to documenting and assessing engagement.

<sup>1</sup> Gertner AK, Franklin J, Roth I, Cruden GH, Haley AD, Finley EP et al. A scoping review of the use of ethnographic approaches in implementation research and recommendations for reporting. *Implementation research and practice*. 2021 Mar;2:2633489521992743.

# Methods

- 33 partners from 17 community groups participated in 15 Community Advisory Board (CAB) virtual meetings facilitated by a social change organization.
- Documenters were trained to observe CAB sub-groups using ethnographic documentation forms to assess multiple aspects of CAB member engagement.
- Debriefing with the documentation team after CAB meetings supported quality assurance and process refinement.
- Content and rapid thematic analysis were used to analyze documentation data.

## **INNOVATION DOCUMENTATION FORM**

### **SECTION 1: MEETING**

Documenter: \_\_\_\_\_ Meeting: \_\_\_\_\_ Date: \_\_\_\_\_

Scene (e.g., main room, interpretation room, small groups, breakout rooms):

Technology (e.g., Zoom, Miro, white board):

Documentation method:

Live  Recording  Both

Purpose/Agenda for the meeting:

Were all agenda items discussed?  Yes  No  
If no, what was the reason for not addressing all items?

Time meeting started (note if meeting started late):

Time meeting ended (note if meeting ended early or late):

**SECTION 2: ACTORS**

**Group (e.g., CAB Community members):** *(repeat as needed for additional groups)*

**Name, Organization, Partner role** *(complete prior to meeting if possible)*

**Comments** *(include information about whether person arrived late or left early and time if known, and if there were technology issues (unstable internet, phone connection issues) and whether this had an impact on the quality of communication or conversation):*

\_\_\_\_\_

\_\_\_\_\_

**Time talking** (enter in number of minutes): \_\_\_\_\_

**Primary language for participation:** \_\_\_\_\_  **Used interpreter**

**Interrupts (Who, why):** \_\_\_\_\_

**Name, Organization, Partner role** *(complete prior to meeting if possible; repeat as needed for additional members)*

**Comments** *(include information about whether person arrived late or left early and time if known, and if there were technology issues (unstable internet, phone connection issues) and whether this had an impact on the quality of communication or conversation):*

\_\_\_\_\_

\_\_\_\_\_

**Time talking** (enter in number of minutes): \_\_\_\_\_

**Primary language for participation:** \_\_\_\_\_  **Used interpreter**

**Interrupts (Who, why):** \_\_\_\_\_

**Is there variation in terms of engagement across language groups?**

**Additional observations not listed above:**

**CALCULATE AFTER MEETING:**

How much time did each group talk during the meeting?

CAB Community members: \_\_\_\_\_ total minutes

*Add totals for additional groups as needed*

**SECTION 3: ACTS**

Sender Who and What	Target To whom: individual, sub- group, entire group	Scene (select one)	Type (select all that apply)  <b>Seeking info:</b> Asking for information from individual/group <b>Giving info:</b> Providing unsolicited facts, data, or opinion, providing information as a response <b>Agreement:</b> Agreeing with or endorsing others statements or summaries <b>Summation:</b> Summarizing points and making conclusions <b>Closing:</b> closing statement at end of meeting	Comments
		<input type="checkbox"/> Main room/Entire group <input type="checkbox"/> Breakout room/Small group <input type="checkbox"/> Chat <input type="checkbox"/> Other: _____	<input type="checkbox"/> Seeking Info <input type="checkbox"/> Giving Info <input type="checkbox"/> Agreement <input type="checkbox"/> Summation <input type="checkbox"/> Closing <input type="checkbox"/> Other	
		<input type="checkbox"/> Main room/Entire group <input type="checkbox"/> Breakout room/Small group <input type="checkbox"/> Chat <input type="checkbox"/> Other: _____	<input type="checkbox"/> Seeking Info <input type="checkbox"/> Giving Info <input type="checkbox"/> Agreement <input type="checkbox"/> Summation <input type="checkbox"/> Closing <input type="checkbox"/> Other	
<p><i>Add rows as needed</i>            (average for our 2 hour CAB meetings was 92 Acts, range 10-177 Acts)</p>				

**Additional/overall documentations and notes not listed above:**



## Table 2 Results from CO-CREATE and STOP COVID-19 CA CAB meetings indicating the % of meetings in which each partner was reported as serving in each role

From: [Using ethnographic approaches to document, evaluate, and facilitate virtual community-engaged implementation research](#)

	No Active Role	Provided Input	Identified Priorities	Participated in Program Design	Set the Agenda	Led or Co-led Meeting
<b>CO-CREATE</b>						
Community Partners	25%	100%	88%	100%	25%	13%
Health Clinic Partners	50%	100%	88%	88%	25%	13%
Public Health Partners	25%	100%	88%	88%	38%	0%
Global ARC	0%	88%	100%	100%	100%	100%
UCSD Research team	88%	100%	88%	88%	100%	88%
<b>STOP COVID-19 CA</b>						
Community Partners	0%	100%	100%	100%	29%	14%
Policy Partners	20%	100%	100%	100%	29%	0%
Global ARC	0%	86%	86%	86%	100%	100%
UCSD Research team	86%	71%	57%	100%	71%	71%

# Table 3 Thematic analysis of interruptions by CAB members from CO-CREATE and STOP COVID-19 CA CAB meetings

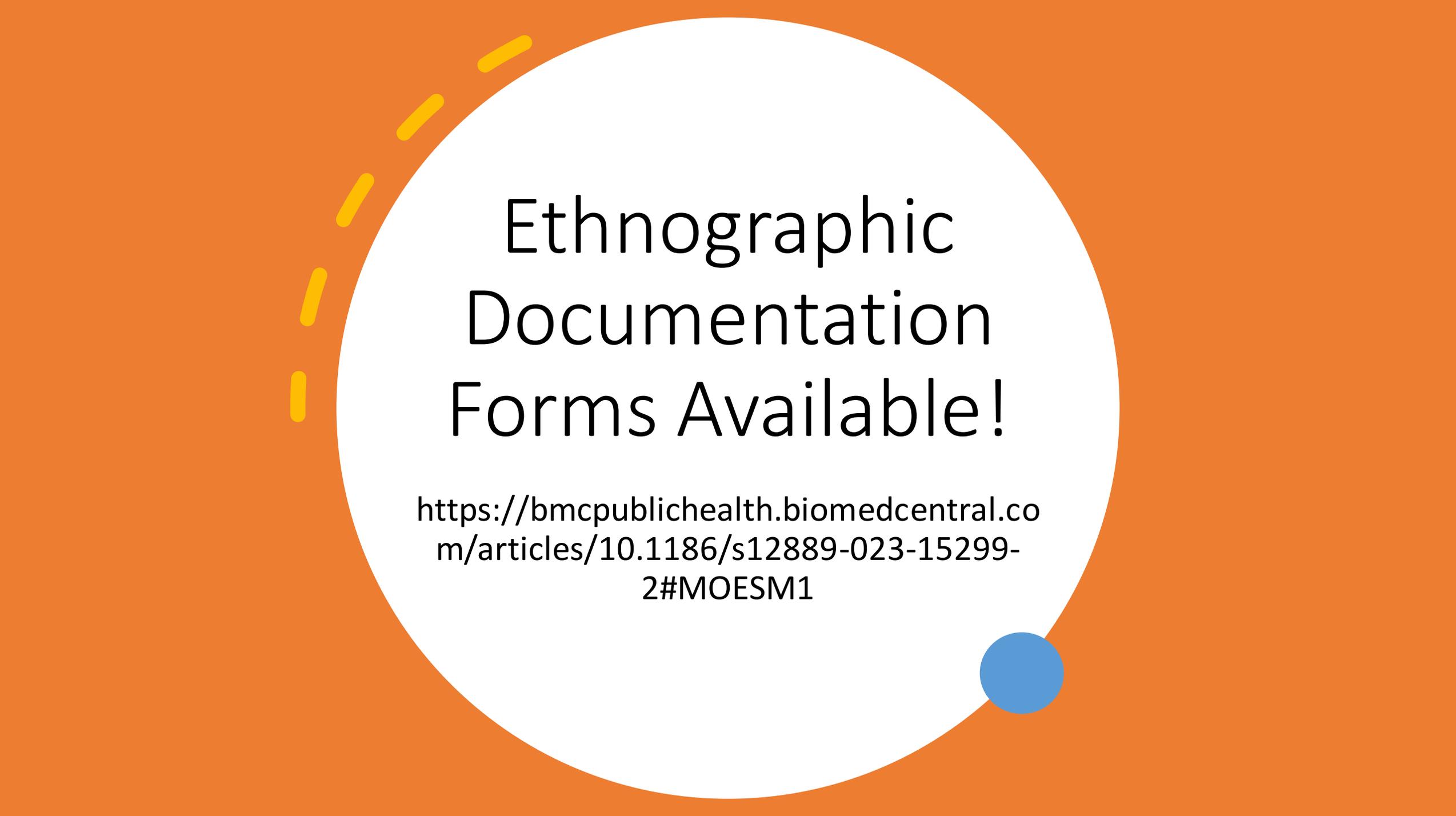
From: [Using ethnographic approaches to document, evaluate, and facilitate virtual community-engaged implementation research](#)

	CO-CREATE	STOP COVID-19 CA
Clarifications/Explanations	33%	54.6%
Responses/Opinions	34.3%	31.8%
Logistics	32.9%	13.6%

# Table 5 Thematic analysis of stakeholder interactions in CO-CREATE and STOP COVID-19 CA CAB meetings

From: [Using ethnographic approaches to document, evaluate, and facilitate virtual community-engaged implementation research](#)

	CO-CREATE	STOP COVID-19 CA
<b>Total interactions</b>	<b>n= 795</b>	<b>n= 691</b>
<b>Theory of Change</b>	n (%)	n (%)
Providing ideas for ToC in breakout room	258	82
• <i>Community/ Faith Leaders/ Work force</i>	42 (16.3)	27 (32.9)
• <i>Policy/ Government</i>	51 (19.8)	14(17.7)
• <i>Cultural/ Language</i>	33 (12.8)	19 (23.2)
• <i>Communication/ Misinformation</i>	29 (11.2)	20 (24.4)
• <i>Accessibility</i>	50 (19.4)	13 (15.9)
• <i>Resources /Housing/ Employment/ Transport</i>	29 (11.2)	0 (0)
• <i>Vaccine</i>	10 (3.9)	18 (22.0)
• <i>Other</i>	14 (5.4)	7 (8.5)
Providing input about sorting, naming ideas	174	215
Instructions/clarification about ToC exercise	69	76
Summarizing ideas	68	95
Appreciative Inquiry data presentation and feedback	20	0



# Ethnographic Documentation Forms Available!

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-15299-2#MOESM1>

RESEARCH ARTICLE

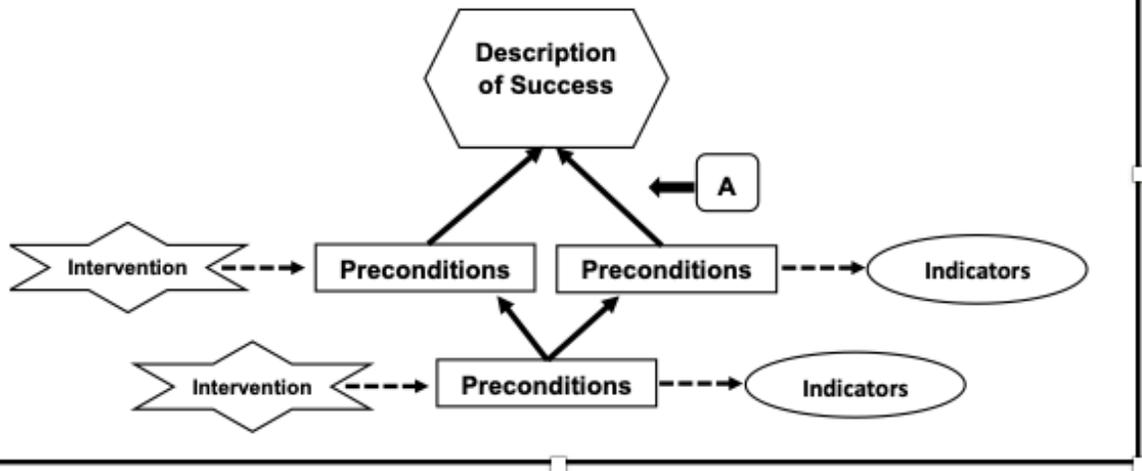
# Co-creating a Theory of Change to advance COVID-19 testing and vaccine uptake in underserved communities

Nicole A. Stadnick PhD, MPH<sup>1,2,3</sup>  | Kelli L. Cain MA<sup>4</sup> | William Oswald PhD<sup>5</sup> |  
Paul Watson MS<sup>5</sup> | Marina Ibarra<sup>5</sup> | Raphael Lagoc BS<sup>5</sup> |  
Lawrence O. Ayers MPH<sup>6</sup> | Linda Salgin MPH, CPH<sup>7,8</sup> |  
Shelia L. Broyles PhD, MPH<sup>9,10</sup> | Louise C. Laurent MD, PhD<sup>6</sup> |  
Keith Pezzoli PhD<sup>11,12,13</sup> | Borsika Rabin PhD, MPH, PharmD<sup>2,4</sup> 

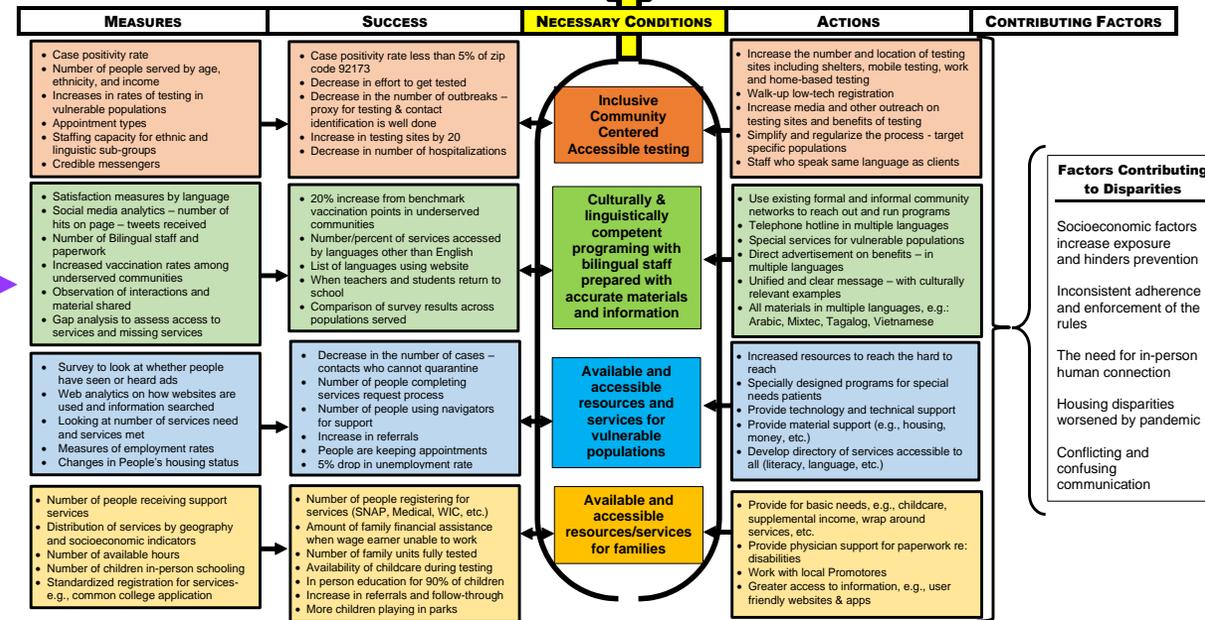
# Theory of Change

- Comprehensive illustration of how and why a desired change is expected to happen in a particular context
- ‘Logic model on steroids’
- <https://www.theoryofchange.org/what-is-theory-of-change/>

## Generic Theory of Change



**Goal**  
Eliminate the disparities experienced by underserved communities in testing, access to treatment and ultimately in morbidity and mortality from COVID-19, especially for families with children and/or pregnant women.



# Community Advisory Board Meetings

- 20+ meetings completed across the two projects
- Zoom, Miro, breakout rooms
- Lessons learned:



Translate all materials



Speak slowly for interpretation



Ongoing tech assistance



4:30-6:30pm works well



2 scribes/breakout room



Save time for end of meeting reflection



**TABLE 2 |** Community Advisory Boards for CO-CREATE and UC San Diego STOP COVID-19 CA.

CO-CREATE	STOP COVID-19 CA
<p><b>*9 Community partners</b></p> <ul style="list-style-type: none"> <li>• Promotores Coalition</li> <li>• Latinos y Latinas en Acción</li> </ul>	<p><b>11 Community leaders</b></p> <ul style="list-style-type: none"> <li>• *Comite Organizador Latinos de City Heights</li> <li>• Karen Organization of San Diego</li> <li>• Kupanda Kids</li> <li>• Partnership for the Advancement of New Americans</li> <li>• Refugee Health Unit/Center for Community Health</li> <li>• Somali Bantu Community</li> <li>• South Sudanese Community Center</li> <li>• The Humanity Movement</li> <li>• Unity in the Community</li> <li>• Youth Will</li> </ul>
<p><b>6 Public health research partners</b></p> <ul style="list-style-type: none"> <li>• University of California San Diego</li> <li>• San Diego State University</li> <li>• Loma Linda University</li> </ul>	<p><b>2 Policy partners (non-voting CAB members)</b></p> <ul style="list-style-type: none"> <li>• San Diego City Council, District 9, Community Empowerment</li> </ul>
<p><b>7 Clinic partners</b></p> <ul style="list-style-type: none"> <li>• Providers</li> <li>• Administrators</li> </ul>	

*\*Spanish was their preferred language used in CAB meetings.*

**TABLE 2** Structure and content of CO-CREATE and STOP COVID-19 CA Theory of Change sessions with Community Advisory Boards

Session #	Goal	Agenda/activities	Outcomes
#1	<ul style="list-style-type: none"> <li>• Introductions to CAB and research team</li> <li>• Review project goals and roles</li> <li>• Review Theory of Change project</li> </ul>	<ul style="list-style-type: none"> <li>• Round robin introductions</li> <li>• Brief presentation by research team and the Global ARC</li> <li>• Review logistics (meeting, incentives, ground rules)</li> </ul>	<ul style="list-style-type: none"> <li>• Shared understanding of goals and processes</li> </ul>
#2	<ul style="list-style-type: none"> <li>• Review long-term goal (i.e., North Star)</li> <li>• Identify contributing factors and basic assumptions about the context</li> </ul>	<ul style="list-style-type: none"> <li>• Large group review of long-term goals</li> <li>• Individual brainstorming and small group discussion of contributing factors</li> <li>• Sorting contributing factors into themes in a large group</li> </ul>	<ul style="list-style-type: none"> <li>• Contributing factors preventing the long-term goal identified</li> </ul>
#3	<ul style="list-style-type: none"> <li>• Name groups of contributing factors based on themes reflected</li> <li>• Prioritize groups of contributing factors</li> </ul>	<ul style="list-style-type: none"> <li>• Name groups of contributing factors</li> <li>• Small group discussion and prioritization of newly named contributing factors</li> <li>• Each small group's rankings aggregated and factors prioritized based on priority</li> </ul>	<ul style="list-style-type: none"> <li>• Contributing factors preventing the long-term goal named, defined, and prioritized</li> </ul>
#4	<ul style="list-style-type: none"> <li>• Identify necessary conditions needed to address contributing factors</li> </ul>	<ul style="list-style-type: none"> <li>• Large group review of contributing factors</li> <li>• Individual brainstorming and small group discussion of necessary conditions needed to address contributing factors</li> <li>• Sort necessary conditions into themes in a large group</li> <li>• Name groups of necessary conditions based on themes reflected</li> </ul>	<ul style="list-style-type: none"> <li>• Necessary conditions identified, named, and defined</li> </ul>
#5	<ul style="list-style-type: none"> <li>• Identify actions needed to create necessary conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Large group review of necessary conditions</li> <li>• Individual brainstorming and small group discussion of actions needed to create each condition</li> </ul>	<ul style="list-style-type: none"> <li>• Actions needed to create each necessary condition identified and defined</li> </ul>
#6	<ul style="list-style-type: none"> <li>• Identify measures and indicators of success</li> </ul>	<ul style="list-style-type: none"> <li>• Large group review of actions</li> <li>• Individual brainstorming and small group discussion of measures and indicators of success for the identified actions</li> </ul>	<ul style="list-style-type: none"> <li>• Set of measures and indicators of success identified and defined</li> </ul>
#7	<ul style="list-style-type: none"> <li>• Review and validate completed Theory of Change</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed review of Theory of Change through CAB member input using a large group format</li> <li>• Discussion of next steps</li> </ul>	<ul style="list-style-type: none"> <li>• Necessary revisions to Theory of Change identified and incorporated</li> </ul>

# Today's Process

**Goal:** To identify the factors that may contribute to disparities in access to vaccinations and participation in clinical trials to test the vaccines

**Step 1:** Presentation of the Focus Question

**Step 2:** Everyone takes 3 minutes to produce their own responses (5 to 7)

**Step 3:** Break into 2 groups where individuals share their responses

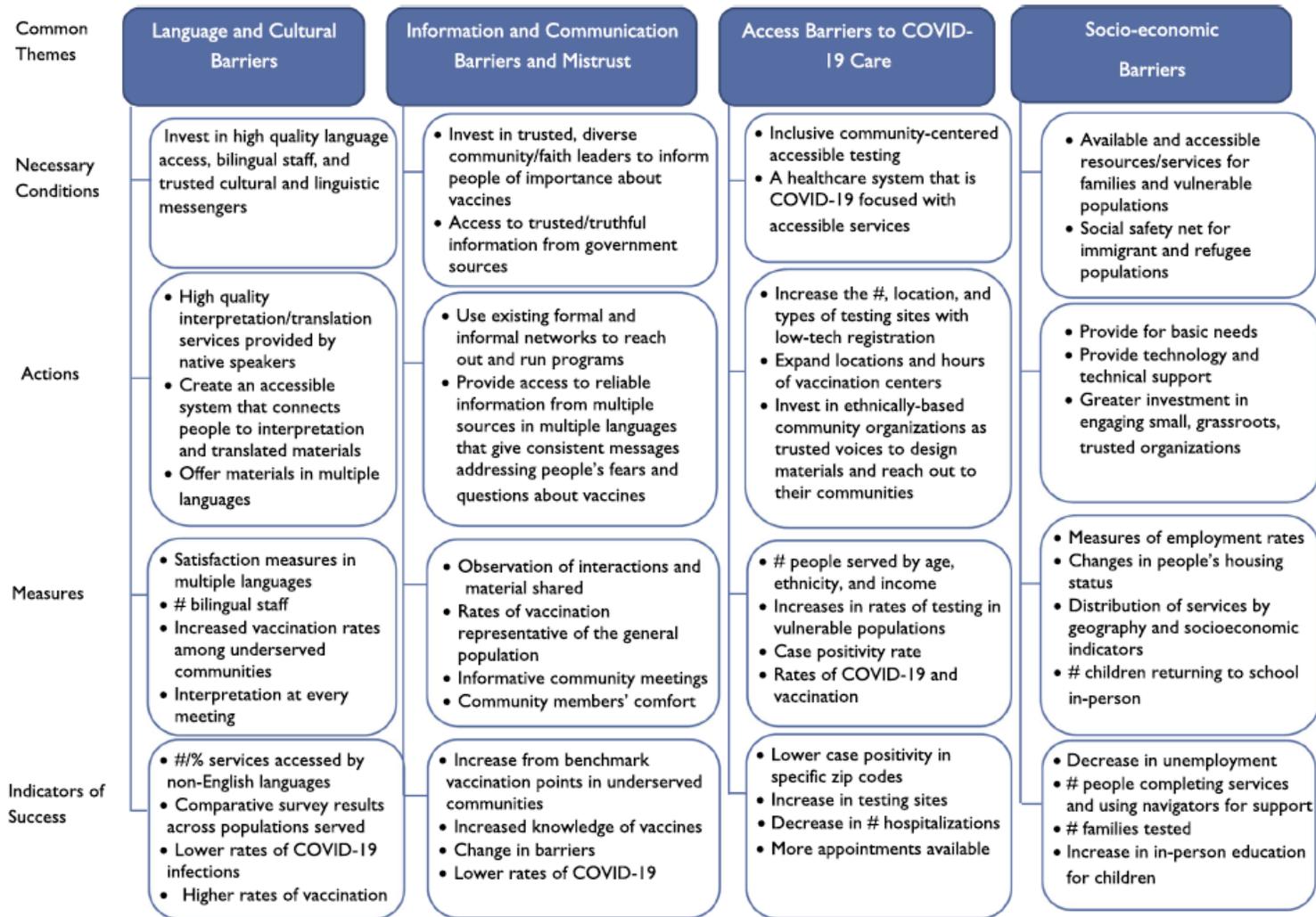
**Step 4:** Facilitator calls for the response to be brought forward by both groups

**Step 5:** All participants come back together and sort the responses based on themes reflected

**Step 6:** Once sorted the whole group names each grouping based themes reflected



NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities  
Nicole Stadnick, Borsika Rabin | UC San Diego  
Paul Watson, Bill Oswald | The Global ARC



**FIGURE 1** Integrated Theory of Change for CO-CREATE and UC San Diego STOP COVID-19 CA [Color figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

# Brainwriting Premortem

- Participatory qualitative approach that combines individual brainstorming with the concept of premortem reflection to address potential failure points prior to program implementation.



## **Example 1: Brainwriting Premortem: A Community Engaged Qualitative Approach to Co-create COVID-19 Testing Strategies for Underserved Communities**

Nicole A. Stadnick, Kelli L. Cain, Lawrence O. Ayers, Angel Lomeli, Arleth Escoto, Maria Linda Burola, Melanie Aguilar, Stephenie Tinoco Calvillo, Breanna Reyes, Linda Salgin, Robert Tukey, Louise C. Laurent, Borsika A. Rabin

*Accepted symposium at the 2023 Association for Behavioral and Cognitive Therapies, Seattle, WA*

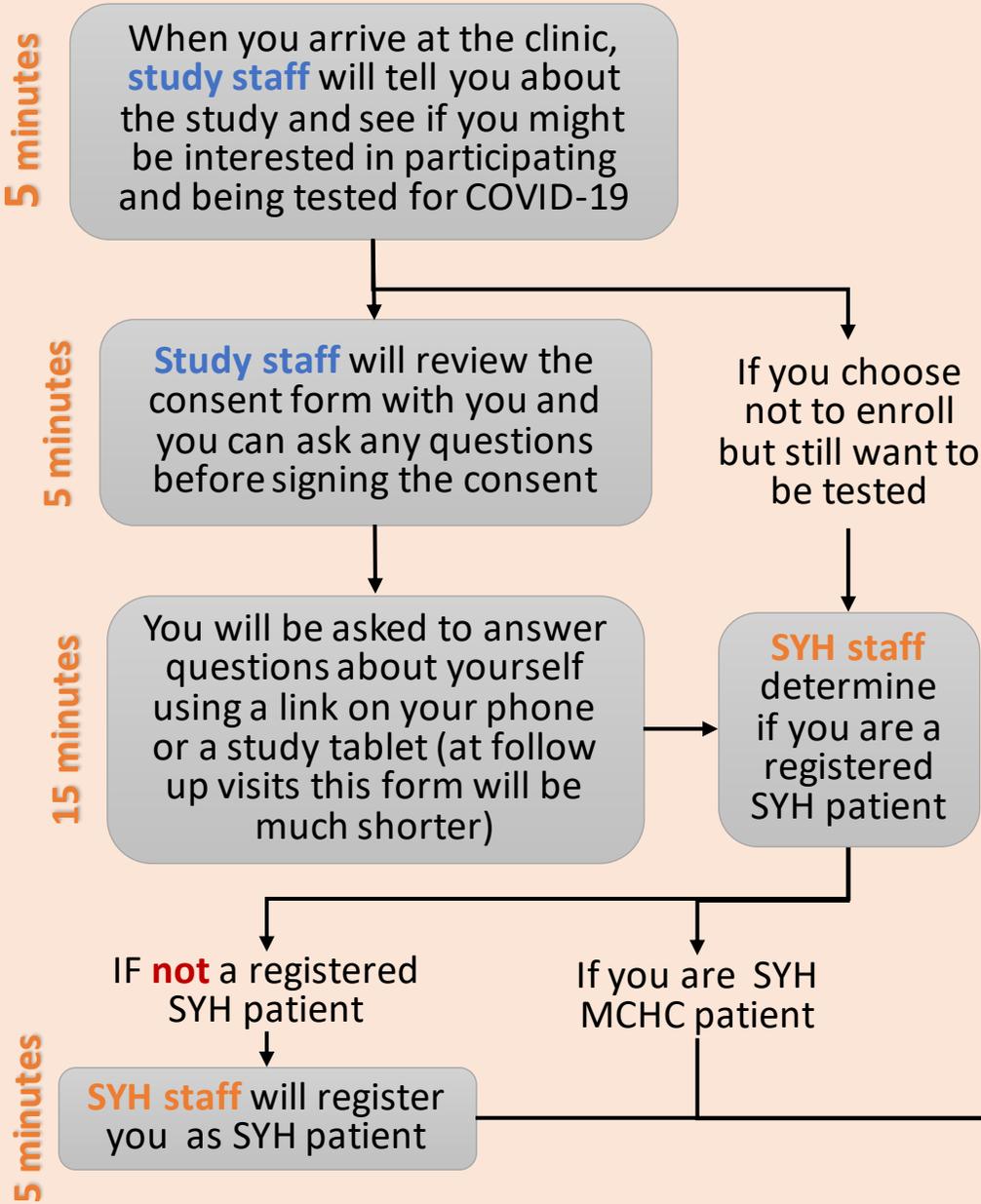
# Methods

- Brainwriting premortem was adapted and used to iteratively refine a COVID-19 testing program offered at a federally qualified health center (FQHC)
- 11 patients (7 Spanish- and 4 English-speaking) and 8 providers completed 30-minute brainwriting premortem interviews during early- and mid-implementation of the program
- Qualitative data were transcribed, translated, and analyzed using a rapid qualitative approach

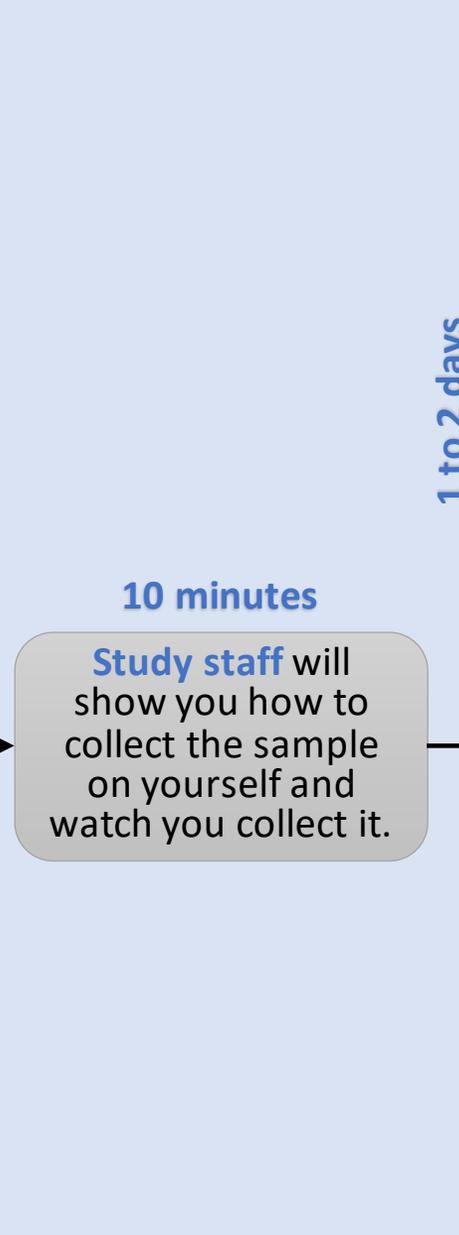


UC San Diego | San Ysidro Health | Global ARC

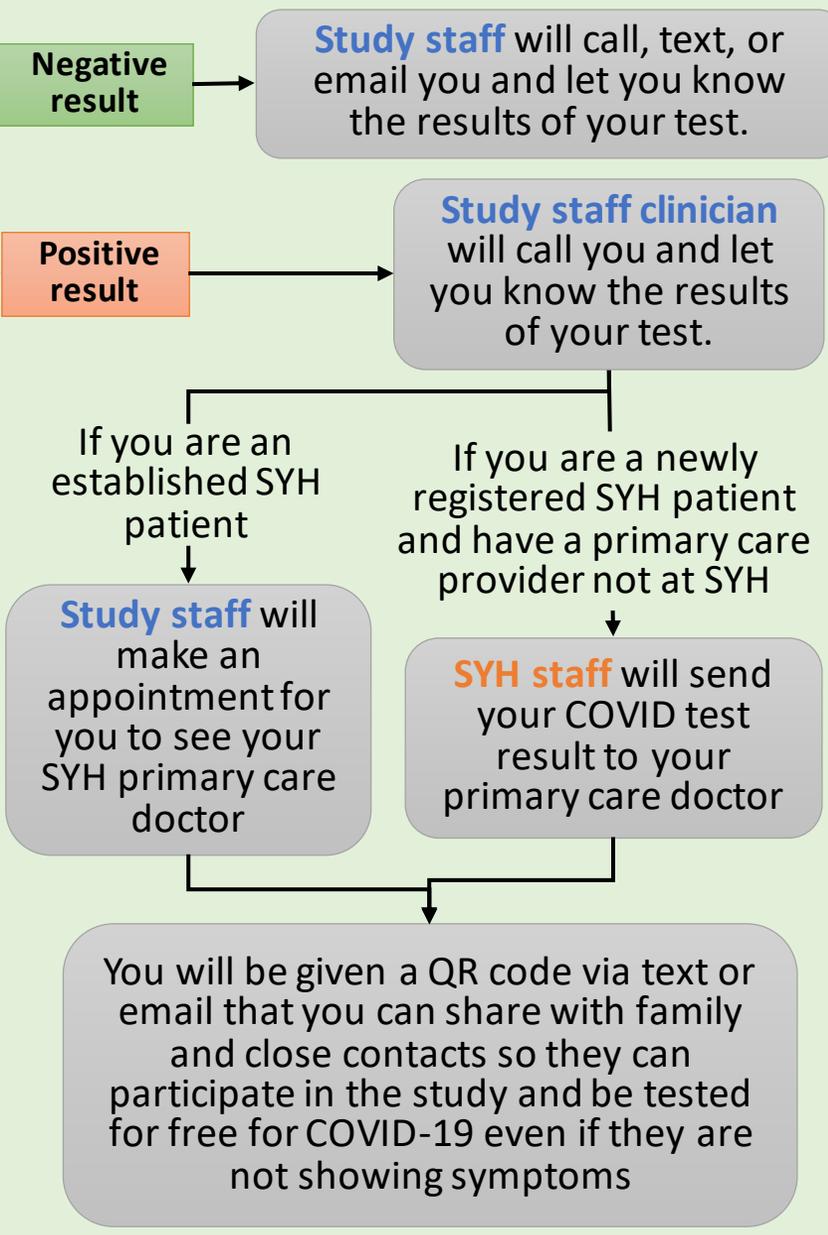
# Before Testing



# Testing



# After Testing



## Testing Program at SY Maternal and Child Health Center (**EXAMPLE**)

Now I am going to show you a video that describes our proposed COVID-19 testing plan at the San Ysidro Maternal and Child Health Center. A copy of the flow diagram you will see in this video was also included in your confirmation email. I will start the video now. **Have both interviewer & interviewee mute self on zoom**

Now, I'd like you to imagine that this testing program has been running for about 6 months at San Ysidro Health, and it's been a huge failure. Please take 5 minutes and write out specific reasons how and why you think the program failed. Think about what the key challenges and barriers may be for implementing this program at San Ysidro Health as well as the population that it serves. Begin with writing out as many ideas that pop into your head and let me know when you are ready to discuss them.

Great. Let's start by reading through the list. *(notetaker will capture all reasons)*

Now I'd like you to identify which are the **top three** most important reasons from this list? *(notetaker will send top 3 reasons in zoom chat box ONLY to interviewer to refer to)*

1. Let's start with what you think is the most important reason for failure?
  - a. Do you have suggestions or ideas about how to avoid or address this?
2. Let's move on to another reason for failure. What is that?
  - a. Do you have suggestions or ideas about how to avoid or address this?

Repeat for additional ideas

Closing: *"Thank you very much for sharing your valuable insight with me today. I have learned a great deal about the potential issues that may arise with our COVID-19 testing implementation plans. I will now stop recording."*

# Findings

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Key themes about possible failures of the COVID-19 testing advertising/sharing information; access to testing; handling of test results; staff and patient safety; patient beliefs regarding the SARS-CoV-2 virus; available COVID-19 testing options



Proposed solutions included: education, physical operations, and recruitment strategies



Real-time changes to the program were made in response to 7 suggestions from patients and 11 suggestions from providers.



Actual changes related to returning test results were the most common and included emailing results with distinct workflows based on the test result

# Example 2: Brainwriting activity

- **Purpose**: for CSAB to identify potential challenge points for our vending machine testing approach
- Step 1: provide an overview of the the proposed workflow in Spanish & English
- Step 2: ask you to individually write down any immediate concerns with this workflow (2 mins)
- Step 3: we will re-present the workflow but provide more details at each step
- Step 4: ask you to individually write down failure points for each step in the flow
- Step 5: once all steps have been presented, we will invite each CSAB member to share your entire list of potential failures and we will transcribe on virtual sticky notes
- Step 6: we will sort everyone's list into categories

Scan the QR code or register on website



**Step 1:** To register, participants must first review informed consent and provide a response.



*If they agree to participate, they will proceed by entering demographics and symptoms. They will be given a code to proceed to the next step.*



*If they decide not to participate, they will see a list of testing resources and can contact study # for any further questions*

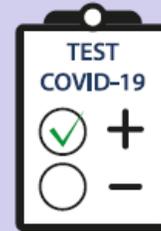


**Step 2:** Participants will enter the code they received into the keypad to dispense Rapid Antigen Test (RAT) kit from vending machine

**Step 3:** Participants will take RAT kit home or to their car to administer the self-test. Instructions are provided on the testing kit.



**Step 4:** An electronic prompt will be sent to participants to provide RAT results via web-based link



**Return results within X amount of days? minutes? hours?**



**Positive Result:** Inform participant to follow CDC guidelines. No repeat testing needed.



**Negative Result:**  
No Symptoms  
Test 2 more times, at least 48 hours apart  
Symptoms  
Test again in 48 hours

**Step 5:** Participants will also receive an email with an invitation to fill out the rest of the survey via REDCap



Invitation reminders will be sent out 3 times

Participants will be prompted to fill this out at the time they get their code, after they submit their result, and 1 and 7 days after registration.



On-call number available for assistance  
**(858) 945-4553**

### Possible Vending Machine Locations

San Ysidro Health Center  
4004 Beyer Blvd  
San Ysidro, CA 92173



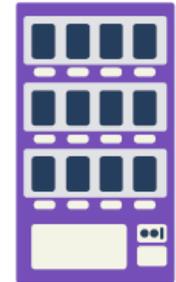
Coming soon  
King Chavez Medical Center



Coming soon  
Ocean View Clinic



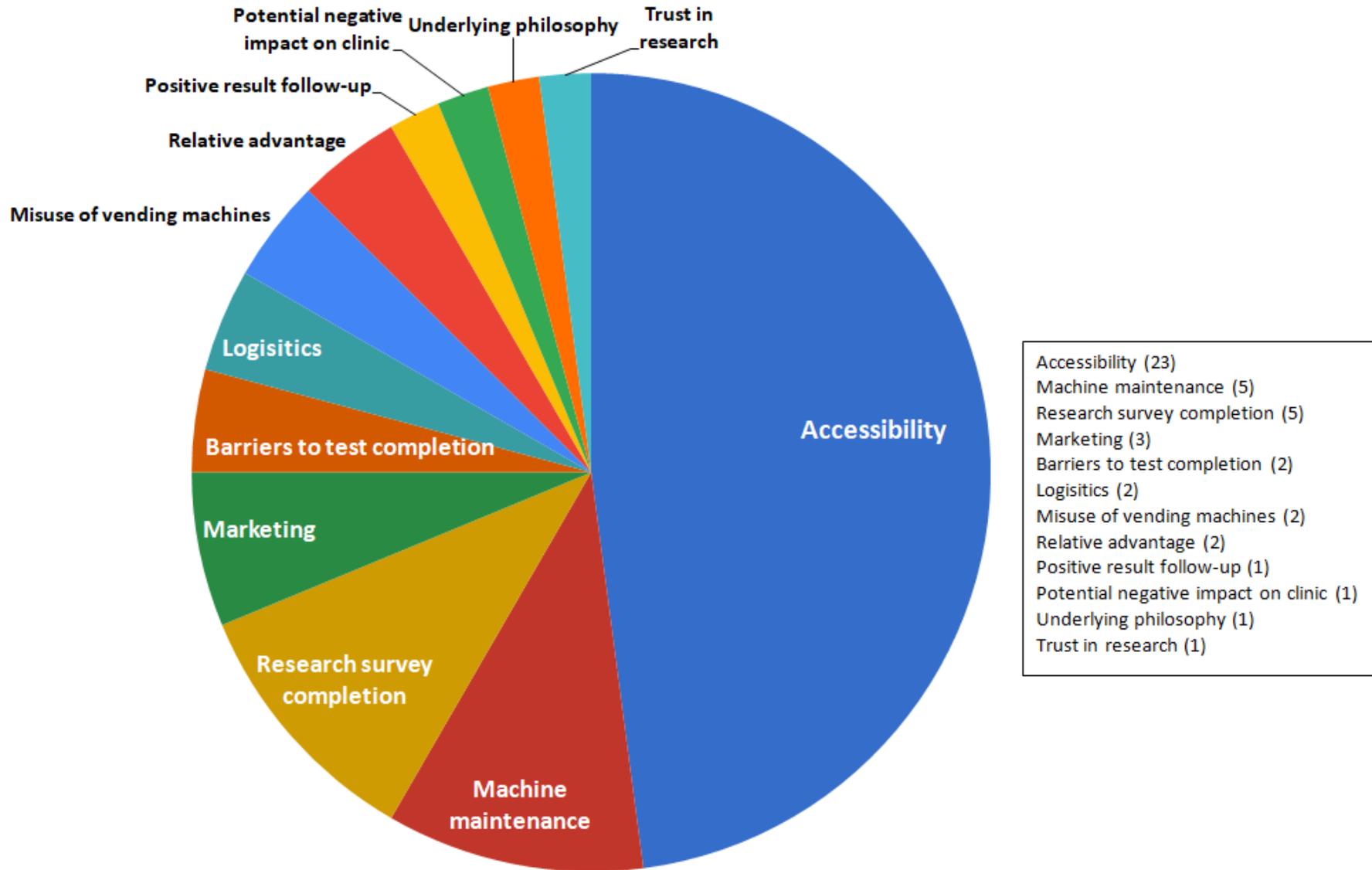
Coming soon  
Chula Vista Medical Plaza



# Brainwriting activity (example 2)

- The purpose of last meeting was for the CSAB to identify potential failure points for our vending machine testing approach
- The purpose of this meeting is to
  - review the themes that emerged from last meeting related to potential failures in the workflow
  - discuss a subset to brainstorm for solutions

# Overview of themes



# Review of themes from our last meeting

Theme	Potential failure
Accessibility - Language/culture	<p>Will the registration process be limited to Spanish and English?</p> <p>Step 2-3 - Instructions need to be in other languages to serve other surrounding communities past Spanish and English (for example, Tagalog, Vietnamese, Farsi)</p> <p>Accessibility for other languages. Ensure we are catering to surrounding communities.</p> <p>This process may not be tailored for King Chavez clinic and demographics served.</p>
Accessibility - Literacy	<p>Sometimes if you go to an external website, it can be expanded and not very simplified. Ensure that it is a web-based text that is real simple to access for this process.</p> <p>Are questions easily worded? On us for patient to be able to read and understand the questions being asked.</p> <p>Registration Process - Is it simplified? If it is too complicated, people will just skim or fully skip it. Is it easy to read, understand and process the questions being asked?</p> <p>Not everyone can read well. A video, big instructions, or live person may be needed to facilitate the process.</p>
Accessibility - Technology	<p>A lot of people over 50 don't trust technology, specifically QR codes, due to hacking concerns. Will there be safety measures incorporated for technology use?</p> <p>Smartphone reliability for the registration process could be a potential barrier for accessibility.</p> <p>Is there a backend registration process that doesn't require technology</p> <p>QR codes can be hard to use and others might not know how to use them. Potential barrier to accessing these testing resources.</p> <p>Elderly might not be able to use the required technology to complete this process.</p> <p>Can any other part of the process be done through text instead of a website?</p> <p>Option to text a 4-digit number if there are issues with QR code or another similar option that is simple to receive the test/get info about the process.</p> <p>Patients without access to internet/email. What happens to patients that don't have access to e-mail? How do we encourage patients to complete the survey?</p>
Accessibility - Special populations	<p>Accessibility for homeless people</p> <p>Accessibility for elderly people. Her experience working with elderly people has given her insight in the lack of knowledge this age group has for how to use technology.</p> <p>Step 1 - Senior citizens will need assistance for the registration process.</p>
Accessibility - Support for registration	<p>If someone's needs help, there may not be someone around to assist them in navigating the process.</p> <p>Unclear what number to call for further assistance during the registration process.</p> <p>Staff may need to assist people accessing the vending machines (during the day).</p>
Accessing Multiple Tests	<p>Unclear the best way a person can get multiple tests for their family.</p>
Barriers to test completion - Data accuracy	<p>Someone might receive a prompt for the survey, but they never took the test.</p> <p>Unclear how to handle situations when people didn't actually take a test. How can we monitor these situations?</p> <p>Clearly state how quickly a RAT should be taken because the survey questions are time sensitive.</p>
Barriers to test completion - Community members	<p>If participants are taking the test kit home, they may forget it in their car or forget it at home.</p>
Barriers to test completion - Test safety	<p>Concern about whether the test kit, if left in a car in high heat, would still be viable for use.</p>

# Discussion (example)

## Accessibility– Literacy

- Not everyone can read well. A video, big instructions, or live person may be needed to facilitate the process.

## Possible solutions:

- Videos are in process, other options available for registration

## QUESTION:

- What should be included in the videos?

# Discussion (example)

## Trust in research

- Not many people like to be part of/trust studies. Required participation could be a deterrent.

## QUESTION:

- How can we make this less of an issue?

# Take-home considerations for assessing context ethnographically [or otherwise]

	Questions to consider
Why	What are your expectations of ethnography [or other method(s)]? How does it answer your research question(s)?
How	How will you conduct your ethnography? What are your “sensitizing concepts” going into the field? What methods will you use, and why those methods? What will be the role of theory? How will you remain open to emergence? How will you analyze the data sources? How will you approach reflexivity?
Who	Who will conduct the ethnography? With whom will the ethnography be conducted, and why? What is the sampling approach for each method?
When	When will the ethnography, and each method within, occur, and why those timepoints?
Where	Where will the ethnography occur? Where will it not occur?
What	What will you produce? For what audience(s)?

# Next Session:

Conducting Interviews and Focus Groups

**Drs. Cathleen Willging and Daniel Shattuck**  
**Tuesday, June 20, 2023 from 10-11:30am PT**

**30-minute group drop-in consultation session**  
**offered after the session.**

**Register Here: [bit.ly/3ONfeZr](https://bit.ly/3ONfeZr)**



**Questions? email [cmgeremia@health.ucsd.edu](mailto:cmgeremia@health.ucsd.edu)**

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Evaluation form: <https://bit.ly/3N6vK5k>

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