

Designing for Impact to Improve Health Equity

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ADAPTING NALOXONE DISTRIBUTION TO REACH YOUNG ADULTS

Nicole Wagner, PhD
University of Colorado School of Medicine

Evidence Based Practice: Take Home Naloxone (THN)

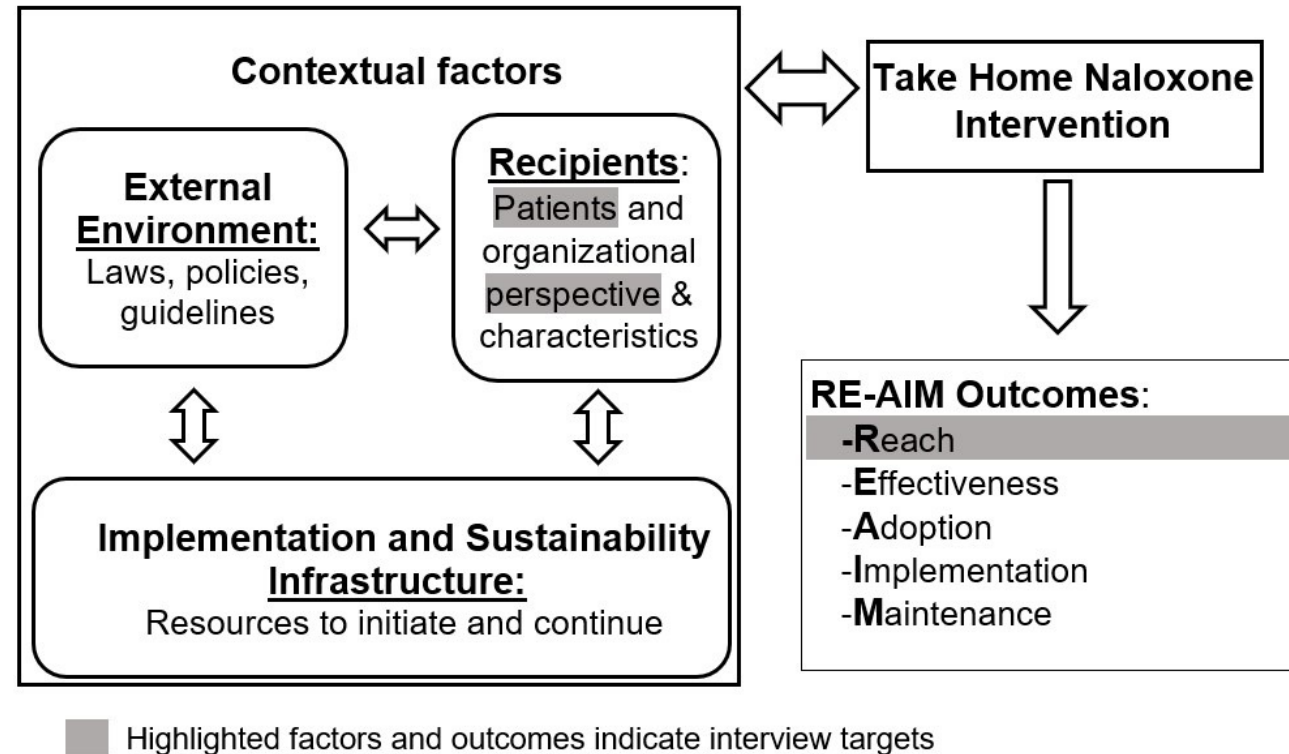
- Naloxone or “Narcan” can reverse an opioid overdose
- Strong safety profile
 - Adverse event=withdrawal
- Who are we missing?
 - Young adults (Less likely to use healthcare system and engage with harm reduction)
- Emerging Adaptation
 - Naloxone vending machine distribution

Source: Strang J, McDonald R, Campbell G, et al. Take-Home Naloxone for the Emergency Interim Management of Opioid Overdose: The Public Health Application of an Emergency Medicine. *Drugs*. 2019;79(13):1395-1418; Substance Abuse and Mental Health Services Administration. *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health*. Rockville, MD: Center for Behavioral Statistics and Quality, Substance Abuse and Mental Health Services Administration;2020; Frank D, Mateu-Gelabert P, Guarino H, et al. High risk and little knowledge: Overdose experiences and knowledge among young adult nonmedical prescription opioid users. *International Journal of Drug Policy*. 2015;26(1):84-91

Study Aims

Explore perceived factors contributing to naloxone uptake under current, ideal and vending machine distribution strategies in young adults at risk of witnessing or experiencing an opioid overdose.

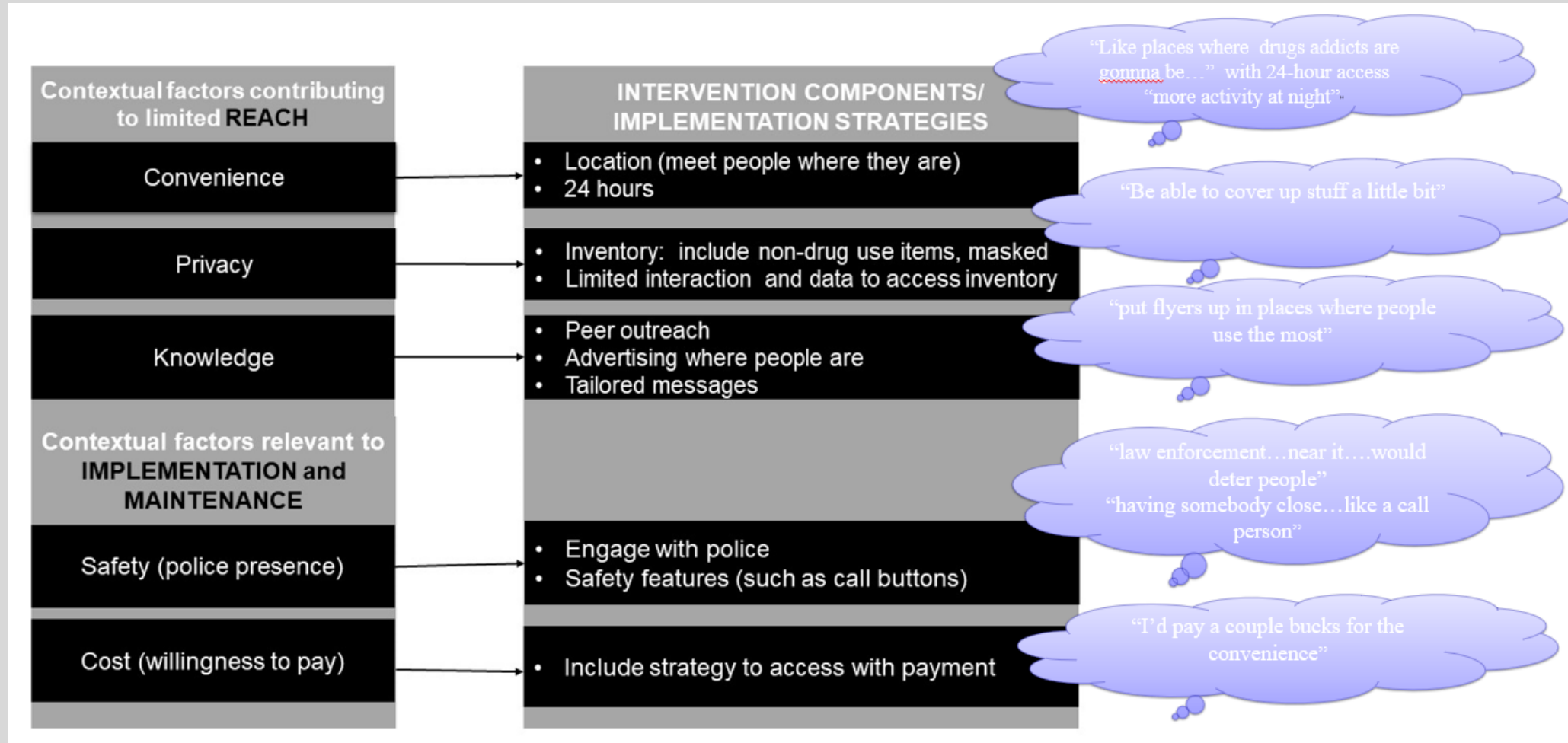
Methods: Practical Robust Implementation and Sustainability Model (PRISM)



Methods

- Setting:
 - Waiting room of MAT in Integrated Safety Net Health System in Colorado
- Population: 16 Young Adults (age 18-30)
 - 14 experienced or witnessed an overdose (8 both)
 - 16 reported nonmedical prescription opioid use, 11 heroin use
 - 6 female, 6 <high school education, 15 below 200% poverty level, 50% nonwhite

Barriers to Naloxone Uptake in Young Adults who Misuse Opioids and Strategies to Adapt Distribution



Acknowledgements

It takes a Team

- Juliana Barnard
- Megan Morris
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- Chelsi Cheatom
- Jessica Johnson
- Russell Glasgow

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Applying the **EPIS** Framework to Adapt and Implement a **Meditation App** for **Justice-Involved Youth**

ASHLEY KENDALL, MONTE STATON, RACHEL LIBRIZZI, NICOLE “NOVIE” THOMAS,
MICHELLE LOZANO, BRENKIKI FLOYD, STEFF DU BOIS, & THE AIM YOUTH ADVISORY BOARD
COPRH CON 2022



**Center for Dissemination and
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K99/R00DA047890

Background

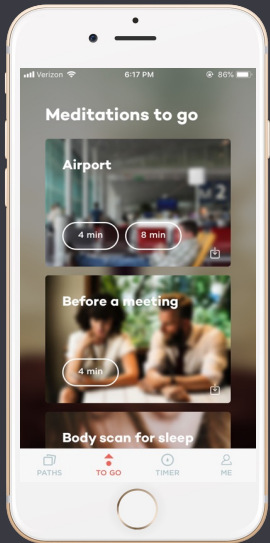
- Although arrest rates for youth in the U.S. have declined over recent years, the criminalization of young people continues at high rates due in large part to systemic race-based inequities (e.g., Abrams et al., 2021)
- Most interventions for justice-involved youth have focused on youth who have been placed in detention, but the large majority of youth are placed on probation (e.g., Murray et al., 2018; OJJPD, 2019; Simpson et al., 2018)
 - There is a need for successful implementation of evidence-based interventions with youth placed on probation
- The Exploration and Preparation phases of the EPIS (Exploration Preparation Implementation Sustainment) Framework provide guidelines for adapting and implementing interventions with specific groups and in new settings (Aarons et al., 2011)



Method

Exploration Phase

We conducted a literature review and consulted stakeholders to identify:



1. **Key health needs** among youth placed on probation in the areas of substance use, sexual activity, and aggression
1. **The Bodhi meditation app** as a relevant intervention for delivering evidence-based mindfulness meditation techniques

Preparation Phase

Barriers and facilitators to implementing the Bodhi app, and corresponding adaptation targets and implementation strategies, were identified via:

1. **Formal qualitative interviews** with justice-involved youth ($n = 10$) 13-17 years old of all genders with access to Apple/Android phone
 1. Mean age = 16.20 years ($SD = 1.03$), 90% male, 10% female, 70% Black/African-American, 30% Latinx
2. **Ongoing informal input from stakeholders:** Youth Advisory Board, meditation experts, juvenile justice officers, community health workers, professional app programmers



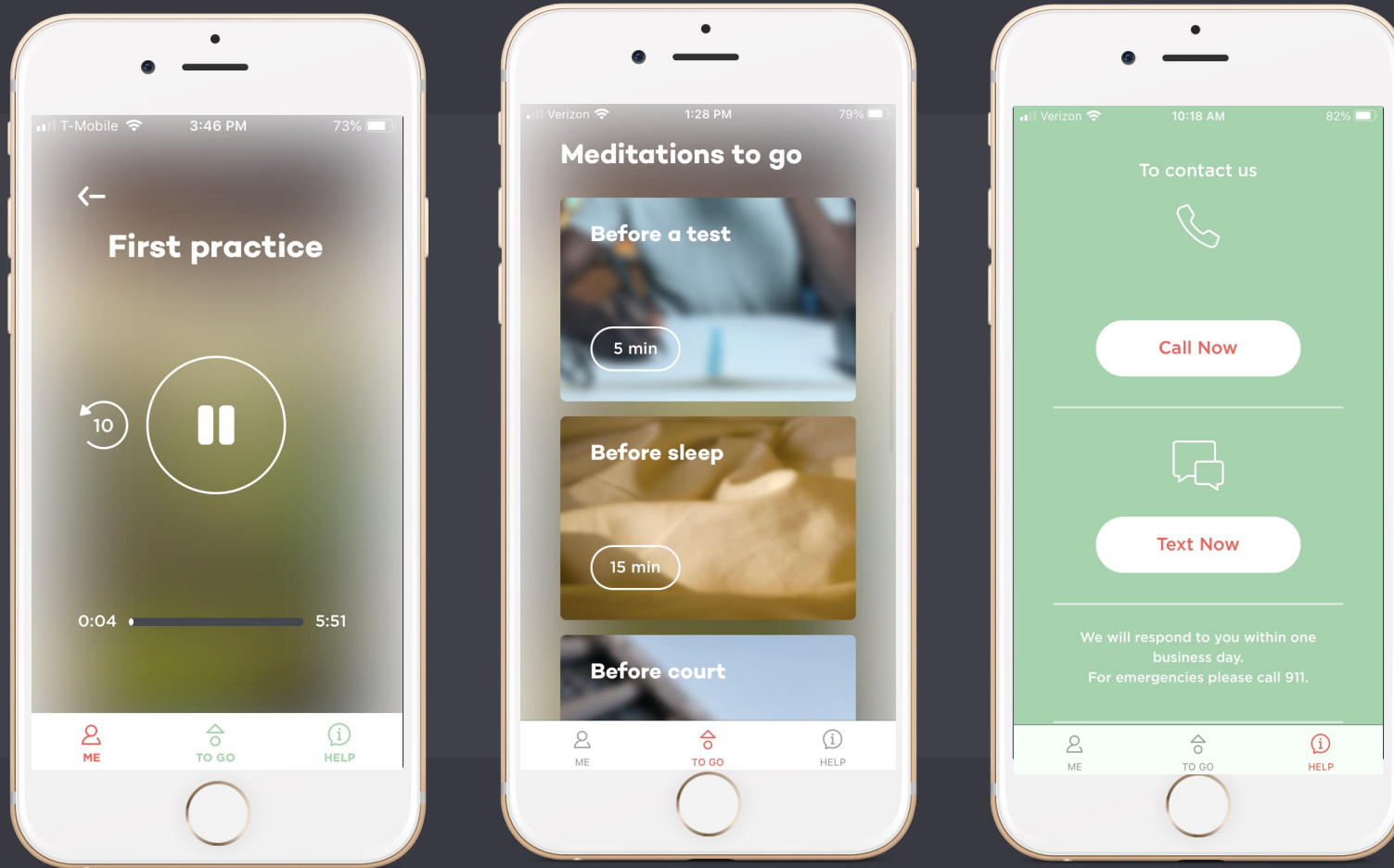
Results

Summary of the Primary Determinants of Implementing the Bodhi App with Youth Placed on Probation and Corresponding Implementation Strategies and App Adaptation Targets

Barrier (B) or Facilitator (F)	Implementation Strategy/App Adaptation Target
	Acceptability/Usability
Youth found meditation examples unrelatable (B)	Re-write meditations to feature relevant examples (e.g., staying mindful at a party rather than an airport)
Youth found meditation guide unrelatable (B)	Re-record meditations with a guide perceived as relatable and trustworthy (i.e., younger, Black, male)
Meditation could be mentally “destabilizing” (B)	Add tips throughout app for managing any discomfort and a help page for additional support
Youth concerned about data tracking via app (B)	Program app to limit data collection (e.g., no geolocation); emphasize these limits up front to youth
Youth found Bodhi app highly usable (F)	Retain simplicity of layout when modifying and adding features
	Feasibility
Youth often use multiple phones over time (B)	Develop procedures to easily re-download app across devices while retaining data integrity
Youth may run out of phone data or battery (B)	Compensate for data usage; compress app files; set phone to go to sleep at conclusion of meditations
Engagement likely to deteriorate over time (B)	Develop adaptive design to identify and engage non-users (e.g., via text/call) based on analytics data
	Appropriateness
Youth enthusiastic about learning to meditate (F)	Include videos of people youth find inspiring describing benefits of meditation in their own lives
	Adoption
Probation officers want to be actively involved in the implementation process (F)	Develop system for officers to text app link to youth on their caseload while minimizing coercion; hold meetings with officers throughout the development of the implementation plan and its execution
	Sustainability
Treatment gains may deteriorate over time (B)	Make app available after end of 30-day program; send monthly texts encouraging ongoing use



Results



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Implications & Future Directions

- By collaborating with community stakeholders and applying the EPIS framework, this study generated **considerations for adapting and implementing mHealth programs** for youth who may commonly experience barriers to participating in these programs.
- Future directions include:
 - **Running a randomized controlled trial** of the efficacy of the adapted Bodhi app with young people who have been placed on probation
 - **Adapting the Bodhi app for juvenile justice officers** as a tool for officers to learn meditation themselves and support the youth within their caseloads in meditating



BACKGROUND

- There is a need to reduce disparities in the care of persons with dementia and their family care partners (i.e., dementia dyads).
- The use of clinical digital tools may improve communication but may also be limited by digital health equity issues.
- Engagement with dementia dyads as stakeholders can help prioritize and refine digital tools for testing in real-world studies.

OBJECTIVE

To promote communication between dementia dyads and clinical teams, we engaged stakeholders to identify priorities and refinements to digital tools.

We describe pragmatic methods for implementing Participatory Action Research (PAR) methods.

Setting/Population: We convened 18 individuals of diverse background to form the “Memory Research Partners in Caring and Technology” including:

- Three dementia dyads
- Two additional family care partners
- 10 community members with experience as patient partners.

The council met six times over seven months (two in person, four virtually).

Recruitment:

- Collaboration with an existing patient research council
- Clinicians from dementia clinical settings
- Community partners

Pragmatic Stakeholder Engagement Methods:

- Presentations by and discussions with expert guest speakers
- Participatory methods such as a World Café
- Small group discussions using Google Jamboards at virtual meetings
- Mailing preparatory educational materials
- Phone contact with partners between meetings to gather additional input.

Analysis:

We used rapid qualitative analysis methods to identify, share, and clarify findings from previous meetings.

METHODS

Fig 1. Memory Tech Council Members



RESULTS

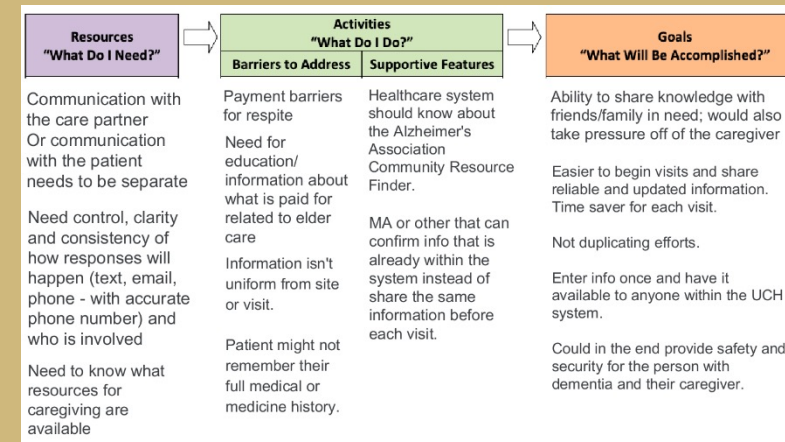
Fig 1. Calendar of Events

Sept 2021	“What it means to be a research partner” Speaker: Dr. Holden: “Dementia Vs. Normal Aging” World Café Activity: Use of patient portals for dementia dyads
Oct 2021	“Patient Portal Utilization and Features” Speaker: Dr. Portz: “Using the Patient Portal.” Jamboard Activity: Portal features & building trust with providers
Nov 2021	“Understanding Facilitators and Barriers to Using Digital Tools” Speaker: Alzheimer’s Association Community Partners Jamboard Activities: Logic models and OurNotes
Dec 2022	“How to use My Health Connection and OurNotes” Speaker: Epic Team Member: Matt Andazola
Feb 2022	“Digital Health Equity” Project Review: Current Progress and Future Steps Discussion: What does digital health equity mean to you?
Mar 2022	“Digital Health Equity and Digital Tools for Dementia Dyads” Discussion: Digital Health Equity Recap and Additional Thoughts Poster Board Activity: Refining Digital Tools for Dementia Dyads

Fig 2. Research Partner Description of Communication Needs



Fig 3. Example Google Jam-Board Activity



CONCLUSIONS

- 1) The collaboration with research partners provided rich insight on user experiences with existing systems of care and digital tools.
- 2) Findings will inform future aims of this project towards improving dementia care coordination using digital tools.

Funded by: NIA IMPACT Collaboratory (U54AG063546, Mor/Mitchell) Health Care Systems Scholars; NIA R35AG072310, Wolff



Memory Research Partners Caring through Technology Council

Purpose:

To promote communication between dementia dyads and clinical teams, we convened the “Memory Tech” council to identify priorities and refinements to digital tools.

Recruitment:

- Collaboration with an existing patient research council
- Clinicians from dementia clinical settings
- Community partners

Memory Tech Council:

- 18 Research Partners
- Three dementia dyads
- Two additional family care partners
- 10 community members with experience as patient partners.

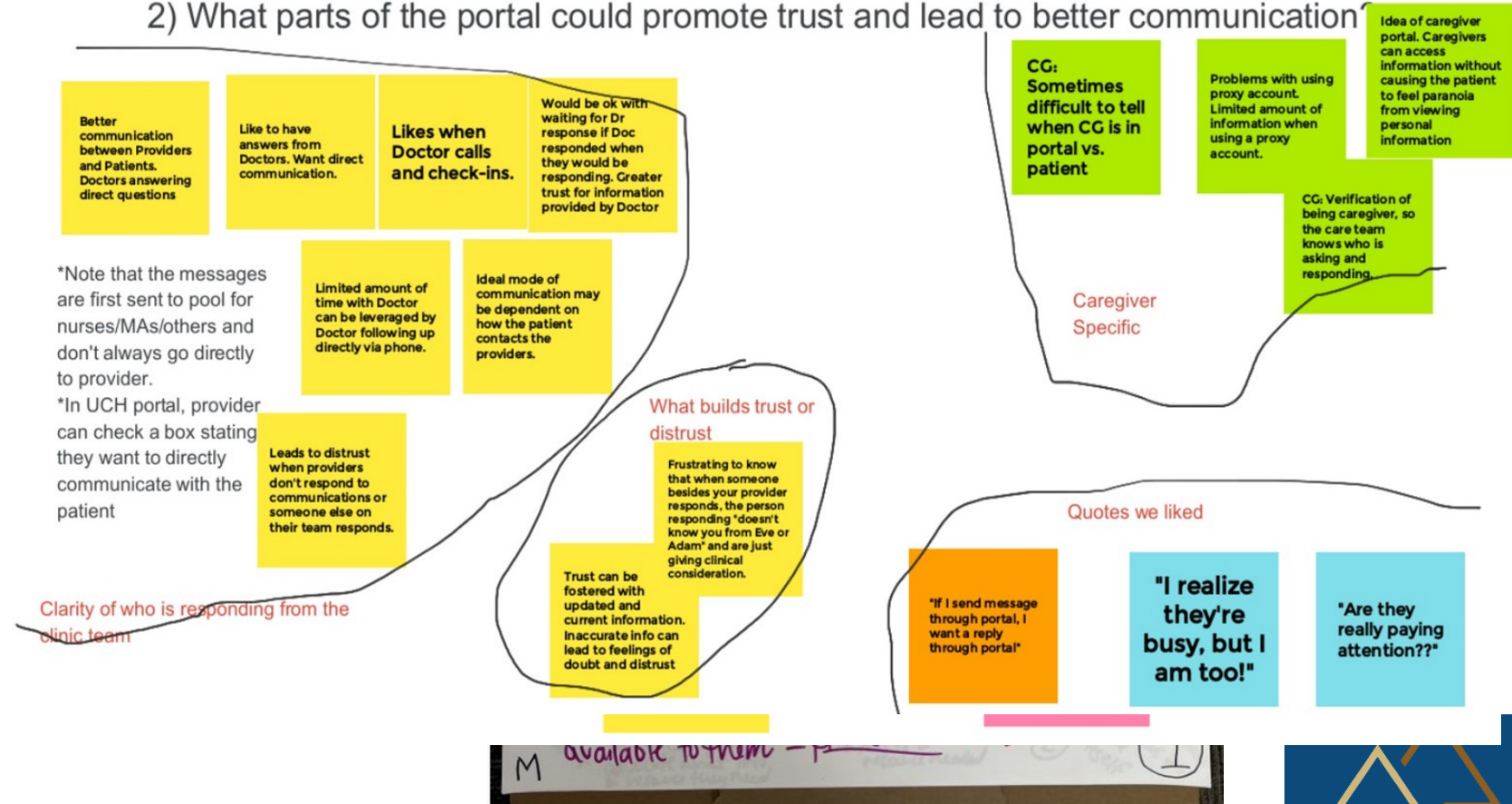


Engagement Activities

- World Café activities
- Google Jamboards activities
- Mailed educational preparatory materials
- Group identity activities
 - Created and shared Look-Book
 - Rapport building with intentional ice breakers
 - Invited participant input
 - One on one and small group video calls check-in's between meetings
- Expert speakers

Group 2: We heard that communication between patients, caregivers, and their health care team could be improved through greater trust in their providers.

- 1) Are there current parts of a patient portal that build trust between you and health providers?
- 2) What parts of the portal could promote trust and lead to better communication?



Memory Tech Meeting Timeline

Sept 2021	<p>“What it means to be a research partner” Speaker: Dr. Holden: “Dementia Vs. Normal Aging” World Café Activity: Use of patient portals for dementia dyads</p>
Oct 2021	<p>“Patient Portal Utilization and Features” Speaker: Dr. Portz: “Using the Patient Portal.” Jamboard Activity: Portal features & building trust with providers</p>
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Key Feedback Related to Patient Portals

Issues with patient portals can limit utilization:

- Impersonal; frequently changing; repetitive questions; inaccurate information.
- Proxy accounts can introduce challenges (with potential for helpful)

Refined portal functions can increase utilization:

- Goal: Simple systems with accurate information that is updated in timely manner; should be relevant to the patient's health needs.

Patient portals can potentially offer support to dementia dyads:

- Access to resources and supports, disease education, medication management tools, strategies for behavior management, and improved communication with providers can reduce stress.





INTERNATIONAL CONFERENCE:

**Disseminating, Scaling, and Sustaining
Pragmatic Research**

Improving Health in Diverse Settings

May 23-25, 2022 | 10am-3pm MT

The STS4HIV Project's Dissemination, Implementation, effectiveness, Sustainment, Economics, and Level-of-scaling (DIeSEL) hybrid trial design



Bryan R. Garner, PhD

**Professor and Director of Dissemination & Implementation Science
at the Ohio State University College of Medicine and
the Center for the Advancement of Team Science,
Analytics, and Systems Thinking in Health Services and
Implementation Science Research (CATALYST)**



**THE OHIO STATE
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Funding provided by the National Institute on Drug Abuse (NIDA; R01-DA044051; PI: Garner)
For more information email bryan.garner@osumc.edu



Thanks for another invite & update since COPRH Con 2021

Posters

All 2021 Poster Session

Community and Stakeholder Engagement

Measures & Methods

Adaptation of a Quality Improvement Approach to Implement eScreening in VHA Healthcare Settings

2021 POSTER SESSION
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Clinical Decision Support & Technology Tools

RTI INTERNATIONAL

The Substance Abuse Treatment to HIV Care (SAT2HIV) Project: An example of a completed dual-randomized type 2 hybrid trial
Bryan R. Garner, PhD

Background: To help "speed the translation of research findings into routine practice" Curran and colleagues (2012) codified three types of hybrid trial designs. As part of type 2 hybrid trials they proposed "dual testing of clinical and implementation interventions/strategies." Despite their note about using the term test in a "liberal manner" (i.e., the clinical and implementation interventions/strategies need not all be tested with randomized, strongly powered designs), in 2014 the National Institute on Drug Abuse funded a dual-randomized type 2 implementation-effectiveness hybrid trial called the Substance Abuse Treatment to HIV Care (SAT2HIV) Project. This poster provides a concrete example of what Landes, McBain, and Curran (2019) highlighted as a "rarer" type 2 hybrid trial example.

Setting/Population: Thirty-nine HIV service organizations, 78 HIV service organization staff, and 824 people with HIV and a comorbid substance use disorder.

Methods: A dual-randomized type 2 implementation-effectiveness hybrid trial, which simultaneously included: 1) a 39-site cluster-randomized implementation trial focused on testing the effectiveness of the team-focused Implementation & Sustainment Facilitation (ISF) Strategy as an adjunct to the staff-focused Addiction Technology Transfer Center (ATTC) Strategy, and 2) a multisite randomized controlled trial testing the effectiveness of a motivational interviewing-based brief intervention for substance use as an adjunct to HIV service organization's usual care for substance use disorders. Both staff-level outcomes and client-level outcomes were examined.

Results: As detailed by Garner et al., (2020) and shown in the figure here, the ISF Strategy had a significant impact on implementation effectiveness (i.e., the consistency and the quality of implementation; $\beta = .65, p = .01$), but not on time-to-proficiency ($\beta = -.02$), or level-of-sustainment ($\beta = -.09$). Additionally, the ISF Strategy had a significant impact on intervention effectiveness (i.e., the effectiveness of the MIBI), at least in terms of significantly decreasing the odds (odds ratio = 0.11, $p = .02$) of clients using their primary substance daily during follow-up.

Conclusions: Although not for the faint of heart, dual-randomized type 2 hybrid trials can be successfully completed with the right infrastructure and team. Building upon the SAT2HIV Project, the SAT2HIV-II Project is a type 3 hybrid trial that was recently funded by the National Institute on Drug Abuse that is focused on testing a pay-for-performance (P4P) strategy as an adjunct to the ATTC+ISF Strategy found to be most effective as part of the original SAT2HIV Project.

This work was supported by the National Institute on Drug Abuse (NIDA; R01DA038146; PI Garner).
For more information, contact bgarner@rti.org

Garner et al., (2020). The implementation and sustainment facilitation strategy improved implementation effectiveness and intervention effectiveness: Results from a cluster-randomized, type 2 hybrid trial. *Implementation Research and Practice*, 1. <https://doi.org/10.1177/26283489520948073>
Landes, S. J., McBain, S. A., & Curran, G. M. (2020). Reprint of: An introduction to effectiveness-implementation hybrid designs. *Psychiatry research*, 283, 112630. <https://doi.org/10.1016/j.psychres.2019.112630>

Implementation Research and Practice

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The implementation & sustainment facilitation (ISF) strategy: Cost and cost-effectiveness results from a 39-site cluster randomized trial integrating substance use services in community-based HIV service organizations

Jesse M. Hinde, Bryan R. Garner, Colleen J. Watson, Rasika Ramanan, Elizabeth L. Ball, Stephen J. Tueller

First Published April 11, 2022

Research Article

Check for updates

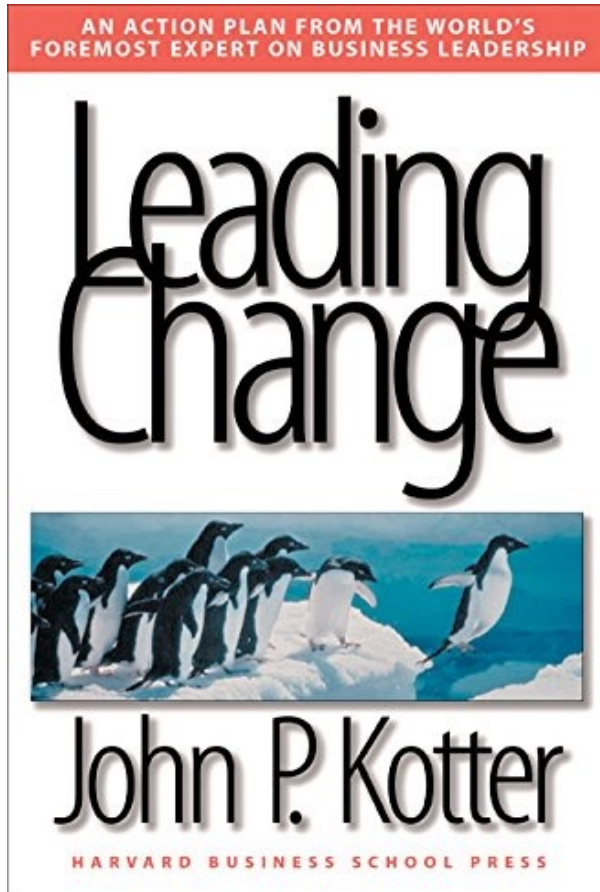
<https://doi.org/10.1177/262834895221089266>

The implementation & sustainment facilitation (ISF) strategy: Cost and cost-effectiveness results from a 39-site cluster randomized trial integrating substance use services in community-based HIV service organizations

Abstract

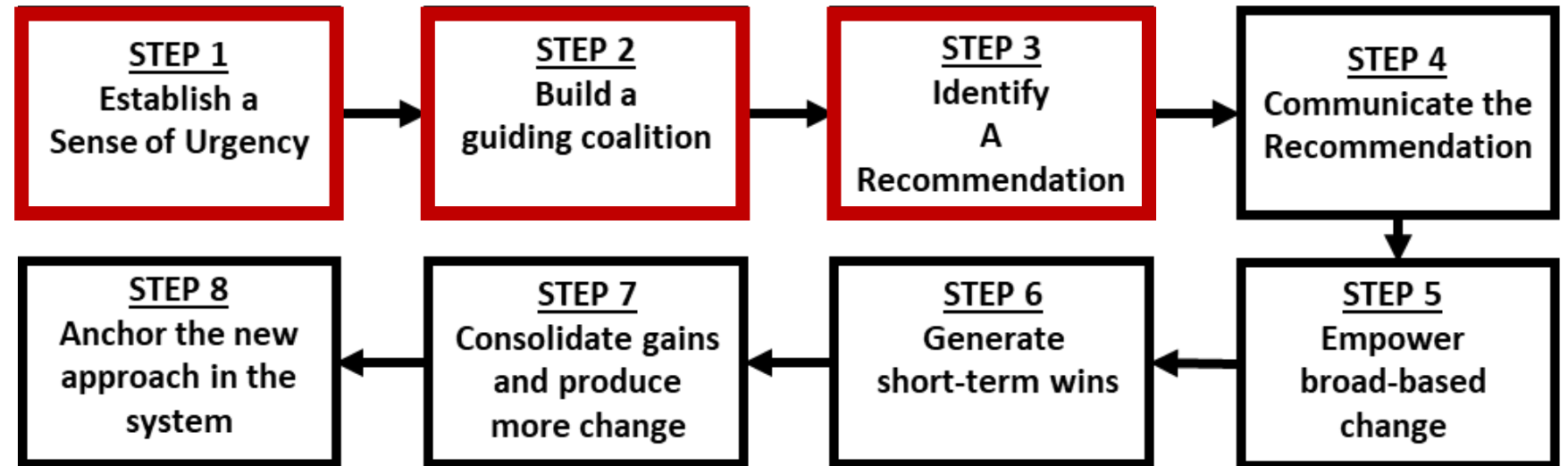
Background: As part of the Substance Abuse Treatment to HIV Care Project, the Implementation & Sustainment Facilitation (ISF) strategy was found to be an effective adjunct to the Addiction Technology Transfer Center (ATTC) strategy for integrating a motivational interviewing-based brief intervention (MIBI) for substance use disorders. This study presents the cost and cost-effectiveness results. **Methods:** Thirty-nine HIV service organizations were randomized to receive the ATTC-only condition or the ATTC + ISF condition. Two staff from each organization received the ATTC-training. In ATTC + ISF organizations, the same two staff and additional support staff participated in facilitation sessions to support MIBI implementation. We estimated costs using primary data on the time spent in each strategy and the time spent delivering 409 MIBIs to clients. We estimated staff-level cost-effectiveness for the number of MIBIs delivered, average MIBI quality scores, and total client days abstinent per staff. We used sensitivity analyses to test how changes to key variables affect the results. **Results:** Adjusted per-staff costs were \$2,915 for the ATTC strategy and \$5,371 for ATTC + ISF, resulting in an incremental cost of \$2,457. ATTC + ISF significantly increased the number of MIBIs delivered (3.73) and the average MIBI quality score (61.45), yielding incremental cost effectiveness ratios (ICERs) of \$659 and \$40. Client days abstinent increased by 59 days per staff with a quality-adjusted life-year ICER of \$40,578 (95% confidence interval \$29,795–\$61,031). **Conclusions:** From the perspective of federal policymakers, ISF as an adjunct to the ATTC strategy may be cost-effective for improving the integration of MIBIs within HIV service organizations, especially if scaled up to reach more clients. Travel accounted for nearly half of costs, and virtual implementation may further increase value. We also highlight two considerations for cost-effectiveness analysis with hybrid trials: study protocols kept recruitment low and modeling choices affect how we interpret the effects on client-level outcomes.

The Substance Treatment Strategies for HIV Care (STS4HIV) Project's guiding framework



Kotter JP. *Leading change*.
Boston, MA: Harvard
Business School Press; 1996.

Overview of Kotter's Change Framework



The Substance Treatment Strategies for HIV Care (STS4HIV) Project's recommendations

SUPPLEMENT ARTICLE

The Setting-Intervention Fit of Nine Evidence-Based Interventions for Substance Use Disorders Within HIV Service Organizations Across the United States: Results of a National Stakeholder-Engaged Real-Time Delphi Study

Bryan R. Garner, PhD,^a Hannah K. Knudsen, PhD,^b Brittany A. Zulkiewicz, MPH,^a Stephen J. Tueller, PhD,^c Heather J. Gotham, PhD,^d Erika G. Martin, PhD,^e Tom Donohoe, MPH,^f Alyssa K. Toro, BS,^g Katie Loyd, BA,^h and Theodore Gordon, MSⁱ

Background: Given substance use disorders (SUDs) among people with HIV are highly prevalent, integrating SUD services within HIV service settings is needed to help end the HIV epidemic. In this study, we assessed the setting-intervention fit (SIF) of 9 evidence-based SUD interventions: acamprosate, disulfiram, oral naltrexone, injectable naltrexone, oral buprenorphine, injectable buprenorphine, contingency management, motivational interviewing, and cognitive behavioral therapy (CBT).

Setting: Clinical and nonclinical HIV service organizations (HSOs) in the United States.

Methods: In May 2020, a stakeholder-engaged real-time Delphi was completed with 203 HSOs. HSO respondents rated the extent to which each SUD intervention was fundable, implementable, retainable, sustainable, scalable, and timely for their HSO, and these 6 items were summed into an SIF score (possible range of 0–18).

Results: Motivational interviewing had the highest average SIF score (11.42), with SIF scores above the midpoint (9.5) for clinical (11.51) and nonclinical HSOs (11.36). For nonclinical HSOs, none of the other interventions were above the midpoint. For clinical HSOs, the average SIF scores were above the midpoint for CBT (10.97) and oral buprenorphine (9.51). Multivariate regression analyses, which controlled for characteristics of the HSO respondent, revealed geographic region of the United States and whether the HSO currently offered any substance use services as 2 of the best predictors of SIF scores.

Conclusions: Notwithstanding the need to improve the SIF for the other evidence-based SUD interventions, motivational interviewing, CBT, and oral buprenorphine are currently the evidence-based SUD interventions with greatest perceived fit for integration within HSOs in the United States.

Key Words: HIV, implementation science, innovation-values fit
(*J Acquir Immune Defic Syndr* 2022;00:1–9)

INTRODUCTION

Launched in early 2019, Ending the HIV Epidemic (EHE) is an initiative seeking to reduce the number of new HIV infections in the United States by 90 percentage by 2030.¹ If successful, EHE will help avert 250,000 new HIV infections.² As part of a special supplement in *The Journal of Acquired Immune Deficiency Syndromes*, Eisinger et al (2019)³ noted “Implementation science will be essential to the successful achievement of the goals of this new initiative by translating evidence-based interventions, resulting from discovery and innovation science, into real-world practice” (p. S172). However, the design and conduct of rigorous implementation science trials for HIV prevention and treatment is challenging, which Hargreaves and colleagues (2019)⁴ highlighted as part of the same special supplement. HIV settings in the United States vary in the services that they deliver because some are clinically oriented for providing medical care, whereas others focus on social services to support people with HIV. Nevertheless, implementation research is urgently needed to support improved integration of substance use disorder (SUD) services into HIV settings^{5,6} because such services are important for helping with the EHE’s treatment and prevention pillars.

Regarding efforts to improve the integration of SUD services within HIV settings, the Buprenorphine-HIV Evaluation and Support (BHIVES) Collaborative, conducted between 2004 and 2009, was one of the first and largest

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Supported by the National Institute on Drug Abuse (NIDA; R01-DA044051; PI Garner). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Drug Abuse. Special thanks are given to the following individuals who assisted with this study: Beth Bartowski, Cindy Bolden-Culberson, Lauren Brown, Liz Ball, Melissa Grove, Nicole Mandell, and Tom Freese. The authors have no funding or conflicts of interest to disclose. Supplemental digital content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal’s Web site (www.jaids.com).

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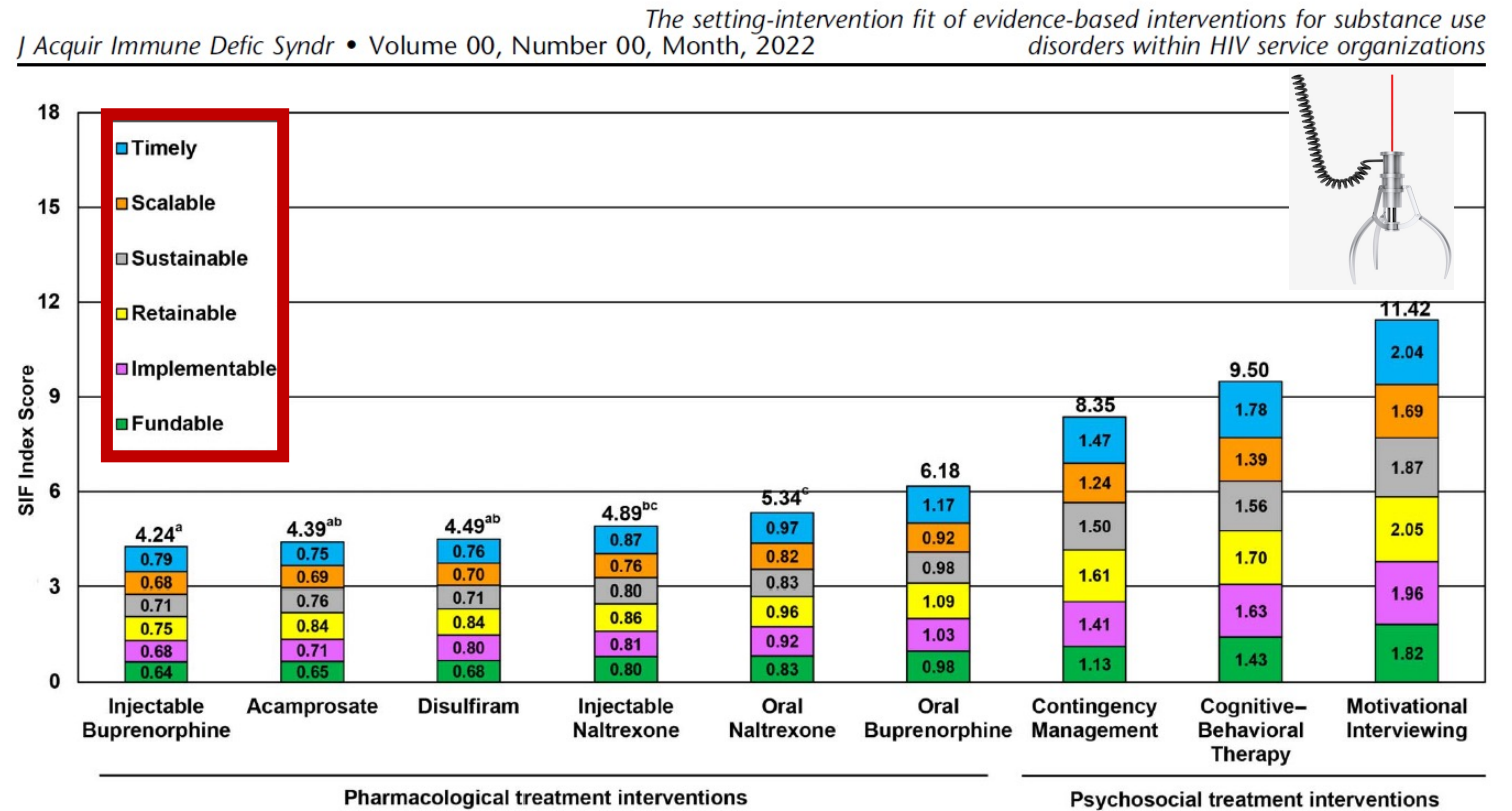
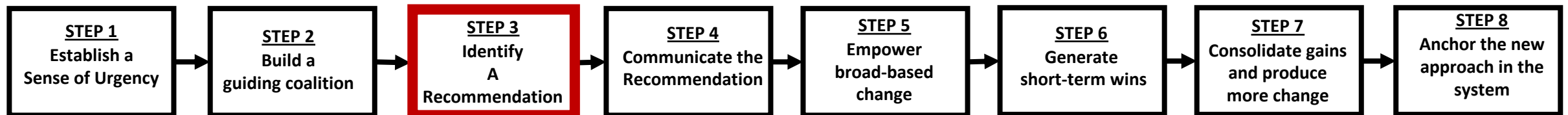


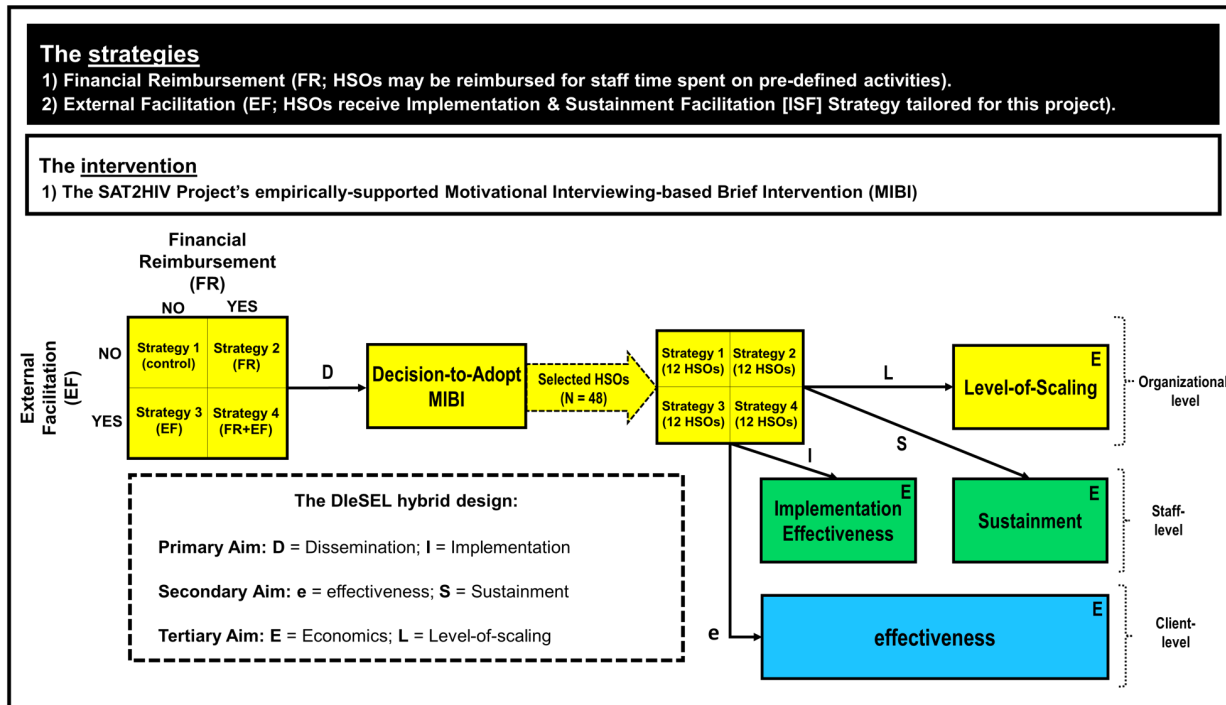
FIGURE 3. Unadjusted setting-intervention fit index scores and dimension contributions.

Kotter's Change Framework

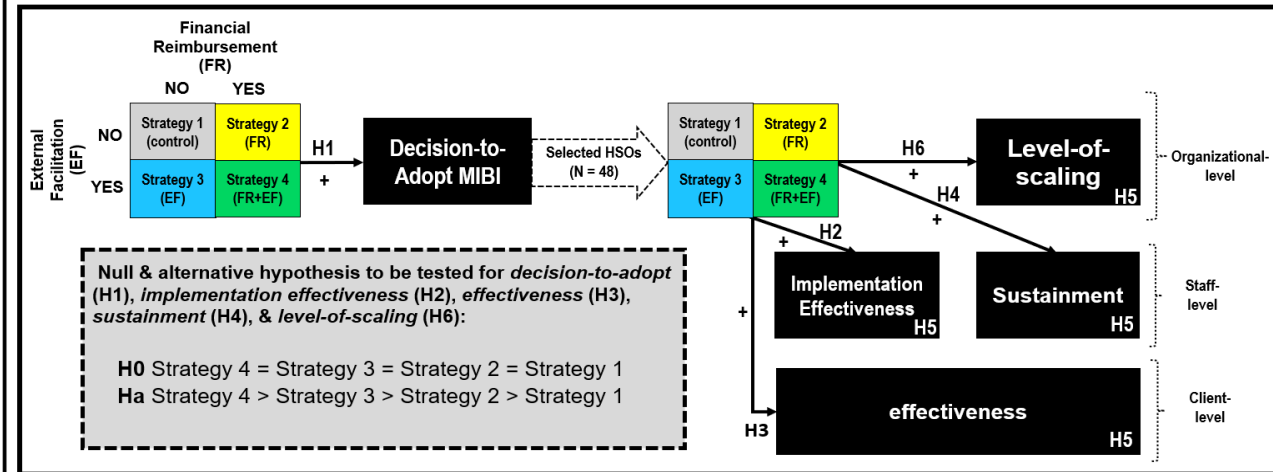


The Substance Treatment Strategies for HIV Care (STS4HIV) Project's DIeSEL hybrid trial design

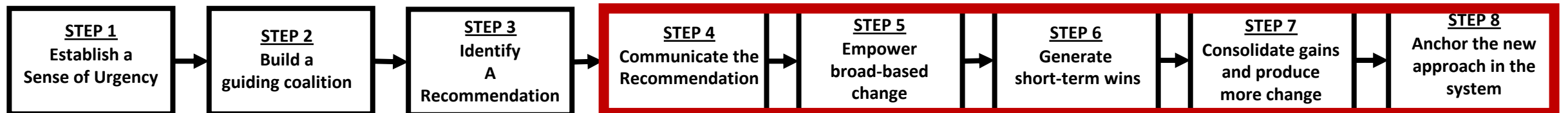
Visual illustration of the specific aims for the STS4HIV Project's DieSEL hybrid trial



Visual illustration of the hypotheses for the STS4HIV Project's DieSEL hybrid trial



Kotter's Change Framework

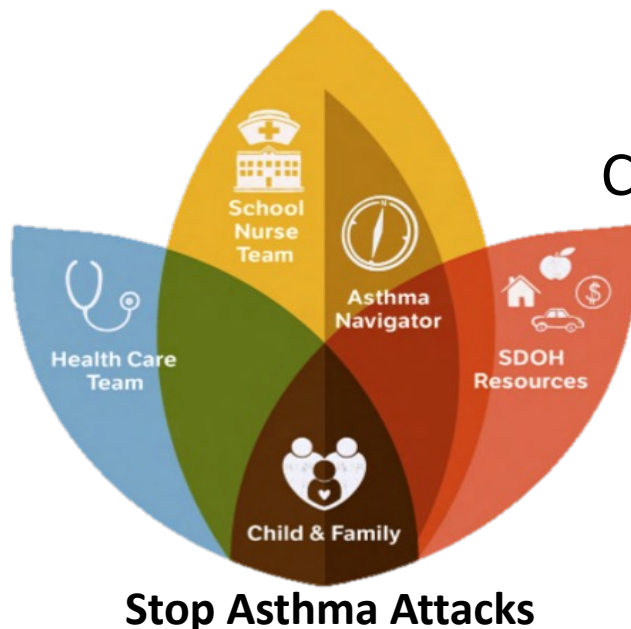


Engaging Regional Stakeholders to Identify Priority Outcomes of Success for a School-based Asthma Management Program

Andrea Jimenez-Zambrano, PhD, MPH

Colorado Pragmatic Research in Health Conference

May 24th, 2022



ACCORDS

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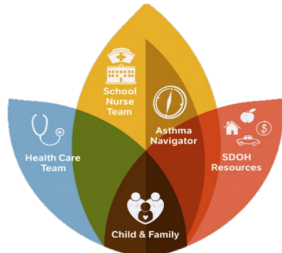
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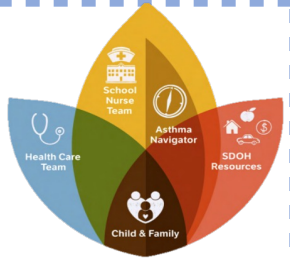
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Background

- Asthma is a common chronic disease for children that disproportionately impacts low-income families.
- Over the past 2 decades, our team has sought to address pediatric asthma disparities:
 - Developed a school-based asthma program in partnership with urban, low-income schools and communities
 - Active care management of asthma and social determinants of health (SDOH)
 - Our program has reduced **health care utilization** and **school absences**
- In 2020, we received NHLBI DECIPHeR funding to promote health equity by scaling out this program across 5 regions of Colorado

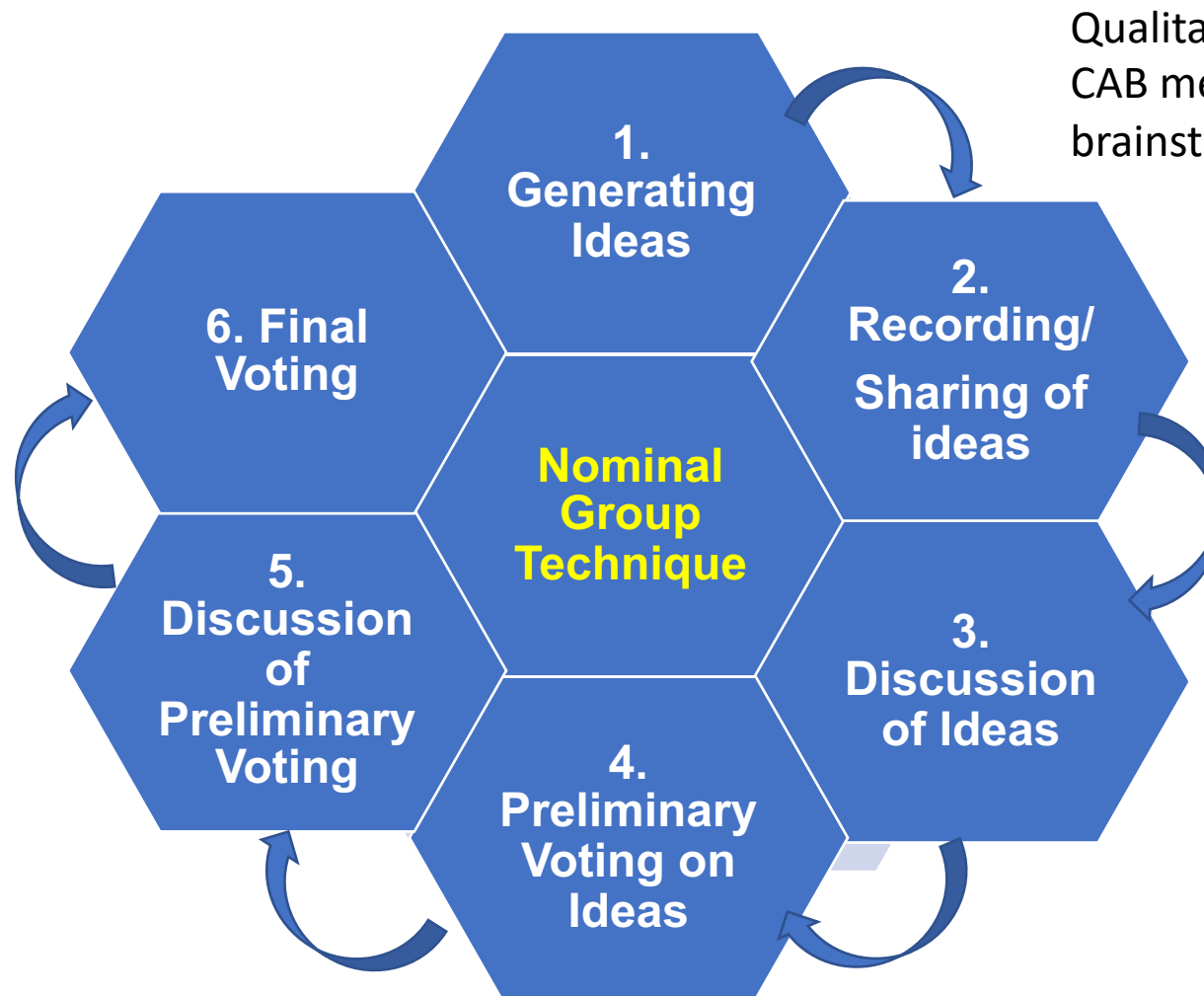


Key Objective in Planning Phase



- Engage regional Community Advisory Boards (CABs) to come to consensus on priority outcomes of success of this project
 - Ranked priority outcomes of success within 4 distinct categories
 - **Schools**
 - **Social Determinants of Health**
 - Child/Family
 - Health Care Providers

Our consensus-building method



Qualitative interviews of CAB members; CAB brainstorming sessions

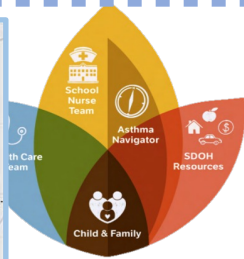
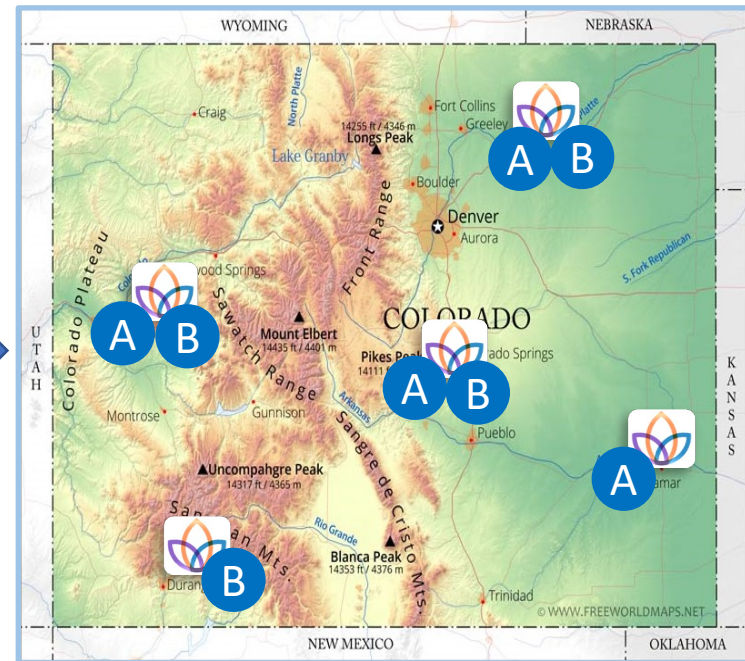
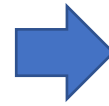
CABs each came to consensus on top 2-3 priority outcomes of success in each category

Each CAB reviewed the ideas generated across all CABs in each of the 4 categories (e.g., school, SDOH)

Results

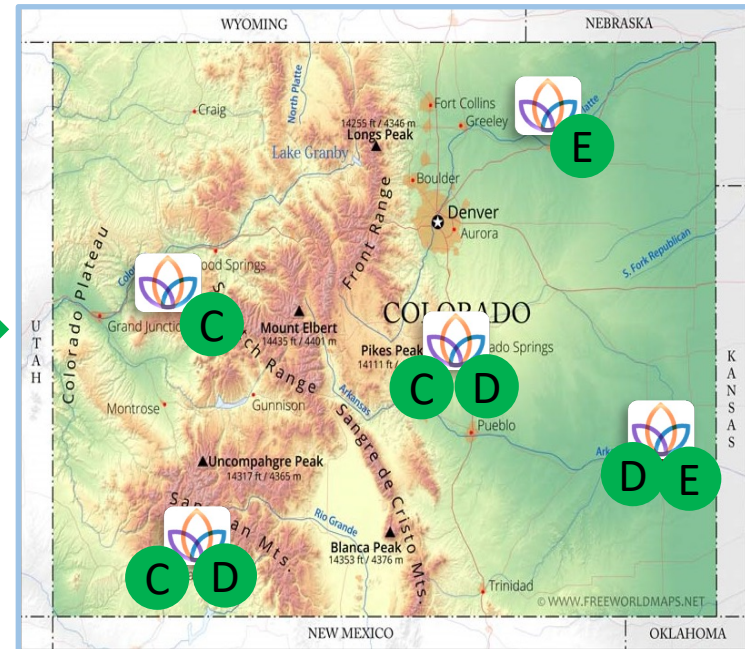
Schools:

- A** Increased **school asthma care plan on-file** for students early in school year (4 out of 5 regions)
- B** Increased **connection between schools and health care providers** (4 out of 5 regions)

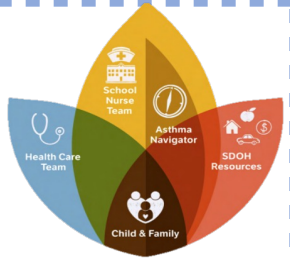


Community/SDOH Agencies:

- C** Address **health literacy needs** for parents/family (3 out of 5 regions)
- D** **Transportation resources** (3 out of 5 regions)
- E** Availability of **fun, low-literacy, educational resources** (e.g., how-to-use inhaler resources for children) (2 out of 5 regions)

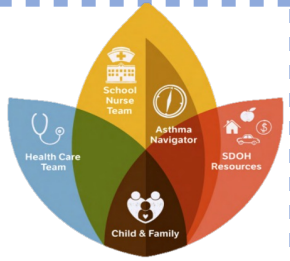


Discussion/Conclusions



- Our Nominal Group Technique approach engaged CAB members to ensure diverse community perspectives on what constitutes “success” were heard.
- More regional consensus about school outcomes than SDOH outcomes – implications for tailoring to regions.
- Using this process to prioritize outcomes of success has informed:
 - Implementation strategy selection
 - Study outcomes we will track/report back to CABs
- This process may be replicated for other studies.

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