Lessons Learned

• **Community-partnered intervention design (and adaptation)**
  • Enhance trust with potential partners for future implementation
  • Improves intervention uptake & engagement

• **Local Customization**
  • Needs to happen every time (one size does not fit all)
  • Structured process for wider implementation: defining clinic-level resources, capacity, decision points, and trade-offs

• **Impact on Disparities?**
  • Designed for and tested among underserved group—now being adapted to other underserved populations
  • Differential impact by language, race/ethnicity, and SES
Toolbox: Community Advisory Board

- Key stakeholders
  - Providers, parents, teens, staff, MAs, payers
- Get them involved early
- Provide background and tools to respond to
- Don’t let language or income be a barrier to engagement
- WIIFM?
Toolbox: Funding the Community-Engaged Process

- Use a structured process
  - Qualitative methods, Delphi approach
  - Include methodology expertise on your team
- Provide concrete examples of what your products could look like
Health Equity and QI & I Science

• What is the health/well-being area being addressed?
• Does a disparity or health inequity exist in this area?
• [YES] Your work will impact health disparities!

• Take steps to ensure that your QI & I project is designed to disproportionately benefit the underserved group
A Community-Engaged Approach Can Help

• Get the right community partners; **build trust**
• Focus on a problem within a shared area of expertise and need (**resources & capacity**)
• Build **community-partnered** design into funding applications
• Challenges of generalizability of community-specific interventions (**local customization**)