

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**)

