



Meet the Experts

Health system activities involving patient advocacy and industry stakeholders



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Overview

- Informal discussion – ‘expert’
- Stakeholder (knowledge user) engagement and involvement in implementation research (PPI – patient and public involvement)
- Why – Who – How?
- What are your experiences? Challenges and Opportunities?
- Where does the field need to go next?

The Why?

- Why is multilevel multistakeholder involvement important for implementation science?
- Helps to ensure implementation science is **contextually relevant**, that interventions developed are fully (1) cognisant of the people and systems who will deliver, facilitate, fund, roll out and sustain interventions and (2) responsive to all key barriers and influences
- To ensure/maximise acceptability, adoption, appropriateness, cost-effectiveness, feasibility, fidelity, penetration and sustainability (Proctor et al 2009)

Multilevel multistakeholder intervention development




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A collaborative approach to developing sustainable behaviour change interventions for childhood obesity prevention: Development of the Choosing Healthy Eating for Infant Health (CHERISH) intervention and implementation strategy

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- CHERISH – preventing childhood obesity in primary care
- 5 evidence syntheses, parent focus groups, multidisciplinary HCP interviews
- Parent PPI group, healthcare managers, health centre tech support
- Behaviour Change Wheel approach – mapping evidence to intervention and implementation strategy - final step steering group of policy and practice representatives to guide final decision-making

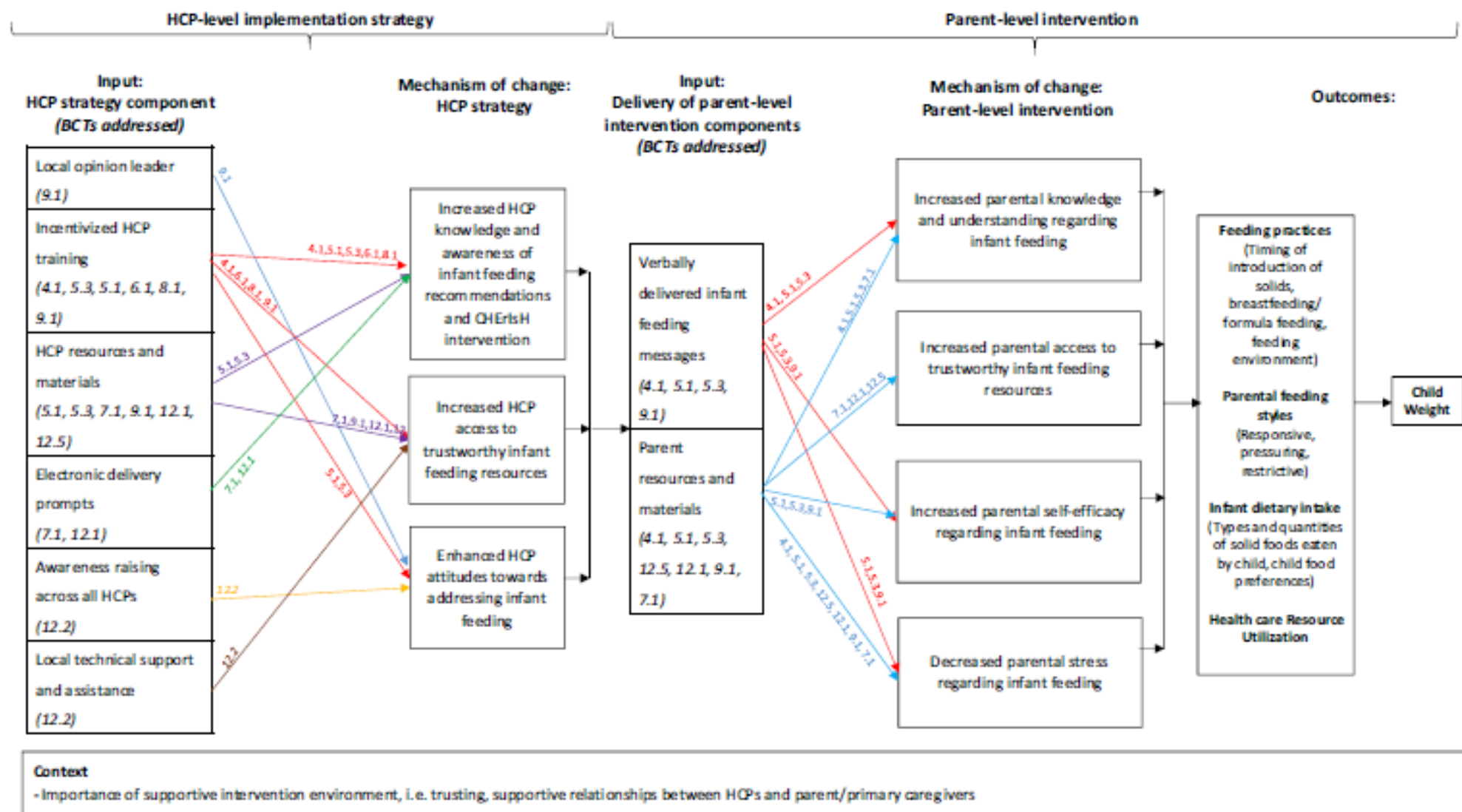


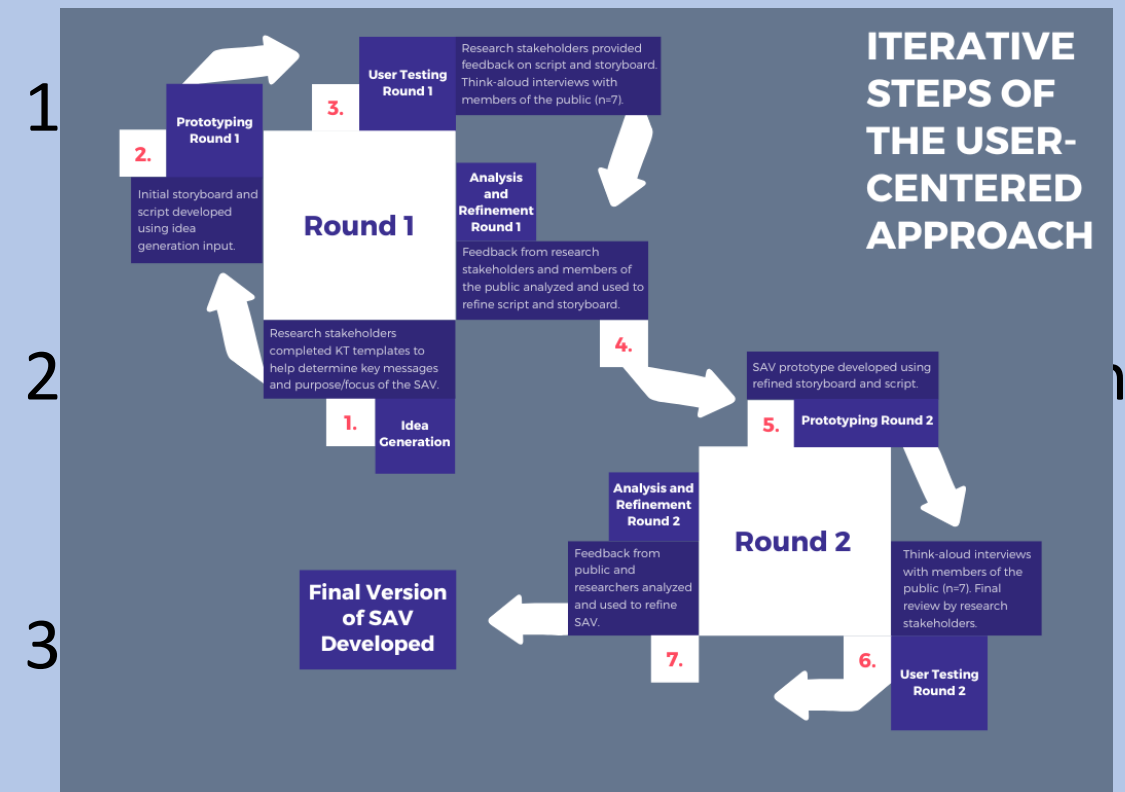
Figure 1. Logic model of the finalized intervention. Numbers on arrows represent BCTs used to target specific mechanisms – these BCT numbers are explained in Tables 2 and 3; HCPs = health care professionals; BCT = behaviour change technique

The Who?

- Key internal groups:
 1. health professionals (insights into care/service delivery)
 2. patients, clients, consumers (insights into lived experience, values, preferences and priorities, abilities, constraints)
 3. researchers (knowledge of theory, prior empirical research, skills in analysis, grant-seeking, publication/reporting)
- Key external groups:
 1. professional associations for health professionals
 2. patient advocacy organizations
 3. payors, purchasers (US context)
 4. regulatory agencies
 5. industry organizations (life sciences, consulting/technical assistance)
 6. research funders
 7. professional associations for researchers

The How?

- Doing PPI on implementation or methodological topics that aren't clinical topics
 - How do we involve patient, public and other stakeholders in theoretical or methodological implementation science?



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- What are your experiences? Challenges and Opportunities?
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