

Testing the Appreciative Inquiry and Boot Camp Translation Methods for Identifying and Sharing Local Solutions to Healthcare Issues

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What was the research about?

To address health problems in communities, healthcare providers usually look at evidence from studies about what has worked elsewhere. But sometimes these solutions don't fit local needs. A process called Boot Camp Translation, or BCT, brings community members and researchers together to look at research evidence and decide how to use it locally. BCT groups turn evidence into messages that make sense in their communities.

When no evidence exists, one way to find answers is to look for local stories of people who have overcome problems. These stories can provide ideas that other people can use to solve similar problems. Appreciative Inquiry, or AI, is a way to collect stories about how to overcome problems.

In this study, the research team combined AI and BCT in five communities around Colorado to find and share local solutions to health problems. Each community worked on a different health problem, such as getting mental health care or managing pain. The team wanted to identify lessons that other research teams can use.

What were the results?

Using AI, the research team identified themes that helped people succeed when facing each health problem. For example, it's important for people with

mental health needs to have someone who advocates for them to get care. Using BCT, each community came up with key messages about how to address their problem. They shared those messages in posters, brochures, and materials for doctors to use.

The team found five things that can help research teams use AI and BCT together:

- Choose topics that are important to the community and that are likely to have success stories.
- When gathering stories, focus on what worked for each person.
- Allow enough time—several months—to study all the stories.
- Present results from AI along with other evidence when bringing community members together for BCT.
- Make sure the research team includes someone with training in how to analyze stories from AI and make them useful for BCT.

Who was in the study?

The research team gathered stories from 102 community members and healthcare workers in Colorado for the AI process. In total, 63 community

members took part in the five BCT groups. Communities included rural areas and Denver neighborhoods with few health resources.

What did the research team do?

The research team worked with local health research networks and community groups in Colorado to identify five projects. Two focused on access to mental health support. One was about how to set up a type of primary care called patient-centered medical homes. One was on managing chronic pain, and one was on sleep apnea.

For each project, the research team gathered stories using AI. They studied the stories to find common solutions to each problem. Then the team shared those solutions in the BCT group with other people from the community. Each BCT group came up with ways to share those solutions as messages that would make sense in their communities.

During the project, the research team took notes and had meetings about how each part of the process was working. They compiled their results into recommendations to help other research teams use AI and BCT to help other communities.

What were the limits of the study?

The team only tested the AI and BCT combination in five communities. This combination may work differently in other places.

How can people use the results?

Community leaders and health researchers can use results of this study to develop local solutions for health problems.

To learn more about this project, visit www.pcori.org/Nease178.