



# Lessons learned to advance person-centered outcomes research and virtual engagement with underrepresented populations: Engaging adults with serious mental illness



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## Background

- People with serious mental illness (SMI: bipolar disorder, schizophrenia, and major depression), especially those who are older adults, Latino/a, or in congregate housing:
  - Face barriers to participating in research and are often excluded from clinical trials<sup>1</sup>
  - Die 15-30 years earlier than the general population<sup>2-4</sup>
  - Experience higher rates of cancer mortality than the general population<sup>2-4</sup>
  - Have higher rates of COVID-19 infection and are at greater risk for adverse Telehealth: outcomes<sup>10</sup>

- Has the potential to promote access to care for underserved populations<sup>5</sup>
- Has become widespread during the pandemic<sup>6</sup>
- Poses unique challenges to people with serious mental illness (especially for those who are older adults, Latinoa/a, or in congregate housing) who encounter structural obstacles accessing telehealth<sup>7</sup>
- May widen health inequities without targeted outreach to marginalized populations<sup>8</sup>

# Specific Aims

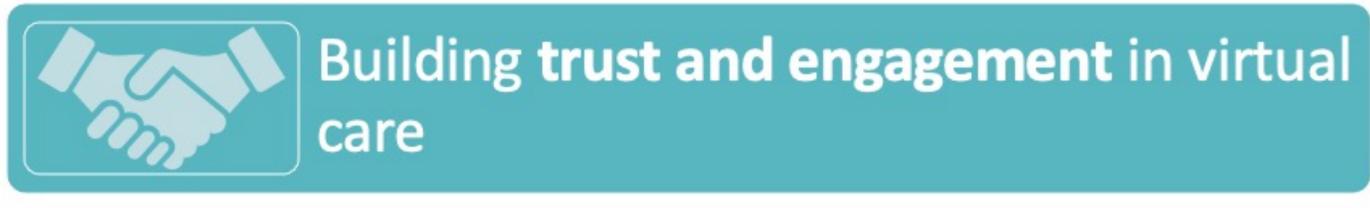
- Produce stakeholder-generated interventions that can be adapted for underserved populations
- Elucidate barriers/facilitators to telehealth
- Build capacity for person-centered outcomes research
- Generate strategies to increase access to research and telehealth

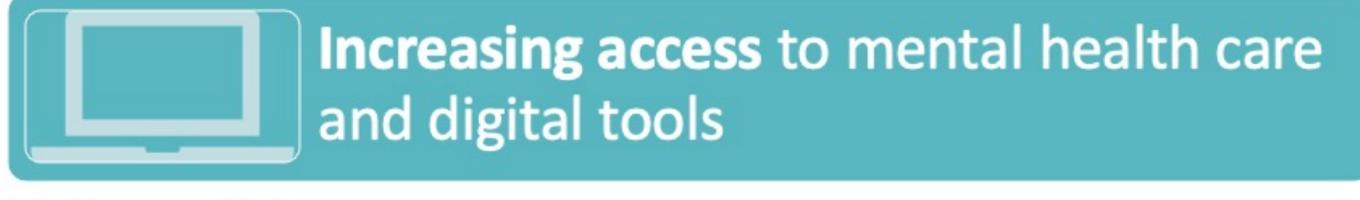
#### Methods

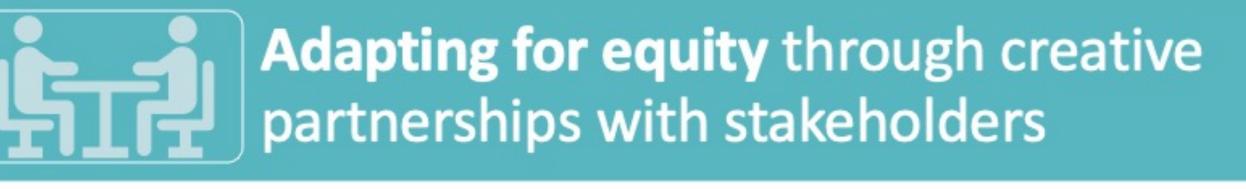
- To amplify stakeholder's voices, researchers:
  - Conducted recorded semi-structured qualitative key informant interviews and listening sessions
  - Engaged 60 diverse stakeholders in 2 months
  - Coded transcripts with Rapid and Rigorous Qualitative Data Analysis (RaDaR)
- To generate stakeholder-recommended strategies to advance equity in telehealth researchers:
  - Formed a Community of Practice (CoP), defined as a: 1) community of people (e.g., people with a history of SMI, older adults, Latino/a adults, clinicians, caregivers, researchers, advocates), who 2) share a domain (e.g., a shared passion for advancing health equity for people with serious mental illness), and 3) engage in practice to advance their shared mission and learn together (e.g., building capacity for person-centered outcomes research and generating strategies to increase access to research and telehealth)9
    - Convened 10 CoP virtual sessions with diverse stakeholders
    - Utilized community-based participatory research principles
- To evaluate acceptability:
  - Organizers assessed CoP members experiences of partnership

### Results

## Figure 1. RaDaR-Coded Interview and **Listening Session Key Themes**

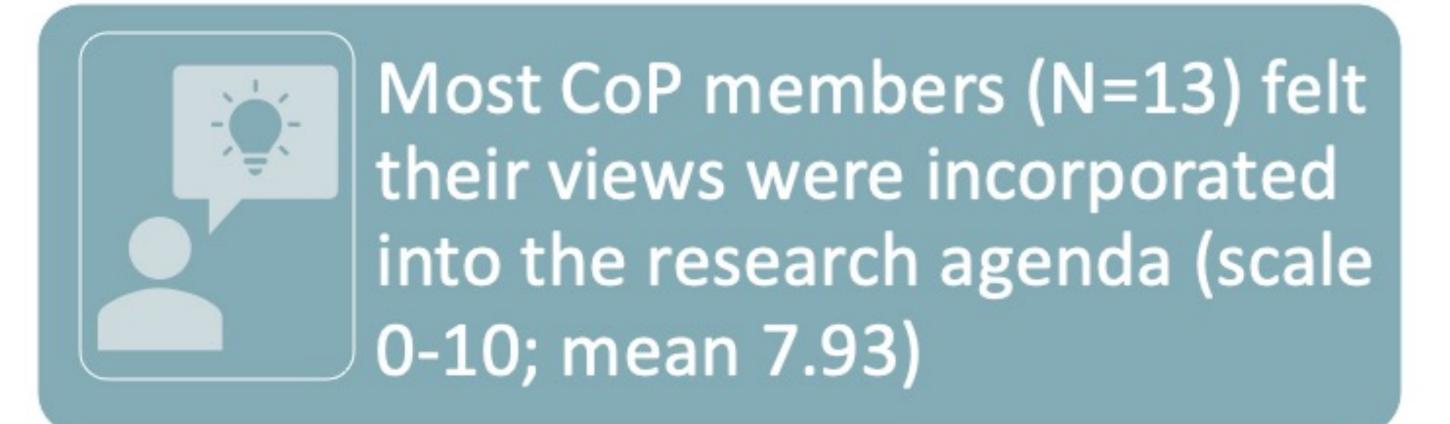




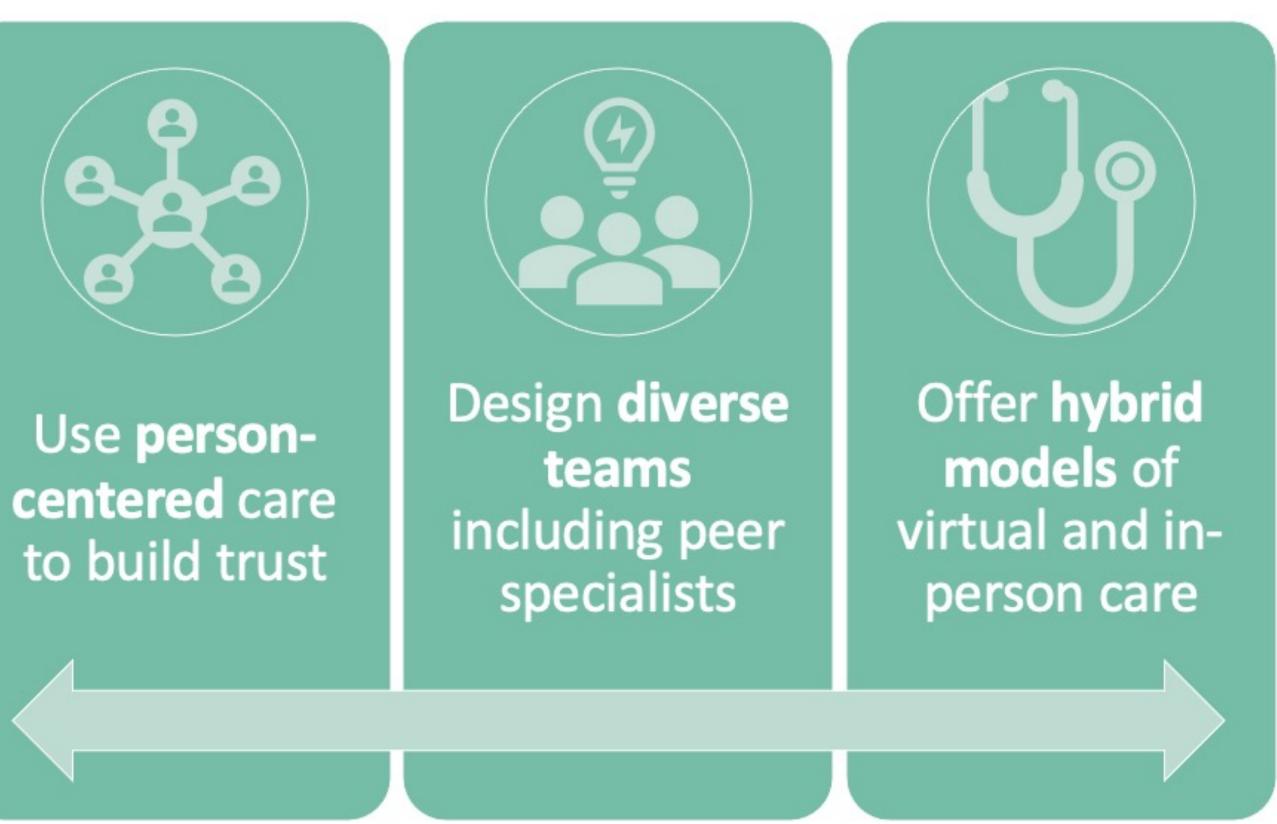




## Figure 3. CoP Members' Experiences of Research Partnership



# Figure 2. CoP-Recommended Strategies to **Advance Equity in Telehealth**



## Figure 4. CoP Members' Desire to Stay Involved with the Group's Research



77% of members (n=10) wanted to stay involved with the CoP after sessions ended

#### Conclusions

Person-centered approaches and co-design are promising approaches for stakeholder engagement to:

Inform telehealth interventions for adults with SMI

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Adapt approaches with an equity lens

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