Metodevalg ved forskning i komplekse problemer

Den 16. Nationale Rehabiliteringskonference

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Charlotte Overgaard

Professor i folkesundhed,
Forskningsleder,
Leder af Enheden for Sundhedsfremme,
Institut for Sundhedstjenesteforskning,
Syddansk Universitet.

Professor,
Syddansk Universitetshospital,
Esbjerg.

Metodevalg ved forskning i komplekse problemer indenfor rehabilitering:

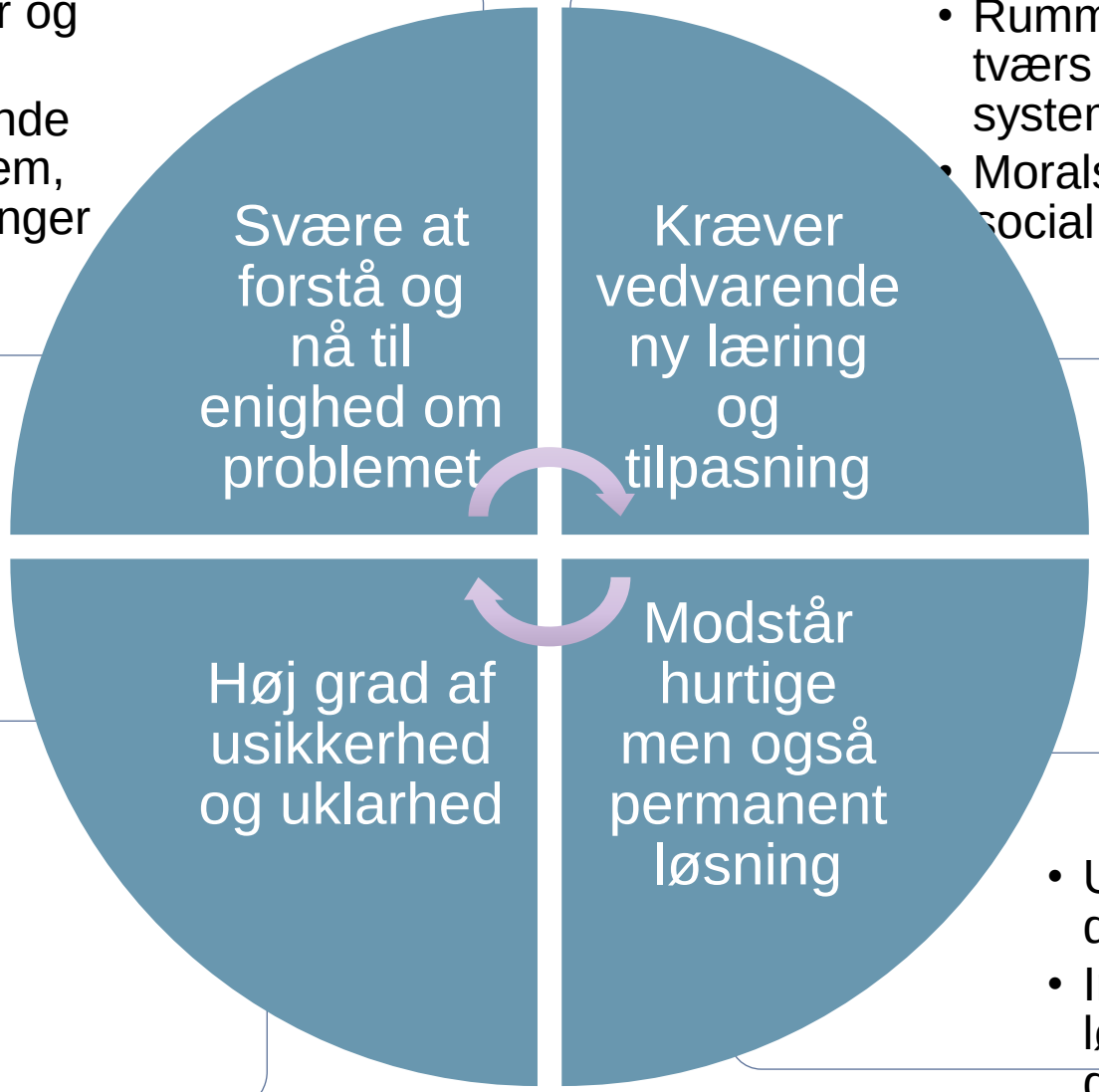
- Komplekse problemer
- “complex systems thinking” og socio-økologisk tænkning
- Teorier og program teoriers rolle i interventionsforskning
- Fleksible og interative metoder til udvikling, evaluering og implementering:
- Involvering af målgruppen og relevante aktører - partnerskaber og forsknings-praksis samarbejde om forskning

Min far, foto anvendt med tilladelse

Komplekse problemer – eller måske endda ”wicked”

- Uenighed, værdikonflikter og forskellige perspektiver
- Forskellige og modstridende forståelser af både problem, effekter, årsager og løsninger

- Rummer aspekter, som går på tværs af (fag)områder, sektorer, systemer og videnskaber
- Moralsk / samfundsmæssig/ social / etisk komponent

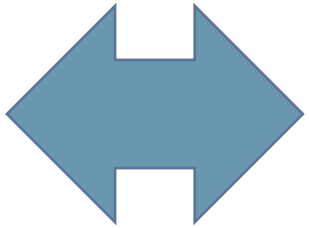


- Mange interagerende årsager
- Komplekse og multifacetterede

- Udvikler sig, transformerer, dukker op igen
- Ingen åbenbar og universel løsning – kun bedre vs dårligere løsninger
- Nogle løsninger forværrer

Eksempler på komplekse problemer

- Klimaforandringer
- Faldende fertilitesrater/ den demografiske udvikling
- Stigende hjemløshed



- Ulighed i sundhed/rehabilitering
- Håndtering af multisygdom
- Fysisk inaktive samfund
- Tværfaglig og tværprofessionel koordinering og samarbejde

Hvem har retten til at definere problemet?

Hvordan forstår vi problemet og dets årsager?

Hvem kan (og skal) løse problemet?
Hvordan kan problemet løses/imødegås?

Ofte anskues komplekse problemer løsrevet fra dets dybe determinanter og de systemer og strukturer som producerer, forstærker eller reproducerer problemet.

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Kræver komplekse problemer så komplekse interventioner? Og hvad er det overhovedet?

- Omfatter flere *interagerende komponenter*, (evt. en fleksibel/individualiseret indsats)
- Målrettet flere forskellige målgrupper og flere organisatoriske niveauer
- Ofte en multifacetteret tilgang og adresserer flere niveauer (inspireret af socio-økologisk tænkning)
- Interagerer med den kontekst, den udføres i

*Kontekst er de aktive og unikke faktorer, som udgør de særlige omstændigheder eller den sammenhæng, en intervention indgår i. (*Movsisyan et al. 2019)

Simple, complicated, complex…

Simple Flat pack furniture	Complicated Rocket to the moon	Complex Raising a child
The components and instructions are essential	Formulae are critical and necessary	Formulae have limited application. Adaptation and flexibility are key
If all the bits are there and instructions are followed in order, the result is consistent	Sending one rocket to the moon increases assurance that the next will be okay	Raising one child provides experience but no assurance of success with the next
No particular expertise is required but helpful to be good with an allen key	High levels of expertise in a variety of fields are necessary for success	Expertise can contribute but is neither necessary nor sufficient
Produces standardised furniture	Rockets are similar in critical ways	Every child is unique and must be understood and responded to as an individual
The designed furniture will be reproduced	There is a high degree of certainty of outcome	Uncertainty of outcome remains

Adapted from Rogers, 2008

(The British Medical Research Counsils 2008 guidance for complex interventions)
Webinar: Evaluating complex systems approaches to improving health | The Health Foundation, Laurence Moore

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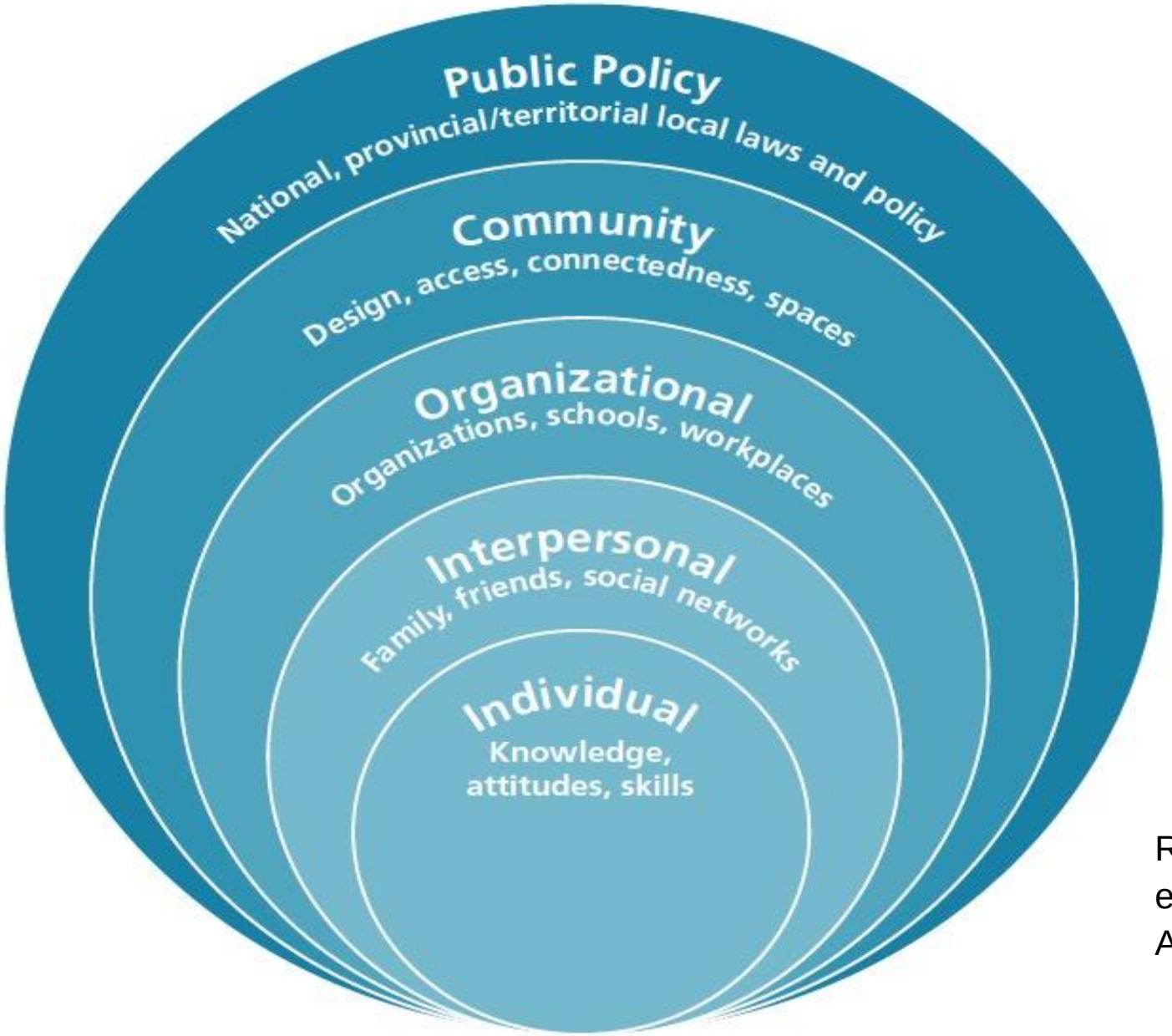
Socio-økologisk tænkning



A Social-Ecological Model for Physical Activity - Adapted from Heise, L., Ellsberg, M., & Gottemoeller, M. (1999)

Richard et al (1996) Assessment of the integration of the ecological approach in health promotion programs. American Journal of Health Promotion, 10, 318-328

Hvorfor et socio-økologisk perspektiv?

- Modrepons på det 20. århundredes: "rise and fall of behavioural medicine", -"blame-the-victim" og manglende langtidseffekter af indsatser
- Stræber efter at indtænke individ- og samfundsfaktorer på mikro, meso og makro niveau - og ikke mindst samspillet imellem disse
- Fokus på samspillet mellem individet og mere overordnede sociale determinanter og/eller social strukturer som ligger udenfor den enkeltes kontrol.
- Kan anvendes til at identificere aktører, interaktioner mhp. at **udvikle komplekse interventioner**

Complex systems thinking

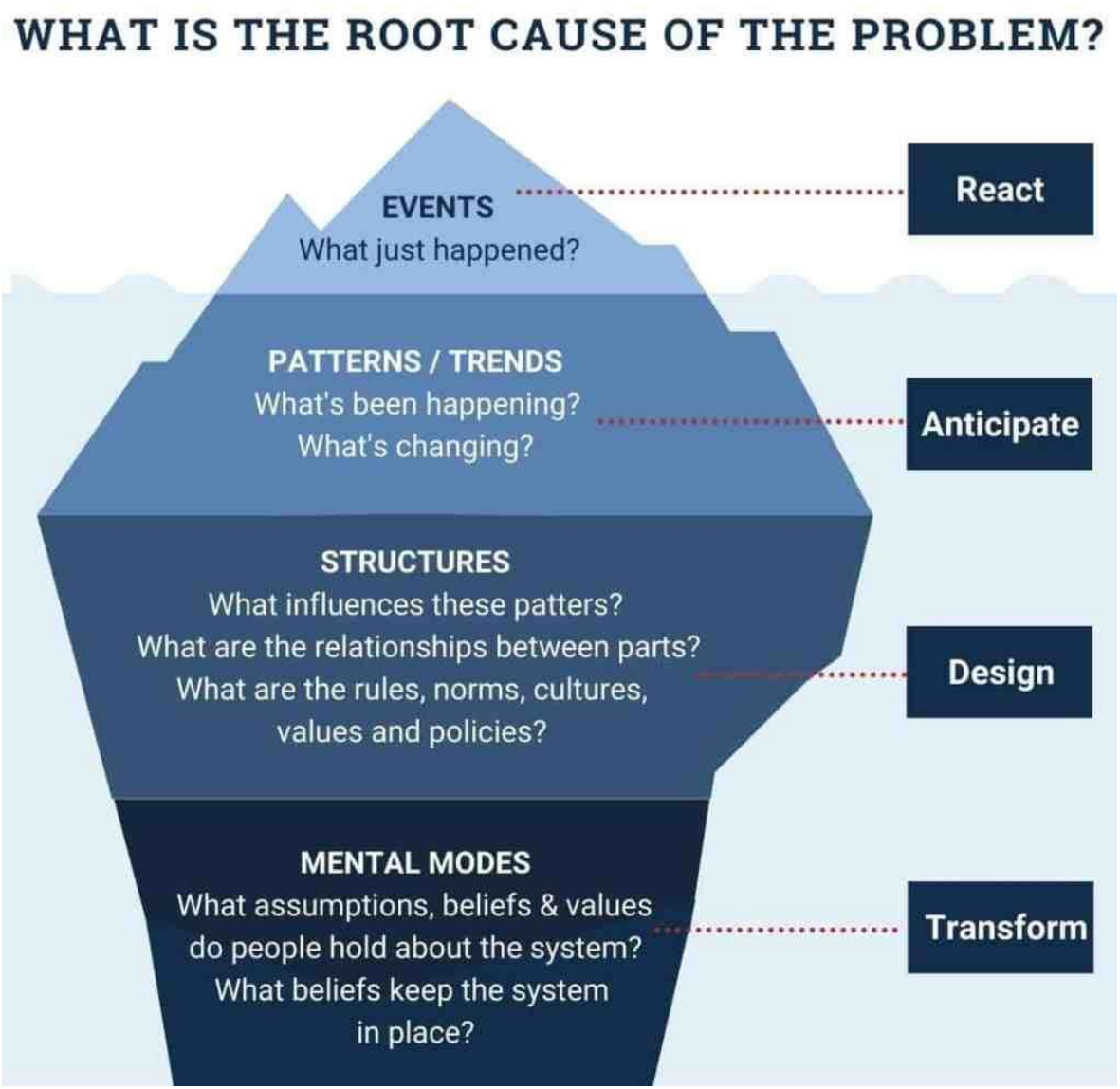
Fra fokus på interventions komponenter til ***interventioner som forstyrrelser*** i de komplekse "systemer", som tillader problemet at eksisterer

Komplekse systemer kan være:

- sundhedsvæsenet og dets sektorer, hospitals, hjemmepleje mv.

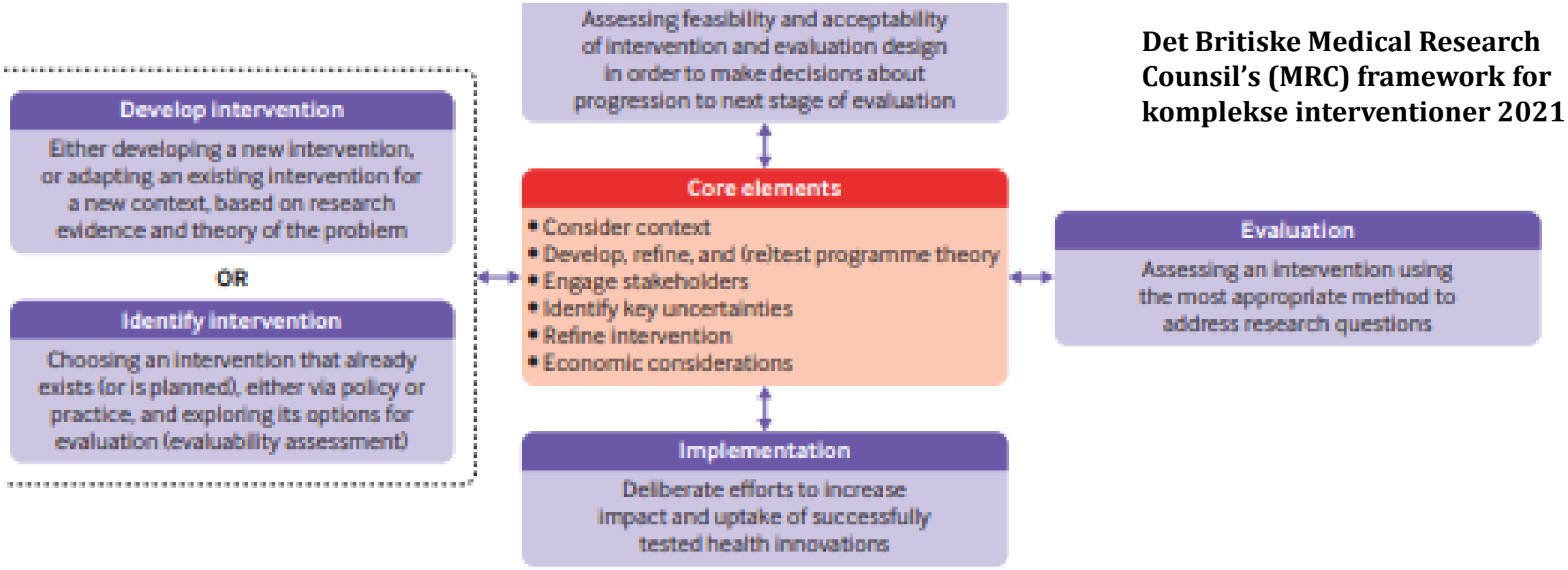
- mere abstrakte systemer i den kontekst, som interventionen skal fungere i – fx sociale, kulturelle, politiske, juridiske, økonomiske forhold samt relationer, normer mv.

Penny Hawe m.fl. I 2008 og senere bmj-336-7656-analysis-01281.pdf (nih.gov)



Complex system thinking først beskrevet af Professor Jay Forrester, **Massachusetts Institute o Technology 1957**

Det Britiske Medical Research Counsil's (MRC) framework for komplekse interventioner 2021



1 | Framework for developing and evaluating complex interventions. Context=any feature of the circumstances in which an intervention is ıceived, developed, evaluated, and implemented; programme theory=describes how an intervention is expected to lead to its effects and under at conditions—the programme theory should be tested and refined at all stages and used to guide the identification of uncertainties and research estions; stakeholders=those who are targeted by the intervention or policy, involved in its development or delivery, or more broadly those whose sonal or professional interests are affected (that is, who have a stake in the topic)—this includes patients and members of the public as well those linked in a professional capacity; uncertainties=identifying the key uncertainties that exist, given what is already known and what the gramme theory, research team, and stakeholders identify as being most important to discover—these judgments inform the framing of research estions, which in turn govern the choice of research perspective; refinement=the process of fine tuning or making changes to the intervention e a preliminary version (prototype) has been developed; economic considerations=determining the comparative resource and outcome sequences of the interventions for those people and organisations affected

doi: 10.1136/bmj.n2061 | BMJ 2021;374:n2061 | the bmj

Case eksempel:

The shared oral care intervention to improve oral health among older people in care homes (2018)

1) Signifikant reduction i plak og inflammation efter 3 og 6 måneder

2) Effekten stort set forsvundet 6 måneder efter interventionen ophør....

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ORIGINAL ARTICLE

Community Dentistry and Oral Epidemiology WILEY

Improving oral health in nursing home residents: A cluster randomized trial of a shared oral care intervention

Charlotte Overgaard[1] | Henrik Bøggild[1] | Børge Hede[2] | Maiken Bagger[3] | Line Gøtz Hartmann[3] | Karin Aagaard[1,4]

[1]Department of Health Science and Technology, Public Health and Epidemiology Group, Aalborg University, Aalborg Øst, Denmark
[2]Department of Odontology, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark
[3]Department of Special Care Dentistry, Municipality of Aalborg, Aalborg, Denmark
[4]Department of Integrated Healthcare and Cross-Sectoral Processes, North Regional Hospital, Hjørring, Denmark

Correspondence
Charlotte Overgaard, Department of Health Science and Technology, Public Health and Epidemiology Group, Aalborg University, Niels Jernes Vej 14, 9220 Aalborg Øst, Denmark.
Email: co@hst.aau.dk

Funding information
Municipality of Aalborg, Denmark

Abstract

Objectives: To compare a designated shared oral care intervention in a group of public nursing home residents with a standard oral care programme, focusing on levels of oral plaque and oral inflammation.

Methods: A cluster randomized field trial was undertaken in 14 Danish public nursing homes. There were 145 participants included in the intervention group and 98 in the control group. We undertook a six-month intervention based on the principle of situated interprofessional learning. The primary outcomes were plaque and inflammation levels measured with the mucosal plaque index (MPS); this was assessed at baseline, after three and six months (end of intervention), and at follow-up (six months postintervention). The odds ratios (OR) and 95% confidence intervals (CI) were estimated with ordinal regression.

Results: Socio-demographic characteristics and oral health status at baseline were comparable between the two groups, with the exception of age: the intervention group were significantly younger than controls (median 82 vs 87 years). After three and six months, those receiving the shared oral care intervention had significantly

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ORIGINAL ARTICLE

Journal of Clinical Nursing WILEY

Improving oral health in nursing home residents: A process evaluation of a shared oral care intervention

Karin Aagaard[1] | G. J. Meléndez-Torres[2] | Charlotte Overgaard[1]

[1]Department of Health Science and Technology, Public Health and Epidemiology Group, Aalborg University, Aalborg Øst, Denmark
[2]Peninsula Technology Assessment Group, College of Medicine and Health, University of Exeter, Exeter, England

Correspondence
Karin Aagaard, Department of Health Science and Technology, Public Health and Epidemiology Group, Aalborg University, Niels Jernes Vej 14, 9220 Aalborg Øst, Denmark.
Email: Karin.aagaard@rn.dk

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alth measures to improve the
r vulnerable groups in the
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Abstract

Aims and objectives: To evaluate the process of implementing an oral care intervention in nursing homes in a Danish municipality.

Background: Older people with aged natural dentition require preventive and curative oral health care. An intervention based on principles of situated learning was implemented to establish closer cooperation between dental and nursing staff in nursing homes, leading to improved oral hygiene in nursing home residents.

Design: An embedded multiple-case study combined with principles of realist evaluation unfolded in three phases: Formulation of initial programme theory, Testing and Refining the programme theory. The COREQ checklist is followed in reporting.

Methods: Observations, six group interviews and 22 face-to-face interviews with dentists, dental practitioners, nursing home managers, care professionals and residents were conducted in three nursing homes (n = 41).

Results: Three main outcomes of a programme theory were identified, relating to (a) residents, in the form of new oral care routines; (b) interdisciplinary working, in the form of professional pride in performing sufficient oral care; (c) organisational level changes, in the form of increased interdisciplinary knowledge sharing. The overarch-

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Process evaluering: indsigt i de komplekse systemer omkring interventionen

Data from the clinical assessments of oral hygiene showed that hygiene levels differed between the three nursing homes and care professionals gave different priorities to oral care. Often provision of oral care was not the first priority in assisting residents with personal hygiene, as explained by one of the care assistants: *The mouth is just a small part of the whole human being, so the mouth is just not the first on our list. Many times, you have to choose between the most basic care and the choice is on a clean pair of trousers and a clean diaper* (Group interview nursing home 4b).

Aagaard K, Meléndez-Torres GJ, Overgaard C. Improving oral health in nursing home residents: A process evaluation of a shared oral care intervention. *J Clin Nurs*. 2020;00:1–11

MRC's 2021 framework har øget fokus på::

- Forskningsspørgsmål skal være relevante også for praksis og i et politisk perspektiv.

- ***Interesssent inddragelse, kontekst og komplekse systemer***

- Stærk **teoribase –** illustreret i programteori:
  - *hvordan og hvorfor skaber* interventionen forandring **-** hvad driver effekten, hvad er de aktive ingredienser
  - hvilke utilsigtede konsekvenser kan interventionen medføre

  - Bedre udviklingsarbejde og anvendelse af interventionsmetodologi

- Relevante **pilotafprøvninger og process evalueringer** mhp at:
  - Udvikle og tilpasse interventionen til konteksten
  - Identificere bade tilsigtede og **utilsigtede** outcomes and risiko for bias

  - Identificere barrierer og facilitatorer ift. implementering af den endelige intervention
  - Kunne skelne mellem eventuelle interventions- og implementeringsfejl

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Teorier i interventioner

Dårlig teoretisk fundering kan være årsag til, at en indsats har dårlig eller kortvarig effekt – eller at effekten udebliver, når indsatsen overføres til en ny kontekst (fx til en ny kommune).

Hvis ingen teoretisk basis:

1. Effekter baseres på ”held”
2. Effekter kan ikke forklares *(– og dermed forstås)*
3. Interventionen kan ikke overføres til en anden kontekst og forventes at opnå samme effekt
4. Effekter kan skyldes andre mekanismer end vi tror (og overser betydningen af)
5. Utilsigtede effekter kan blive overset

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Interventioner ift. komplekse problemer bør være :

→ **Baseret på reviews/evidenssynteser**("evidence-informed")

→**Teoribaserede:**

→Beskrive og illustrere interventionsteorien / programteorien (=microteori / hverdagsteori)

→ have en velunderstøttet programteorien med relevant middle-range teori (social science teori) til at forstå og forklare underliggende årsager til "problemet" samt hvordan interventionen tænkes at skabe ændring *Se ud over de dominerende teorier (fx motivationsteori, self-efficacy)*

→Undgå forsimplede, lineære antagelser om sammenhænge (fokus på "CMO-konfigurationer" – contekst, mechanism, outcome)

→Programteorien skal illustrere dynamiske forhold som:

- Hvilke forhold skal spille sammen for at en effekt opnås
- Leder flere veje til en bestemt effekt
- Ses både positive og negative mekanismer of effekter

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Utilsigtede konsekvenser:

Alle interventioner kan skabe både positive og negative effekter
Teoretisering af utilsigtede konsekvenser kan sikre identification og evaluaering af disse (Bonell et al., 2015)

→Direkte skader (fysiske)

→Psykologiske skader (fx Screening, der producerer stressende falsk-positive resultater)

→Lighedsskader: Sundhedsfremme, der mest gavner dem med mindst behov;

→Gruppe- og sociale skader: interventioner, der forstærker risiko for bestemt grupper igennem fx stigmatisering.

→Mulighedsskader: Ineffektive interventioner, der tager ressourcer fra mere effektive.

INDEX Guidance - køreplan for interventionsudvikling

Development Stages
Plan development
Involve stakeholders
Bring together team
Review evidence
Draw on programme theories
Articulate programme theories
Primary data collection
Understand context
Anticipate implementation
Design and refine intervention
End development

Open access Communication

BMJ Open

Guidance on how to develop complex interventions to improve health and healthcare

Alicia O'Cathain,[1] Liz Croot,[1] Edward Duncan,[2] Nikki Rousseau,[2] Katie Sworn,[1] Katrina M Turner,[3] Lucy Yardley,[3,4] Pat Hoddinott[2]

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[1]Medical Care Research Unit, School of Health and Related Research, University of Sheffield, Sheffield, UK
[2]Nursing, Midwifery and Allied Health Professional Research Unit, University of Stirling, Stirling, UK
[3]School of Social and Community Medicine, University of Bristol, Bristol, UK
[4]Psychology, University of Southampton, Southampton, UK

Correspondence to
Professor Alicia O'Cathain;
a.ocathain@sheffield.ac.uk

ABSTRACT

Objective To provide researchers with guidance on actions to take during intervention development.

Summary of key points Based on a consensus exercise informed by reviews and qualitative interviews, we present key principles and actions for consideration when developing interventions to improve health. These include seeing intervention development as a dynamic iterative process, involving stakeholders, reviewing published research evidence, drawing on existing theories, articulating programme theory, undertaking primary data collection, understanding context, paying attention to future implementation in the real world and designing and refining an intervention using iterative cycles of development with stakeholder input throughout.

Conclusion Researchers should consider each action by addressing its relevance to a specific intervention in a specific context, both at the start and throughout the development process.

INTRODUCTION

There is increasing demand for new interventions as policymakers and clinicians grapple with complex challenges, such as integration of health and social care, risk associated with lifestyle behaviours, multimorbidity and the use of e-health technology. Complex interventions are often required to address these challenges. Complex interventions can have a number of interacting components, require new behaviours by those delivering or receiving the intervention or have a variety of outcomes.[1] An example is a multicomponent intervention to help people stand more at work, including a height adjustable workstation, posters and coaching sessions.[2] Careful development of complex interventions is necessary so that new interventions have a better chance of being effective when evaluated and being adopted widely in the real world. Researchers, the public, patients, industry, charities, care providers including clinicians and policymakers can all be involved in the development of new interventions to improve health, and all have an interest in how best to do this.

The UK Medical Research Council (MRC) published influential guidance on developing and evaluating complex interventions, presenting a framework of four phases: development, feasibility/piloting, evaluation and implementation.[1] The development phase is what happens between the idea for an intervention and formal pilot testing in the next phase.[3] This phase was only briefly outlined in the original MRC guidance and requires extension to offer more help to researchers wanting to develop complex interventions. Bleijenberg and colleagues[4] brought together learning from a range of guides/published approaches to intervention development to enrich the MRC framework.[4] There are also multiple sources of guidance to intervention development, embodied in books and journal articles about different approaches to intervention development (for example[5]) and overviews of the different approaches.[6] These approaches may offer conflicting advice, and it is timely to gain consensus on key aspects of intervention development to help researchers to focus on this endeavour. Here, we present guidance on intervention development based on a consensus study which we describe below. We present this guidance as an accessible communication article on how to do intervention development, which is aimed at readers who are developers, including those new to the endeavour. We do not present it as a 'research article' with methods and findings to maximise its use as guidance. Lengthy detail and a long list of references are not provided so that the guidance is focused and user friendly. In addition, the key actions of intervention development are summarised in a single table so that funding panel members and developers can use this as a quick reference point of issues to consider when developing health interventions.

HOW THIS GUIDANCE WAS DEVELOPED

This guidance is based on a study funded by the MRC and the National Institute for Health

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Article

OXFORD

Article

Targeting belongingness among older people through engagement in senior centres: intervention development study in Denmark

Sofie Langergaard[1,*], Rhiannon Evans[2], Jane Andreasen[3,4], Kirsten Schultz Petersen[1], and Charlotte Overgaard[5]

[1]Department of Health Science and Technology, Faculty of Medicine, Aalborg University, Selma Lagerløfs Vej 249, 9260 Gistrup

Downloaded from https://academic.

Samskabelse og teoretisering:

Intervention til at sikre bedre inklusion af skøbelige ældre i aktivitetscentrenes sociale fællesskaber.

Ph.d. studerende Sofie Langersgaard
Inclusion of older citizens in social communities

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Social science teori om:
- Belongingness
- Social støtte

Evidenssynter:
- Skøbelighed hos ældre
- Empiriske studier af interventioner

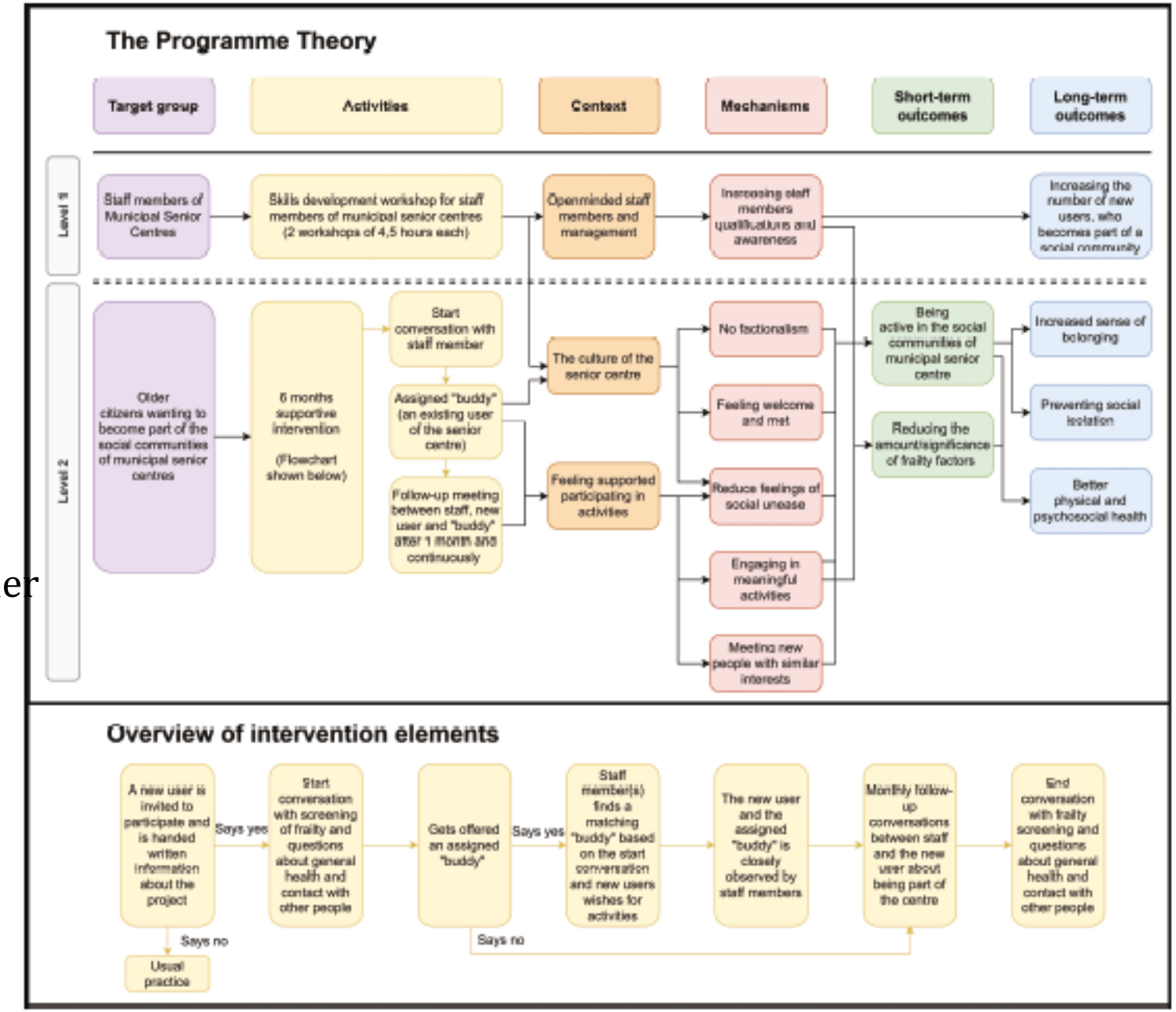

Fig. 1: Programme theory of the intervention and overview of intervention elements to be performed by the senior centre staff members.

Også evaluering og implementering bør tage afsæt i programteorien

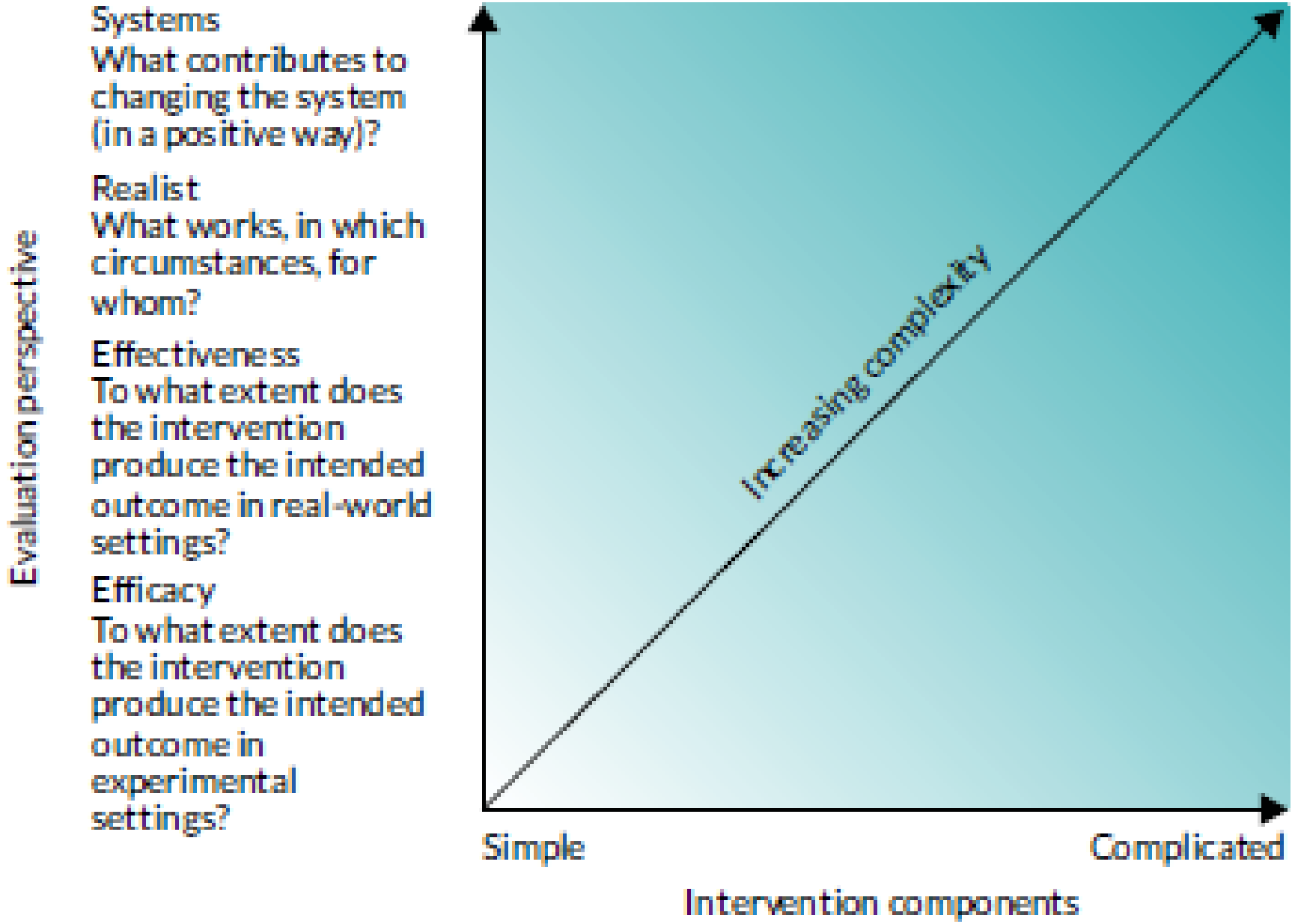

FIGURE 2 Framework for addressing complexity within evaluation (consultation version).

Inddragelse:

- Nye og bedre ideer og løsninger
- Aktivering af flere (”gratis”) ressourcer

- Bedre livskvalitet og imødekommelse af behov uden større pres på offentligt opgaver

- Bedre forståelse af den virkelighed, indsatsen skal fungere i og hvad der er vigtigt

- Mulighed for at forebygge problemer/opdage dem tidligt

Eller set mere overordnet:

1: de moralske grunde:

→Borgerne og ikke mindst de mennesker, en indsats er rettet imod, har en grundlæggende ret til at blive involveret or hørt (*“nothing about us, without us“).*

2. de instrumentelle grunde:

→Kvaliteten af indsatsen bliver bedre, indsatsen mere effektivt pga fx lettere rekruttering, bedre dataindsamling, bedre kommunikation mv.

→Flere hænder til rådighed uden flere omkostninger

3. de substantielle grunde:

→Indsaten får en dyb fundering i praksis, som gør den mere relevant og brugbar for målgruppen.

→Inddragelse bidrager til at opbygge kapacitet, netværk og agency

Staley, K. ‘Is it worth doing?’ Measuring the impact of patient and public involvement in research. *Res Involv Engagem* **1**, 6 (2015). https://doi.org/10.1186/s40900-015-0008-5

Rekruttering af interessenter og deltagere til samskabelse

"[Co-production] … is about more than consultation and participation; it is about encouraging people to use their skills and experience so that public services are no longer soley in the domain of professionals, but are a shared responsibility."

Academy of Medical Sciences, 2016

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Hvem skal inddrages?

- interessent analyse

Komplekse Interventioner – udvikling, test, evaluering og implementering. Petersen, Maindal, Leddere og Overgaard (red). Aalborg Universitetsforlag 2022.
Tabel 13.3, Kap. 13 om interessentinvolvering og samskabelse af Kirsten S Petersen og Pernille Tanggaard Andersen.

Aktør/Interessentniveauer og typer

Individuelle niveau

Målgruppen som indsatsen stiles imod fx: patienter, klienter, brugere og borgere.

Gruppe niveau

Befolkningen eller lokalsamfundet som indsatsen stiles mod.

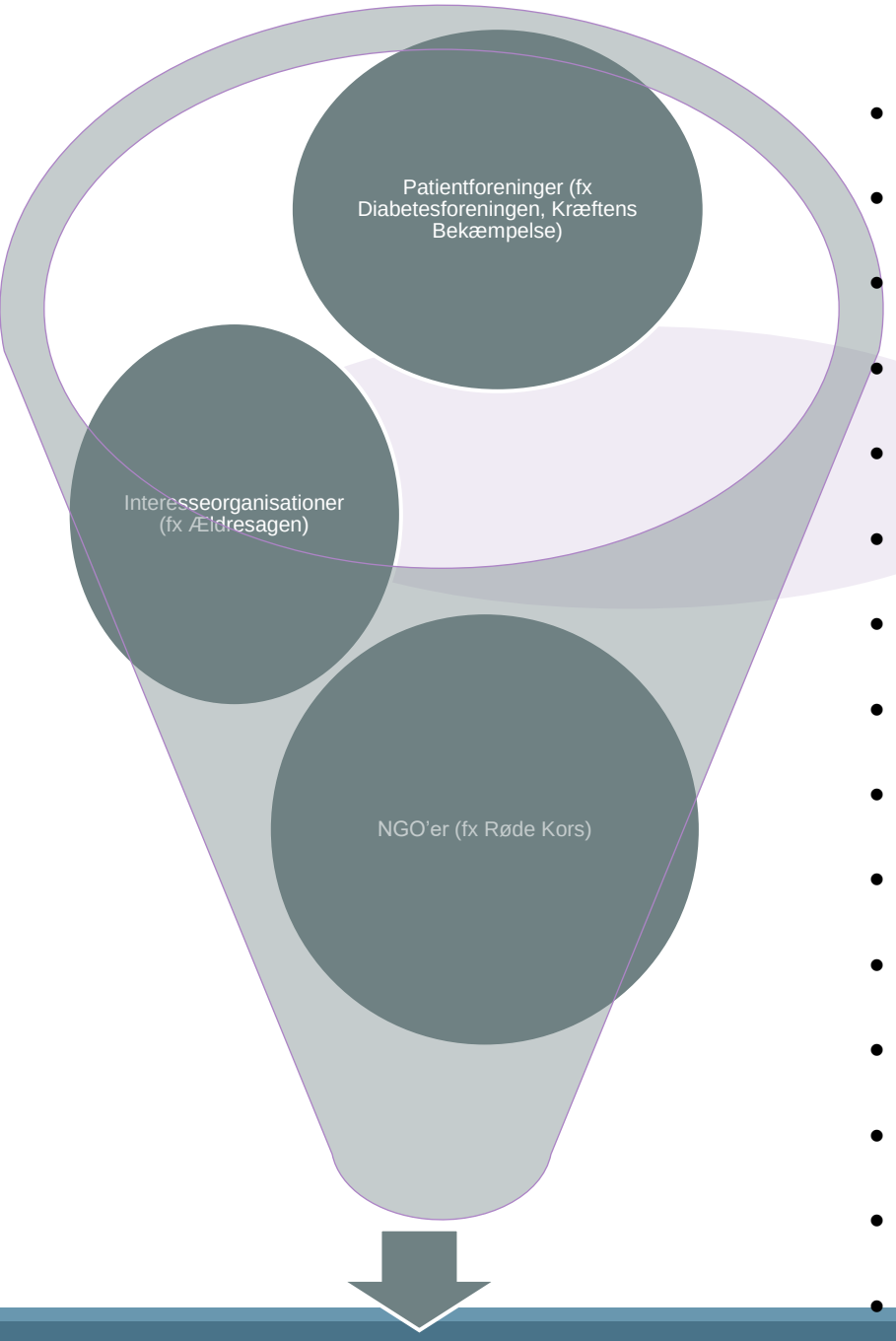
Ledere og fagprofessionelle som er involveret i eller forventes at levere indsatsen

Organisationsniveau, fx:

Bruger- og interesseorganisationer

Faglige organisationer

Ledere, embedsfolk og politikere som har det overordnede strategiske, ledelsesmæssige og politiske ansvar.



- Patienter/patient foreninger (fx Kræftens Bekæmpelse)
- Pårørende og pårørende foreninger
- Interesseorganisationer (fx Ældresagen)
- Sundheds-NGO'er (fx Røde Kors, Læger uden grænser)
- Organisationer m socialt/sundheds fokus: Social Sundhed, Mødrehjælpen
- Borgergrupper/lokalsamfundsgrupper/ lokale "græsrødder"
- Kirkelige og religiøse organisationer (Folkekirken, Blå Kors,
- Aktivistgrupper/sociale bevægelser (fx LGBT+ DK)
- Vidensorganisationer, tænketanke (Vidensrådet mv)
- Foreninger (fx idrætsforeninger)
- Frivillige (fx besøgvenner, Vågetjenesten
- Professionelle, faglige selskaber, fagprofessionelle fagforeninger
- Politikere, beslutningstagere i embedsværk
- Private virksomheder
- Private fonde..?

Kontinuum for niveauer af indflydelse

Niveauer for borgerindflydelse (inspireret af "IAP2 Spectrum of Public Participation")					
	INFORMERE	**KONSULTERE**	**INVOLVERE**	**SAMARBEJDE**	**EMPOWER**
Målet med borgerinddragelse	At tilbyde borgerne information, der kan støtte dem i forståelsen af et problem, alternativer, muligheder og/eller løsninger	At opnå borgernes feedback på analyser, alternativer og/eller beslutninger	Samarbejde med borgerne gennem hele processen for at sikre, at borgernes bekymringer og ambitioner i tilstrækkelig grad er forstået og taget i betragtning	At indgå partnerskab med borgerne i alle aspekter af beslutningsprocessen; også inklusive udviklingen af alternativer og identificeringen af den foretrukne beslutning	At uddelegere den endelige beslutningstagning til borgerne
Løftet til borgerne	"Vi vil holde jer informeret"	"Vi vil holde jer informerede, lytte til og anerkende bekymringer. Derudover vil vi give feedback på, hvordan jeres bidrag har haft indflydelse på beslutningerne"	"Vi vil samarbejde med jer for at sikre, at jeres bekymringer og ambitioner afspejles i de indsatser, der udvikles. Derudover vil vi give feedback på, hvordan jeres bidrag har haft indflydelse på beslutningerne"	"Vi vil søge jer, for at få råd og formyelse i beskrivelsen af løsninger samt inkorporere jeres råd og anbefalinger i beslutningerne i videst muligt omfang"	"Vi vil implementere det, som I beslutter"

Pedersen, J. F., Petersen, K. S., Egilstrød, B., & Overgaard, C. (2020). Metoder til inddragelse: Af borgere i planlægning, udvikling og implementering af kommunale sundhedsindsatser. Aalborg Universitet
Katalog over metoder til inddragelse_kan downloades frit.pdf

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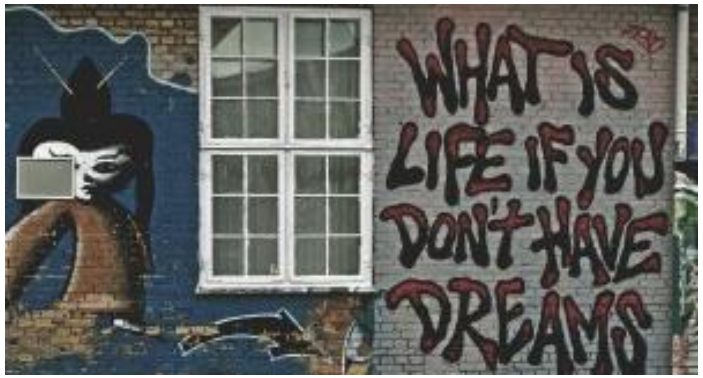
For at opnå lighed i indsatsen må vi tilstræbe lighed i inddragelse

Vigtige barrierer:



Stigmatisering, offergørelse, stereotypisering

Brug af akademisk/forskningsmæssigt sprog (initimitere/fremmedgøre)

Mistillid til fremmede, autoriteter, professionelle, personer med højere social position.

Mistillid til forskningsformålet (hvad sker der os?)

Risiko ved deltagelse:

(Blive identificeret, anmeldt, fastholdt mv.)

Overbelastning (kan ikke overkomme flere aftaler mv.)

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Rekruttering:

→ Personlig kontakt – synlig forsker

→Rekruttering igennem personer som målgruppen kender og har tillid til

→Identifikation af de informationskanaler gruppen bruger

Klar besked om:

→Hvad kræves der af personer ift at deltage? (deltagelse i fx workshop?)

→Hvad kræver det at deltage (tid, mod, transport, penge)?

→Hvad tilbyder vi?

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Metodekatalog til kommuner: Hvorfor og hvordan skal visionen om inddragelse praktiseres?

- Centrale begreber ift. samskabelse og borgerinddragelse
- Konkrete metoder til borgerinddragelse
- Rekruttering

Pedersen, J. F., Petersen, K. S., Egilstrød, B., & Overgaard, C. (2020). Metoder til inddragelse: Af borgere i planlægning, udvikling og implementering af kommunale sundhedsindsatser. Aalborg Universitet og Aalborg Kommune. DK

Katalog over metoder til inddragelse_kan downloades frit.pdf.

Opsamlende:

- Komplekse problemer adresseres bedst ved inddragelse af "complex systems thinking" og socio-økologisk tænkning for at forstå problemets nuance og analysere forbundne faktorer

- Anvend fleksible og interative metoder til udvikling, evaluering og implementering og integrer løbende feedback – revider strategi

- Involvering af målgruppen og relevante aktører kan engagere patienter, familier, sociale grupper, lokalsamfund i udvikling, evaluering og implementering og bidrage til kapacitetsopbygning og empowerment.

- Rekruttering og involvering af sårbare grupper bidrager til bedre løsninger men kræver personlig investering og indsats.

Tak for opmærksomheden.

Kontakt: Chovergaard@health.sdu.dk

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kilder:

Katalog over metoder til inddragelse_kan downloades frit.pdf Pedersen, J. F., Petersen KS, Maindal HT, Ledderer L og Overgaard C (red). Komplekse interventioner: Udvikling, test, evaluering og implementering.1. udgave, 2. oplag. Aalborg Universitetsforlag, 2022

Petersen, K. S., Egilstrød, B., & Overgaard, C. (2020). Metoder til inddragelse: Af borgere i planlægning, udvikling og implementering af kommunale sundhedsindsatser. Aalborg Universitet.

Systematiske reviews som basis for metodekataloget:

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- Lorenc T, Petticrew M, Welch V, et al. What types of interventions generate inequalities? Evidence from systematic reviews. J Epidemiol Community Health 2013;67:190–3.
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- DECIPHer: Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement - se deres hjemmeside: http://decipher.uk.net/

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