

ADVISORY PANEL ON PATIENT ENGAGEMENT MEETING

Via GoToWebinar

Winter 2021 Meeting - Day Two
February 12, 11:30am-2:30pm EST

Agenda: Day Two



Part I (EST):

- 11:30 AM – Housekeeping & Remarks
- 11:45 AM – PEAPs in Action: Neely Williams
- 12:10 PM – Lightning Round 1: Staffing Engagement
- 12:30 PM – Lightning Round 2: Applying Recommended DEI Principles
- 12:50 PM – Lunch Break

Part II (EST):

- 1:20 PM – Learning Health Systems—Envisioning Next Steps and New Directions
 - PEAPs in Action: James Harrison with Carly Parry
- 2:05 PM – Open Panel Discussion
- 2:30 PM – Meeting Adjourned

Housekeeping



- Meeting is available to the public and is being recorded
- Members of the public are invited to listen to this teleconference and view the webinar
- No public comment period is scheduled
- A meeting summary and materials will be made available on PCORI's website following the meeting
- Visit www.pcori.org/events for more information on future activities

GoToWebinar Housekeeping



- Attendees are in listen-only mode
- Submitting questions/comments (PCORI PEAP)
 - Type "I have a question/comment"
- Panelists (PCORI PEAP) can mute/unmute themselves
 - Please keep yourself on mute when not talking
- If you need to leave the meeting early, please send Lisa a note so we aren't concerned that you are having connectivity issues

Roll Call - Advisory Panel Members



Jennifer Canvasser
*Patients, Caregivers,
and Advocacy
Organizations*



Beth Careyva
Researchers



Tracy Carney
*Patients, Caregivers,
and Advocacy
Organizations*



Gwen Darien
*Patients, Caregivers,
and Advocacy
Organizations*



Sarah Donelson
Industry



Karen L. Fortuna
Researchers



Maureen Fagan
Clinicians



Marilyn Geller
*Patients, Caregivers,
and Advocacy
Organizations*



Crispin Goytia
*Patients, Caregivers,
and Advocacy
Organizations*



James Harrison
Researchers

Roll Call - Advisory Panel Members



Jill Harrison
*Patients, Caregivers,
and Advocacy
Organizations*



Margarita Holguin
*Patients, Caregivers,
and Advocacy
Organizations*



Matthew Hudson
*Patients, Caregivers,
and Advocacy
Organizations*



Simon Mathews
Clinicians



Alma McCormick
*Patients, Caregivers,
and Advocacy
Organizations*



Al Richmond
*Patients, Caregivers,
and Advocacy
Organizations*



Anita Roach
*Patients, Caregivers, and
Advocacy Organizations*



Umair Shah
Policy Makers



Sandy Sufian
*Patients, Caregivers,
and Advocacy
Organizations*



Neely Williams
*Patients, Caregivers,
and Advocacy
Organizations*

Questions / Reflections



PEAPs In Action

Fashioning Effective Connections for Working with Underserved Populations

Neely Williams, Community Partners Network

- Director of Statewide Community Engagement, NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities
- Steering Committee Member, Executive Management Team Member, and Engagement Workgroup Co-Chair, PCORnet



Quick Background



I am an ordained minister/pastor, Community Engagement Strategist, Health Advocate, and community educator; working on the local and national level with academic research institutions, community and Faith-Based organizations.

- Origin
- Early work
- Transitional Phase
- Current focus

- Partnering with researchers on research studies
- Partnering with institutions/networks – capacity-building, outreach and education

Focus of Current Work Efforts

Research Studies

- Shared Decision Making for Bariatric Surgery
- The DREAMMS Project
- Africa American Women Diabetic Study

Capacity-building, Outreach, and Education

- PCORnet
- NIH CEAL

PCORnet: Yesterday's Vision, Today's Reality

The result of a bold vision ... **PCORnet, the National Patient-Centered Clinical Research Network**. A network of networks with access to secure, curated data from millions of patients across the largest health systems in the United States.

With **66 million** patients accessible for **observational studies** and **30 million** accessible for clinical trials, PCORnet offers:



Access to
electronic
health record
(EHR) data



Exceptional
research
teams



Expertise in
integrating
research with
clinical care



Streamlined
administrative
processes



Partnered
with patients

My Role with PCORnet

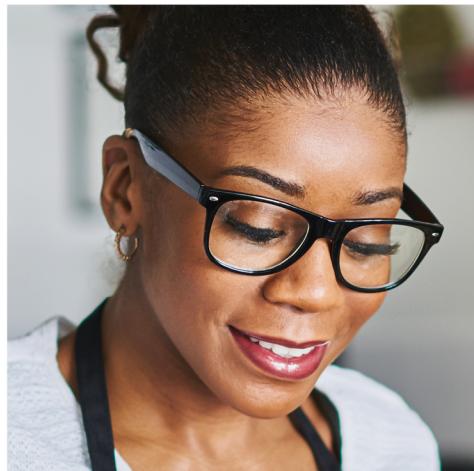
- Community Investigator and Stakeholder Advisory Council with STAR CRN – Partner of PCORnet
- Member of the PCORnet Steering Committee
- Co-Chair Engagement Workgroup
- Current focus
 - Identifying Core Engagement Principles for PCORnet
 - Building stronger relationships among CRN Patient-Partners by deepening connections and exchanging information



National Institutes of Health
Community Engagement Alliance

Tennessee COVID-19 Community-Engaged Research Coalition (TCCRC/TN CEAL)

NIH CEAL
Community Engagement Alliance



NIH Community Engagement Alliance (CEAL)

Mission:

“To provide trustworthy information through active community engagement and outreach to the people hardest-hit by the COVID-19 pandemic, including African Americans, Hispanics/Latinos and American Indians/Alaska Natives, with the goal of building long-lasting partnerships as well as improving diversity and inclusion in our research response to COVID-19.”

National focus:

COVID-19 awareness and education research

Promoting and facilitating diversity and inclusion in clinical trials

CEAL Research teams are currently working in counties in Alabama, Arizona, California, Florida, Georgia, Louisiana, Michigan, Mississippi, North Carolina, Tennessee, and Texas

TN COVID-19 Community-Engaged Research Coalition (TCCRC)

Our focus:

- Coordinating a statewide, community engaged, research response to inform mitigation efforts to reduce the spread and adverse outcomes of COVID-19 among socially vulnerable persons
- Increasing COVID-19 knowledge and awareness, testing and vaccine readiness among disproportionately affected populations in Tennessee

TN CEAL Statewide Partners

- Meharry Medical College/Vanderbilt University
- University of Tennessee Health Science Center
- University of Memphis
- East Tennessee State University
- Cherokee Health Systems
- Matthew Walker Comprehensive Health System
- Community Partners
- St. Jude Hospital

Overall Aims

Increase

Increase our understanding of factors that contribute to the disproportionate burden of COVID-19 in underserved communities of Tennessee.

Establish

Establish effective, community-engaged strategies that increase knowledge, awareness, testing, and vaccine readiness, and begin to address structural inequities and COVID-19 disparities.

Enroll

With academic-community partnerships in west, central and east TN, enroll persons in a research project that tests the best ways to promote COVID-19 messaging to vulnerable populations.

Serve

Be a catalyst to help community members stay safe and healthy.



My Role with TN CEAL

- Director for Community (Stakeholder & Patient) Engagement
- Co-Chair of Health Education Workgroup
- Co-Chair of Communication Workgroup
- Member of the Steering Committee



Building Meaningful Partnerships in the Community

Leveraging existing partnerships in the focused community:

- HBCU's
- Faith-Based Organizations
- Historical Social Serving Organizations



Techniques and Strategies for Building Effective Community Partnerships:

Know and Invest in Communities, at the Community Level

- Identifying community needs as the members of the community perceives them to be
- Identify and respect values of members of the community
- Identifying what local, state, and national organizations are doing work to meet the needs of the community
- Create or identify opportunities to learn from the community, who they perceive as sources of good for them and their family

... and at the Organizational Level

When working with HBCU's, social groups, and faith-based organizations:

- Understand the historical role of the organization in the community of interest
- Reach out to organizations
- Identify their values and concerns
- Know their mission and focus
- Explore ways to support their work by sharing resources, ideas, and information
- Recognize and affirm the role of these organizations as central hubs of the community and offer in any way you can to help them to increase their capacity to better serve that community.



Thank you!

Neely A. Williams, M.Div., Ed.D (c)

Community Partners' Network, CEO

**Independent Consultant, Patient
& Community Engagement Strategist**

***(A certified small business, woman-
owned small business and small,
disadvantaged business)***

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Lightning Round 1: Staffing Engagement

**What are desirable qualifications of
engagement coordinators/leads?**

Julie Kennedy-Lesch
Senior Engagement Officer, Public & Patient
Engagement

Staffing Engagement

Then and Now



Where we started:

- Engagement coordination and leadership typically not staffed, could be part of PI responsibilities or project coordinator/study manager

Current landscape:

- Engagement leadership and/or a dedicated coordinating entity or staff person has become more of a necessity in large, multi-site studies with multiple levels and types of engagement
- More people exist with experience in engagement management

Opportunity:

- To suggest requirements for engagement leaders on study teams in current and future funding announcements

Staffing Engagement

Engagement Leadership Qualifications



Individuals or organizations experienced in:

- Identifying stakeholder partners
- Preparing stakeholders and research study staff to collaborate
- Structuring meetings and alternative methods for soliciting input
- Driving the uptake of stakeholder feedback into project plans and conduct
- Monitoring engagement progress within a research study
- Have a history working within the project's target community and are considered trusted brokers and conveners of key stakeholders
- Skills in negotiation across a diverse set of working relationships
- Translation of the ideas and values of stakeholder groups
- Previously leading or managing engagement within a PCORI research award or leadership within a PCORI engagement award

Questions



What are other important qualifications?

Where should investigators look to find qualified engagement coordinators/leads?

Lightning Round 2: Applying DEI Principles

**What tactics can engagement
coordinators/leads use?**

Debra Joy Perez, Consultant

Matt Hudson, Member, PEAP

- Invite members to reflect on each principle and share how they can contribute to the team's pursuit. Identify approaches for acknowledging and openly discussing when breakdowns occur
- Develop processes for interrupting biases (use bystander/upstander approaches like encouraging speakers to name concerns/discomfort)
- Examine and remove barriers based on abilities, age, gender, sexual orientation, socio-economic levels as well as intersections (e.g., parking passes, online participation, meals)
- Examine the impact of terms like *minority, underrepresented, vulnerable, marginalized*
- Include time for the review of DEI Principles progress in each agenda and specific items to be monitored regularly. Discuss how each principle was achieved (why and why not).
- Create a strategy and pipeline for recruiting more diverse stakeholders to connect with your team, including but not limited to new and diverse vendors, advisors, or consultants.
 - Beyond traditional participation mechanisms (e.g, meetings, conference calls, zoom calls), consider constraints and provide flexible and/or creative alternatives to participation, such as pre-recorded video or post-meeting opportunities to share additional thoughts and ideas.

Questions



Is specialized training needed?

How does someone learn to do this work?

Any other considerations?

Lunch Break

12:50 – 1:20pm EDT



PCORI Support for Learning Health Systems

Envisioning Next Steps and New Directions

James Harrison
Assistant Professor, University of California San Francisco

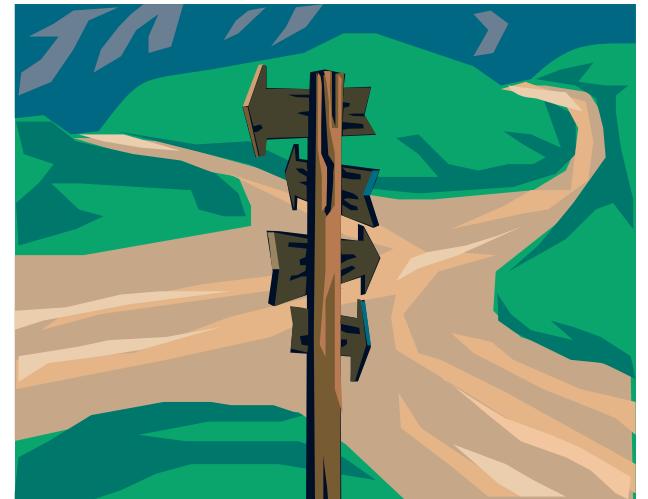
Carly Parry
Senior Advisor, Healthcare Delivery & Disparities
Research Program



Roadmap



1. Background and PCORI perspective on the AHRQ/PCORI-funded Learning Health System program
 - Carly Parry, PCORI
2. Learning Health System scholar perspective
 - James Harrison, UCSF
3. Highlights, Mapping the Road Ahead
 - Engaging the PEAP to guide us in next steps



AHRQ/PCORI K12 Mentored Career Development Program (2018-2023)



- Jointly funded five-year, \$40 million initiative: AHRQ & PCORI
- Designed to train the next generation of PCOR professionals to lead research within institutional training programs.
- 11 LHS Centers of Excellence funded, began 9/30/2018.
- 53 trainees, estimated 92 total over 5 years
- \$800,000/year in total annual costs per project

Background and Purpose: K12 Institutional Mentored Career Development Program



- **Definition of a Learning Health System Researcher:** "An individual who is embedded within a health system and collaborates with its stakeholders to produce novel insights and evidence that can be rapidly implemented to improve the outcomes of individuals and populations and health system performance"
- **The K12 Institutional Mentored Career Development Program**
- Builds on the work of a Technical Expert Panel, convened by AHRQ (2016) and including PCORI representation to develop a framework and competencies for Learning Health Systems Researchers.

Purpose: K12 Institutional Mentored Career Development Program



- The purpose of the K12 Institutional Mentored Career Development Program is:
 - To train clinical and research scientists to conduct PCOR within learning health systems (LHS) focused on generation, adoption and application of evidence to improve the quality of care and patient outcomes
- The Program incorporates the PCORI **Methodology Standards** and requires applicants/awardees to address how **patient centeredness, patient engagement, health disparities, and health equity** will be incorporated in the training plans and ideally operationalized into scholars' research projects.
- The RFA encouraged collaboration with **PCORnet sites**, seeking to leverage PCORI's significant investment in Clinical Data Research Networks
- This is a unique partnership that has leveraged AHRQs expertise in managing training awards and PCORI's expertise in conducting PCOR and development of learning collaboratives

The Problem: 17 years

It takes 17 years for research to reach practice.¹

Only 14% of research reaches a patient.¹

Only 18% of administrators and practitioners report using evidence-based practices frequently.²

THE SCIENCE-PRACTICE GAP

¹ Balas EA, Boren SA. 2000. Managing clinical knowledge for health care improvement. In Yearbook of Medical Informatics 2000: Patient-Centered Systems, ed. J Bemmel, AT McCray, pp. 65–70. Stuttgart, Germany: Schattauer

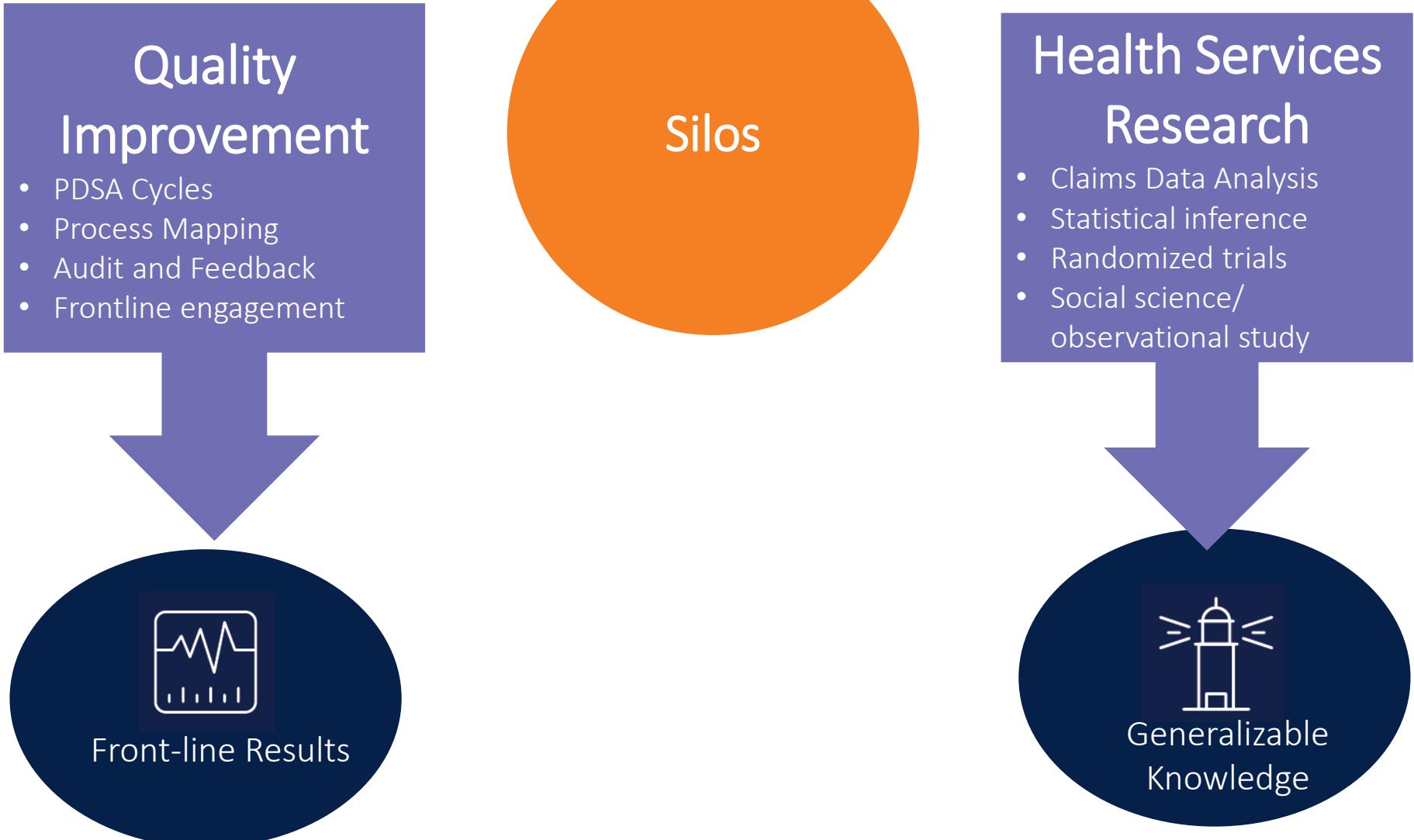
² Chagnon F, Pouliot L, Malo C, Gervais MJ, Pigeon ME. Comparison of determinants of research knowledge utilization by practitioners and administrators in the field of child and family social services. *Implementation Science* : IS. 2010;5:41. doi:10.1186/1748-5908-5-41.

“ “

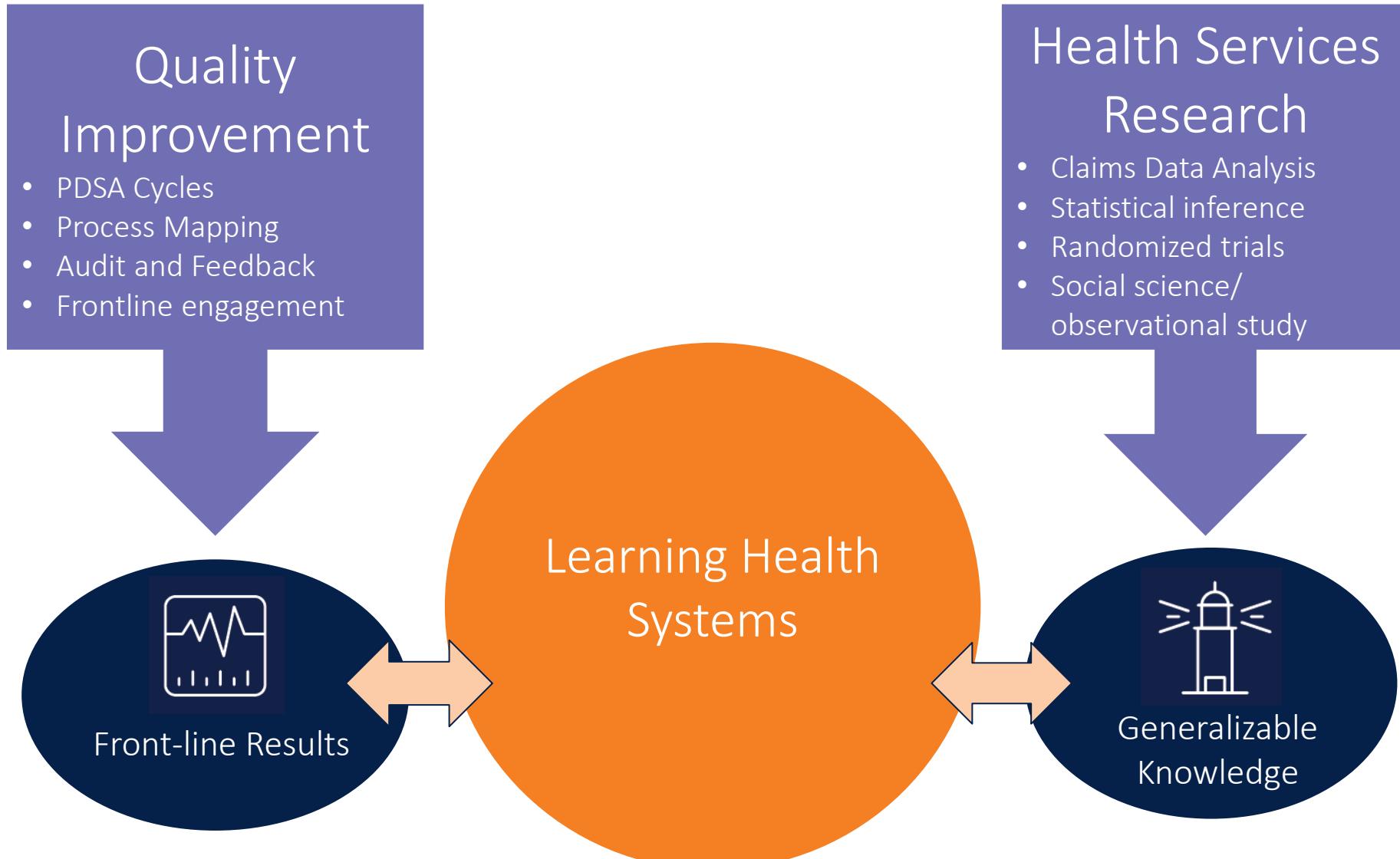
Care that is not evidence-based results in patients experiencing unnecessary mortality, morbidity and other adverse events

Institute of Medicine

The Problem



The Solution?



Learning Health Systems (LHS)

Acceleration of evidence translation into practice
to improve healthcare quality, patient safety and outcomes



RESEARCHERS
EMBEDDED INTO
CLINICAL DELIVERY
SYSTEMS



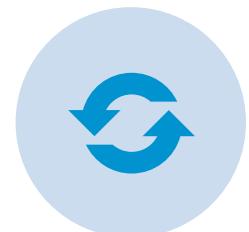
ALIGNMENT OF
RESEARCH AND
HEALTHCARE
SYSTEM GOALS



PATIENT AND
STAKEHOLDER
ENGAGEMENT



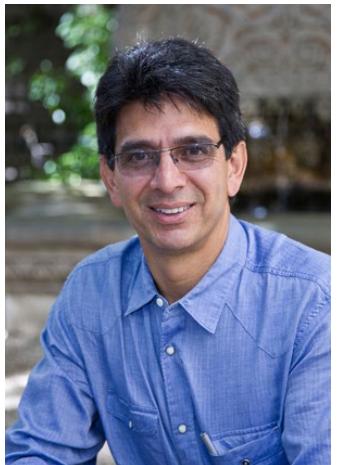
USE OF BIG DATA



RAPID CYCLES OF
INNOVATION

UCSF: LHS Center of Excellence

Leaders



Inaugural Scholars



Diversity: Personal, UCSF Division, UCSF Campus,
Research focus, research skills

Training and Grant Preparation

- Mentored research
- 2-year coursework UCSF Certificate in Implementation Science (includes semester on Community Engagement)
- 6-week course in Responsible Conduct of Research
- UCSF Health 5-day Lean Bootcamp
- Diversity, Equity and Inclusion Training
- Embedded health experiences
- CTSI K-Scholars Program

Example: Hospital Medicine Reengineering Network (HOMERuN)

- Environmental scan of inpatient visitor policies
- Recommendations for patient and family centered visitor policies





HOMERuN COVID-19 collaborative sites:
70 Hospitals
www.hospitalinnovate.org

- Working groups established
- Request for documents related to each topic from HOMERuN sites
- Synthesis of documents and/or website information
- Bi-weekly webinars to share practices and learnings

Inpatient visitor restrictions due to COVID-19

Discharge criteria

Patient experience

Workforce planning

Anticoagulation

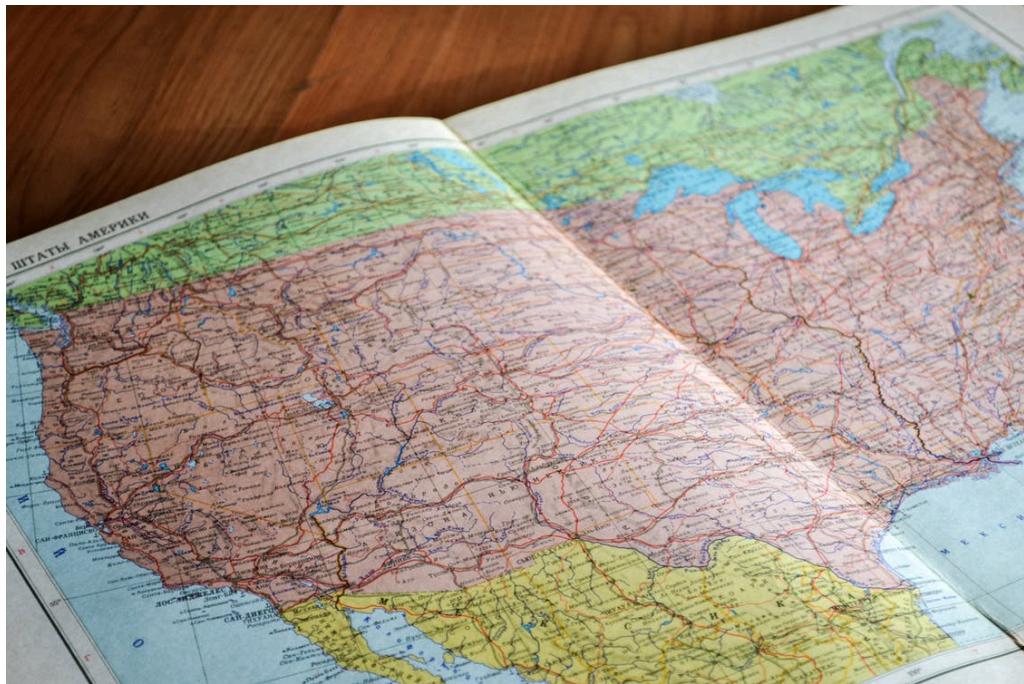
Provider well-being

Antiracism, health equity and social justice

Medical education

Clinical pathways

HOMERuN Patient & Family Advisory Council (PFAC)

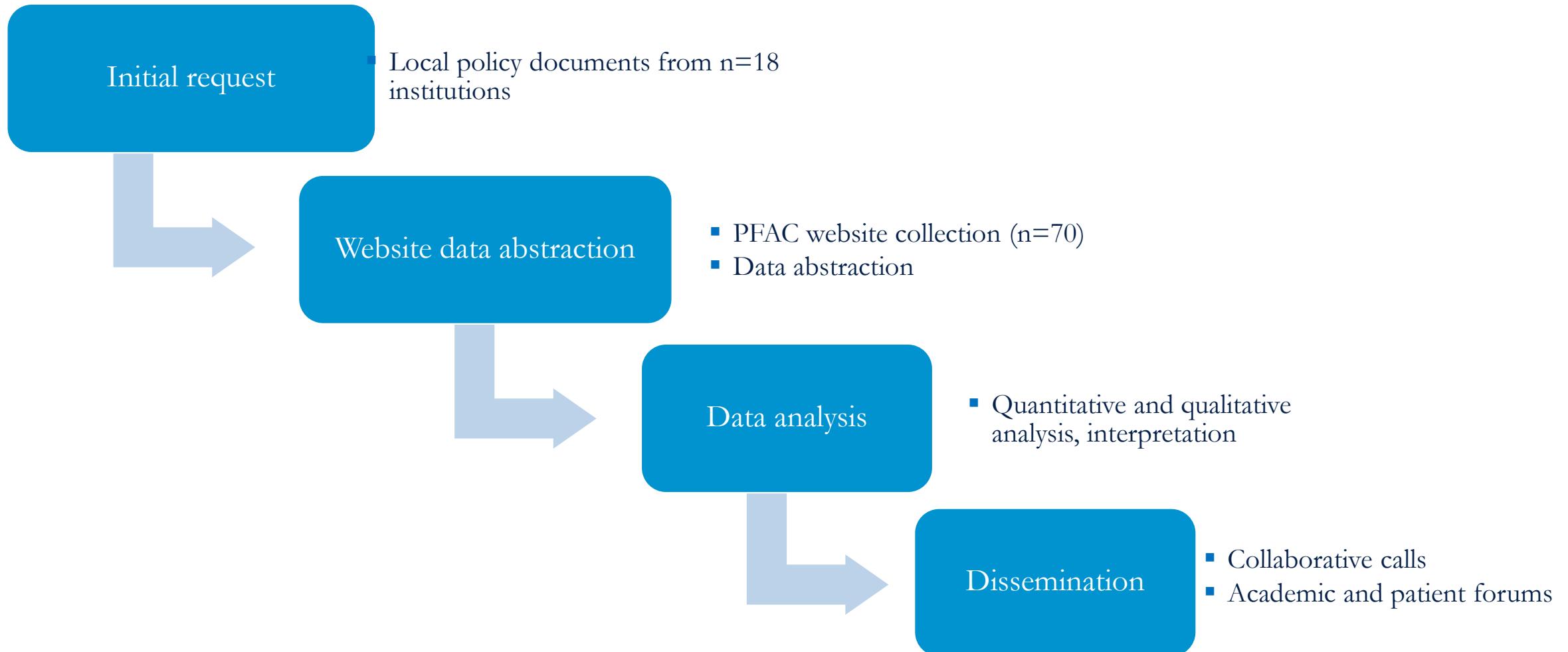


Members located in:

- Ann Arbor, MI
- Boston, MA
- Bluffton, SC
- Chicago, IL
- Indianapolis, IN
- Los Angeles, CA
- Miami, FL
- San Francisco, CA
- St. Louis, MO

- Initially developed with support from PCORI Engagement Award funds
- Meet monthly via Zoom
- Diversity – personal, location, health experience
- PCORI Ambassadors

Environmental Scan and Synthesis of Inpatient Visitor Policies



Gaps in Visitor Restriction Policies

- Inconsistent, inaccessible, incomplete publicly available information
- Lack of contact information for patients and caregivers with questions about visitor restriction policies
- Inconsistent definitions of “end-of-life” for the purposes
- Limited details for visitors regarding accommodations (e.g., food availability) and geographic restrictions (e.g., bathroom, chapel) once inside the hospital
- Lack of policies or policy exceptions addressing patients with limited English proficiencies or disabilities
- Lack of policies or policy exceptions addressing need for communication around critical inpatient timepoints (admission, discharge)
- Details of alternative methods of communication

HOMERuN Visitor Study Team

Name	Affiliation
HOMERuN PFAC	Jacqueline Alikhaani, Jim Banta, Martie Carnie, Melissa Cunningham, Patricia Evans, Cathy Hanson, D'Anna Holmes, Safia Michel, Gina Symczak, Beverly Rogers, Melissa Wurst, Georgiann Ziegler
John Romond	University of Kentucky
Rachel Weiss	University of Virginia
Nila Radhakrishnan	University of Florida
James Harrison	University of California San Francisco
Andrew Auerbach	University of California San Francisco
Tiffany Lee	University of California San Francisco
Clark Davis	Brigham & Women's Hospital

Example: UCSF COVID-19 Patient & Community Advisory Board (PCAB)

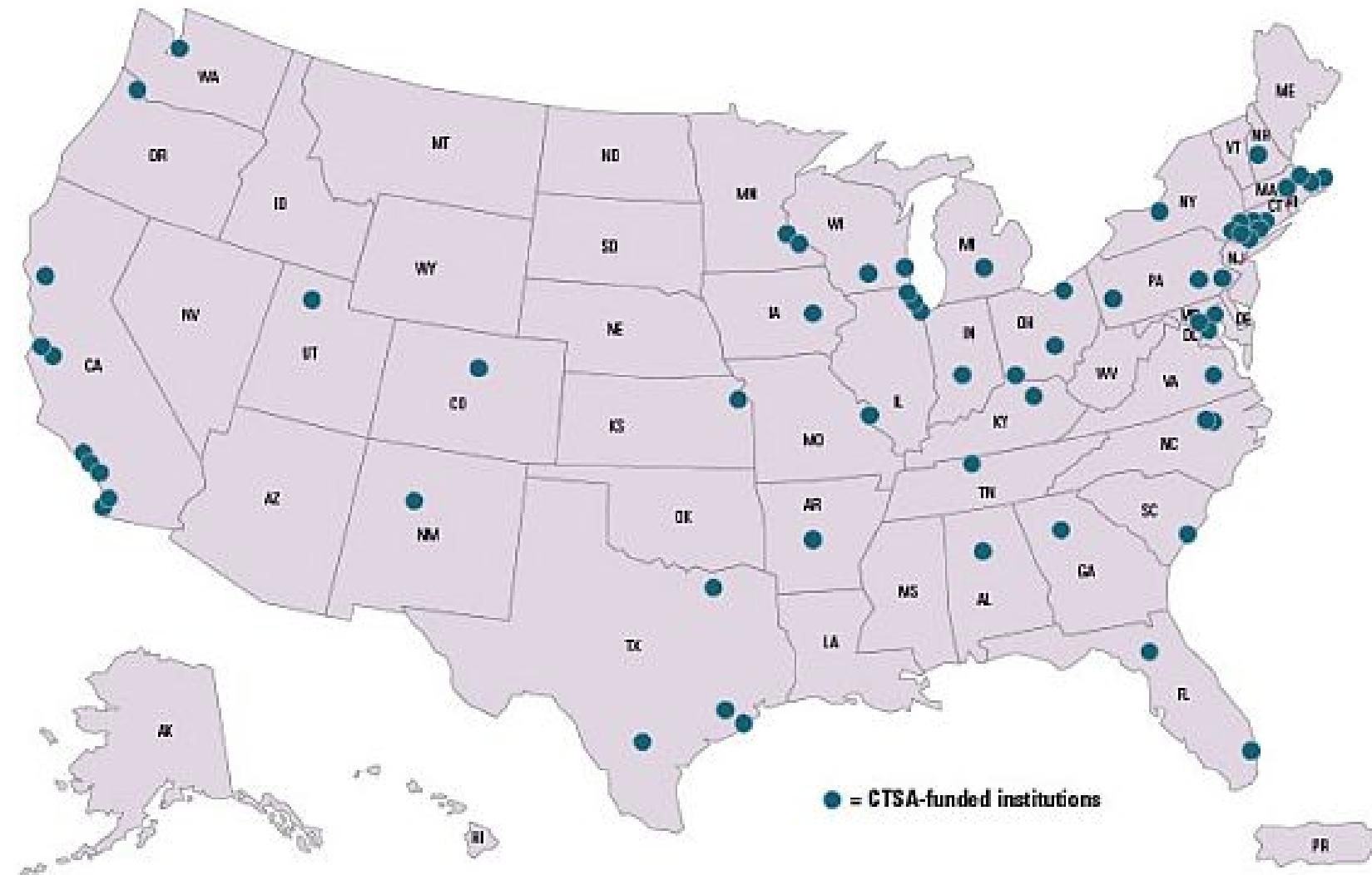
- Rapid development, implementation and evaluation
- Harnessing the UCSF Clinical Translational Science Institute (CTSI)
Community Engagement & Health Policy Program



Clinical & Translational
Science Institute

The Clinical & Translational Science Institute (CTSI) facilitates clinical and translational research to improve patient and community health. We do this by providing infrastructure, services and training to enable research to be conducted more efficiently, effectively and in new ways

CTSI's Nationwide



Community Engagement & Health Policy



The Community Engagement & Health Policy (CE & HP) Program supports research that investigates, plans, applies and evaluates solutions to pressing public health problems. It focuses on bridging academic research, health policy and community practice to improve public health.

Contacts

Wylie Liu, MPH, MPA
CE & HP Program Manager
415-476-9122
Wylie.Liu@ucsf.edu

Accelerating Systematic Stakeholder, Patient and Institution Research Engagement (ASPIRE)



Objective: To create academic institutional infrastructures that support and promote PCOR with maximal efficiency and impact

Activities: Creation of a large community and academic ASPIRE advisory board, needs assessment of PCOR investigators and patient partners, capacity mapping of CTSI, in-person and virtual symposiums, creation of systematic stakeholder engagement infrastructure

COVID-19-Related Project Enhancement

This enhancement addresses the need for rapid stakeholder input for research during the COVID-19 pandemic. The overall goal is to ensure that clinical and translational research at the University of California, San Francisco will be patient-centered and community-engaged with a health equity focus during the pandemic.

The effort includes creating and maintaining a stakeholder body called the COVID Patient and Community Advisory Board, providing board review and feedback to clinical and translational research directly related to COVID-19 at the university, and providing board review and feedback to non-COVID-19 research projects at the university to adapt recruitment, data collection, retention, implementation, and dissemination strategies to the realities of the pandemic.

Enhancement Award Amount: \$149,238

- Leverage CTSI Community Engagement Core
- Combine expertise of community advisory boards (research) and patient and family advisory councils (clinical)
- Health equity frame a priority
- Engage populations underrepresented in research and disproportionately impacted by COVID-19
 - Patients and grassroots community members
 - CBO and coalition leaders
 - Clinical leaders
- Experienced research advisors

UCSF COVID PCAB Members

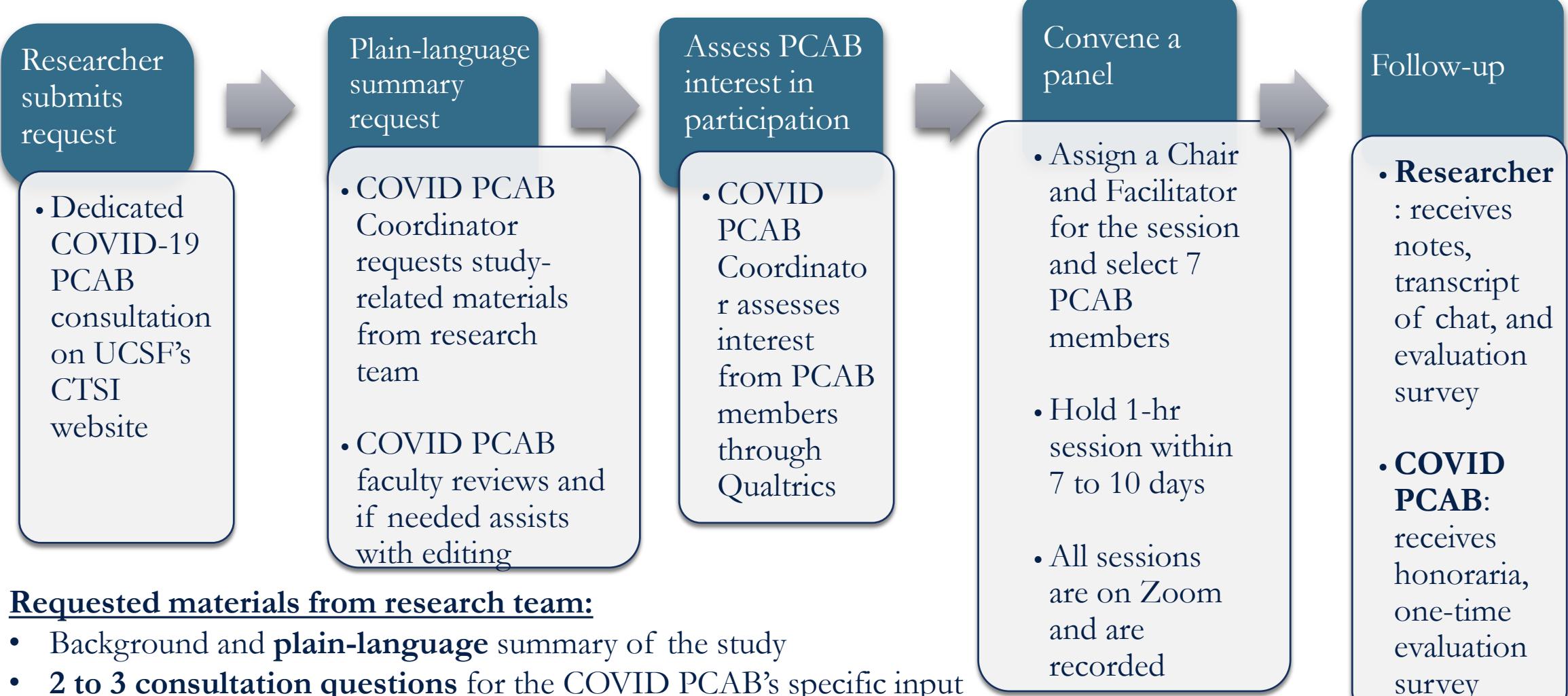
Name	Affiliation
Jim Banta	Patient representative, ASPIRE Stakeholder Advisory Board
TaNefer Camara	California Preterm Birth Initiative Community Advisory Board
Lowell Caulder	Tenderloin Community Benefit District; Owner, Studio Dental
Bilal Chaney	Volunteer Services San Francisco Department of Public Health at ZSFG
Diane Dooley	Contra Costa County Health Services
Juno Duenas	Community representative, ASPIRE Stakeholder Advisory Board; Support for Families of Children with Disabilities
Ammo Eisu	CASA Children's After School Arts
Steve Heilig	San Francisco Marin Medical Society
Artanesha Jackson	Center for Community Engagement Council; Benioff Children's Hospital Oakland
Loren Jones	Center for AIDS Prevention Studies Community Advisory Board
Stuttee Khandelwal	Mobile Health and Learning COVID Equity Project; Assistant Professor of Medicine, UCSF Fresno
Monique LeSarre	Community representative and co-chair, ASPIRE Stakeholder Advisory Board; Rafiki Coalition for Health & Wellness; San Francisco African American Community Health Equity Coalition
Patricia Levenberg	Patient representative, ASPIRE Stakeholder Advisory Board
Devon Low	Patient representative, ASPIRE Stakeholder Advisory Board
Leticia Marquez-Magaña	San Francisco Building Infrastructure Leading to Diversity (SF BUILD); Health and Equity Research Laboratory; Professor of Cell and Molecular Biology, San Francisco State University
Sabra Matovsky	San Francisco Community Clinic Consortium
Ting Pung	Patient Centered Outcomes Research Institute (PCORI) Ambassador
Ramon Ramirez	Center for AIDS Prevention Studies Community Advisory Board
Andrew Reynolds	Center for AIDS Prevention Studies Community Advisory Board
Teri Rose	UCSF Health Patient and Family Advisory Council
Zanna de Sant'Anna	Patient Advisor, UCSF Intensive Care Unit
Adam Sussman	CASA Children's After School Arts; UCSF Center for Sexual and Gender Minorities
Gina Symczak	Patient Advisor, UCSF Health Patient and Family Advisory Council
Lisa Tealer	Bay Area Community Health Advisory Council; Community Advisor, UCSF Cancer Center Community Advisory Board; Equity Recovery Group and Vulnerable Populations Support Committee, San Mateo County COVID Recovery Initiative
Patsy Tito	Samoan Community Development Center
Renee Underwood	San Francisco Cancer (SFCAN) Initiative - Prostate Cancer Action Network
Arianna Wassmann	CASA Children's After School Arts
Hiroshi Yamaguchi	San Francisco Veterans Affairs
Jorge Zepeda	SF Chicano/Latino/Indigena Health Equity Coalition



UCSF COVID RESEARCH PATIENT AND COMMUNITY ADVISORY BOARD (PCAB); AUGUST 2020



PCAB Process



Requested materials from research team:

- Background and **plain-language** summary of the study
- **2 to 3 consultation questions** for the COVID PCAB's specific input
- **Stage** of study
- What (if any) **current community engagement** is included in the study

PCAB: Studies Reviewed

- 21 research review sessions completed to date
- Types of studies
 - Epidemiological
 - Surveillance
 - Therapeutic
 - Vaccine development
 - Disparities and social determinants
 - Patient and community engagement
 - Health policy

PCAB Evaluation

- Survey to PCAB members
- Survey to researchers
- Qualitative review of PCAB sessions and UCSF team meetings
- PCAB processes and operations

(Initial) PCAB Qualitative Review: Lessons

- PCAB member feedback is repetitious
- Funding for community engagement lacking
- Community members must be equal partners
- Multicenter studies - inflexible at meeting local investigator or community needs
- Intended and unintended consequences of COVID-19 research participation
- Participant Incentives - not considered, not enough, not appropriate
- Timing of PCAB reviews relative to the stage of research project
- Recruitment and retention approaches - protocolized and standardized but not humanized
- Lack of researcher skills in community engagement, plain language writing and listening

In one or two words, describe your experience of being in the PCAB

meaningful powerful insightful critical impactful challenging enlightening frustrating empowering thought-provoking anxiety human stimulating important crucial essential encouraging difficult innovative energetic engaging inclusive thought great irritating equity thought

UCSF COVID PCAB: UCSF Team

Name	Affiliation
Abby Cabrera	UCSF Center for Excellence in Primary Care, Department of Family and Community Medicine
Paula Fleisher	UCSF Center for Community Engagement / CTSI Community Engagement and Health Policy Program
Kevin Grumbach	UCSF Department of Family and Community Medicine / CTSI Community Engagement and Health Policy Program
James Harrison	UCSF Division of Hospital Medicine
Wylie Liu	UCSF Center for Community Engagement / CTSI Community Engagement and Health Policy Program
Tung Nguyen	UCSF Division of General Internal Medicine
Nynikka Palmer	San Francisco Cancer Initiative
Mike Potter	San Francisco Bay Collaborative Research Network
Roberto Vargas	UCSF Center for Community Engagement / CTSI Community Engagement and Health Policy Program
Erica Wong	CTSI Community Engagement & Health Policy Program

Program Highlights 2020



- **Workgroup activities**
- **New engagement resources** and training materials delivered to COEs (6/2020)
- **Programmatic highlights**
 - New learning modules: COVID-19, advancement of health equity and justice
 - PCOR Methodology 4 week seminar: overview of PCOR Methods
 - Seminar Series in Community Engaged Research
 - Expansion of recruitment activities to underrepresented communities
 - Training grant spurred interest at one institution in further developing the competencies → two health systems and university endowment funds supported additional 5 scholars

Looking Forward: New Initiatives



Directions for potential new initiatives

1. New training award ("LHS 2.0")
2. Targeted initiatives providing a direct on-ramp into PCORI funding mechanisms
 - Develop a bridge between training and PCORI/PCOR awards
3. Advancing equity in PCOR and LHS
 - Target health equity, develop career pathways for underrepresented researchers

Questions to Guide our Discussion (Equity)



1. Patient and community engagement
 - What are some ways patients and community members can enter the conversation in learning health systems research?
 - How can health systems and LHS researchers support and sustain patient and community engagement?
2. Advancing equity
 - What would be one important step to advance equity in LHS research?
3. Needs, training, and community engagement around advancing equity
 - Needs: What do we need to know about the needs of LHS researchers who come from historically under-represented groups?
 - Training: What training or skills should all LHS researchers possess with respect to engagement and DEI?
 - How could your community be engaged to advance equity in LHS research?

Open Panel Discussion

Announcements



- February 17 – Engagement Awards: Applicant Office Hours
- March 31 – Application deadline: PCORI Advisory Panels
- July 15-16 – Summer PEAP Meeting
- November 5 – Fall PEAP Meeting
- November 17-19 – 2021 PCORI Annual Meeting

Engagement Award Funding Opportunities



**\$250,000
Up to 2 years**

Engagement Award: Capacity Building

Objective: Prepare patients and stakeholders to participate as partners in PCOR/CER

Letter of Inquiry due April 1, 2021

**\$250,000
Up to 2 years**

Engagement Award: Dissemination Initiative

Objective: Support communities and organizations to actively disseminate PCORI-funded research findings and/or develop partnerships and infrastructure to disseminate and implement PCORI-funded research findings

Letter of Inquiry due April 1, 2021

**\$100,000
Up to 1 year**

Engagement Award: Stakeholder Convening Support

Objective: Convene stakeholders to explore critical issues related to PCOR/CER and/or communicate PCORI-funded research findings to targeted end-users

Letter of Inquiry due April 1, 2021

Engagement Award Special Cycle Funding Opportunities



Special Cycle Funding Announcement — Building Capacity for PCOR/CER in Intellectual and Developmental Disabilities aims to support projects that enable organizations and communities to build their capacity and skills to participate across all phases of the PCOR/CER process on topics that address health outcomes related to intellectual and developmental disabilities (IDD).

Special Cycle: Building Capacity for PCOR/CER for Topics Related to COVID-19 aims to support projects that enable organizations and communities to build their capacity and skills to participate across all phases of the PCOR/CER process on topics that address health outcomes related to COVID-19.

- *Click on funding opportunity title to visit funding announcement or visit <https://www.pcori.org/funding-opportunities> for more information*
- *Online system with application instructions opens on March 1, 2021 for both announcements.*
- *Full proposals are due on May 24, 2021. There is no Letter of Inquiry for these announcements.*

Group Photo



Adjourn

