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Colorado Clinical and Translational
Sciences Institute (CCTSI)



Community Engagement

Donald Nease, MD
Director, CEHE Element C2

Matt DeCamp, MD, MPH
Associate Director

Montelle Taméz
Deputy Director

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Leadership Team

Key Personnel – Community Engagement (CE), Element C2

- **Don Nease, MD** – Director
- **Matt DeCamp, MD, MPH** – Assoc. Director
- **Montelle Taméz** – Deputy Director
- **Kaylee Rivera-Gordon, MPH** – Program Manager
- **Mary Fisher, MPH** – Project Manager
- **Jennifer Greig** – Administrative Coordinator
- **10 Community Research Liaisons** – statewide (2 newly onboarded in 2025)
- **14 Elected PACT Members** – 4 newly elected in 2025 (3 community, 1 academic)
- **Trailhead Institute** – approved subrecipient; provides contracting infrastructure for community partnerships



Don Nease, MD



Montelle Tamez



Kaylee Gordon, MPH



Mary Fisher, MPH



Matt DeCamp, MD, MPH

**Community Engagement
(including PACT and CRLs)**



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Strategic Goals

	Strategic Goal	Roadblocks Addressed
Years 1-3	Goal 1. Develop the capacity of investigators and research staff to equitably engage diverse communities and stakeholders in clinical and translational research.	<ul style="list-style-type: none"> • Lack of researcher skills in CBPR; underrepresentation of diverse populations in clinical trials
	Goal 2. Develop the capacity of communities and stakeholders to equitably engage with investigators and staff in clinical and translational research.	<ul style="list-style-type: none"> • Community exclusion from research design; lack of trust between researchers and communities
Years 4-7	Goal 3. Establish, build, and maintain trust with communities and stakeholders through return of results, and interpretation and dissemination of results in partnership with communities and stakeholders.	<ul style="list-style-type: none"> • One-directional knowledge flow; research that does not benefit communities
	Goal 4. Continuously evaluate and improve our capacity development activity on campus and in communities by measuring and monitoring our impacts on equitable engagement and involvement with diverse communities and stakeholders in clinical and translational research.	<ul style="list-style-type: none"> • Lack of metrics for community engagement; insufficient community co-development of program outcomes



CIT Impact: Transforming Researchers into Community Partners

The 2024/25 CIT cohorts demonstrate how intensive community immersion reshapes researchers' approaches to health equity — from initial training through funded partnerships and sustained community engagement. CBPR self-assessments improved by 2+ points among academic participants.

Lasting Career Impact

Alumni described CIT as “life changing” — even those with decades of community work. One seasoned researcher called it “a great refining process” that made their engagement approach “so much stronger.” Early-career alumni recognized they had more to learn, while experienced researchers appreciated the benefits of formal CBPR training.

Community Trust Increased

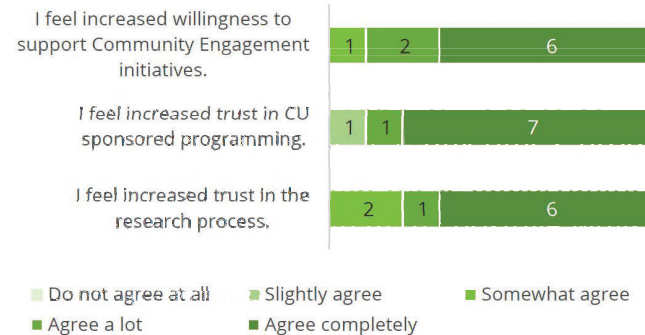
7 of 9 community partners reported increased trust in CU-sponsored programming.

6 of 9 reported increased trust in the research process itself.

From Training to Funded Research

Within 17 months, 3 alumni secured grant funding for new community partnerships. One supported a mentee from another CIT cohort in getting funded — showing a multiplier effect. Another won a pilot grant to co-design a children’s version of an existing adult program with community partners.

Exhibit 4. Trust in research (n=9)



The CIT experience increased most community partners' trust (n=7) in sponsored programming by CU. Six of the partners also agreed completely that their trust in the research process increased following the program.



CIT Impact: Transforming Researchers into Community Partners

"It was a powerful, powerful experience, and it is still vivid in my mind. I think that's unusual to have that level of training that goes that deep and can really bring about a change in how you think. Even for someone like me who's been working with community for a very long time, I think it was life changing." – CIT Academic Participant

Exhibit 1. Mean ratings of Community-Based Participatory Research knowledge **before** and **after** the immersion week (n=7)

The scale ranged from 1 - "not at all" to 5 - "a great deal."



We implemented a new knowledge and skills assessment based on our logic model and course objectives. Participants showed increases in their understanding and attitudes towards CBPR at the conclusion of the program.



CRL Impact: Responding to Community Needs in Real Time

In early 2025, CRLs found themselves at the intersection of community engagement and urgent social realities, demonstrating the essential role of trusted community liaisons. Ten CRLs served 81 organizations and supported 16 research projects across 31 counties.

Navigating Immigration Fears as Community Anchors

CRLs reported growing fear in their communities following changes in immigration enforcement. Instead of pulling back, they leaned in, connecting families to resources and maintaining a trusted presence in neighborhoods experiencing ICE activity. **Javier Garcia** noted widespread fear among migrants, while **Lorenzo Ramirez** highlighted how local organizations shared reliable information and helped amplify those resources across Denver.

Federal Funding Cuts Hit Home

CRL **Griselda Pena Jackson** reported that Aurora's Village Exchange Center lost \$2.5M in federal funding, forcing workforce reductions at an organization serving refugee and asylee communities. CRLs documented these impacts in real time, ensuring community realities are captured and communicated.

Building the Next CIT from the Community Up

CRL **Gordon Duvall** took on the challenge of facilitating CIT's Urban track, engaging community partners to share their expertise with academic researchers. He attended the Black Mental Health & Wellness Summit, the SAHM conference in Baltimore, and made new contacts across 5+ counties - all while planning CIT immersion activities at the ABC Collaborative and the Dayton Street Opportunity Center.

Serving AI/AN Communities Across Multiple Roles

CRL **Crystal LoudHawk-Hedgepeth** engaged community members on housing issues, participated in AI/AN policy calls on state-level research, volunteered at powwows, reviewed pilot grant proposals with academic partners, and provided feedback on housing surveys for unhoused AI/AN individuals. She serves on 7 CE committees while centering her approach on listening and allowing community members to lead.



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CE Pilot Grants: Cycle 16 Outcomes at a Glance

8 grants (4 Partnership Development + 4 Joint Pilot) | Cycle 16, 2024–25 | Total investment: \$131,823

8/8

teams reported positive impacts on knowledge & attitudes

100%

found it helpful to connect with other partnerships

+2.69

greatest CCBT domain growth: Skills, Knowledge & Learning

5+

manuscripts, 6+ abstracts, 4+ grant proposals

Populations Served Statewide

- Rural Coloradans & Lower Arkansas Valley residents
- Youth in southeastern Colorado schools
- Aging adults living with HIV
- Latino communities impacted by HIV
- Children with high adverse childhood experiences
- Justice-involved individuals at risk of suicide & overdose
- Communities at higher risk of poor health outcomes

Determinants of Health Addressed

Healthy Living Conditions: Mental health in food pantries, air quality monitoring, community building for justice-involved

Fair Opportunities in Education: Youth-led SDOH learning, evidence-based programming for children with high ACEs

Reliable Public Services: Sensory care for aging adults with HIV, reducing barriers to HIV prevention in under-represented communities



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Year 3 Impact: Consultations and CE Forum

Consultations and Community Engagement Forums are building deep researcher capacity and broadening engagement reach. Consultations receive consistently excellent ratings, while quarterly forums have grown into a nationally attended platform connecting community organizations and academic researchers around shared practice.

CE Consultations

- 8 formal consultations in 2025 spanning pediatrics, gynecology, food science, neurology & psychiatry
- 100% of surveyed groups rated overall experience as Good to Excellent
- 100% agreed the consult shifted their thinking and provided valuable engagement insight

Community Engagement Forum

- 4 quarterly forums held; 191 total attendees (36–76 per session); national audience at each event
- Completed “Applying CBPR Principles” series; launched “From Principles to Practice” series
- 2nd annual Community Engagement Showcase: 76 attendees, 49 in-person, 15 community orgs presenting
- To date: 26 forums hosted with 1,501 total attendees



Year 3 Impact: Other Funded Projects & Dissemination

Externally funded projects are advancing community-driven research methods across diverse Colorado communities, while a robust dissemination strategy ensures that community engagement models, research findings, and bilingual resources reach both academic and community audiences at local and national levels.

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- To be discussed below...

Engage for Equity PLUS (E2+)

- Year 2 of PCORI Science of Engagement Award (4-year project); 8 academic centers participating
- Champion Team and Patient-Community Action Group convened; interviews and surveys underway
- Goal: shift institutional culture to better support community-engaged research

Dissemination

- Presentations at CASCHEW, ACTS, CCTSI T&K Seminar, ACCORDS Fellows, Culture of Data, Public Health in the Rockies
- Topics: CRL model, health equity data, language justice in research, CEnR in Today's Policy Environment
- 500 bilingual brochures (English & Spanish) distributed on clinical trial participation
- Publications: CO-CEAL transcreation (Warman et al., 2026);



Looking Ahead: Next Steps & Priorities

The CE Core is positioned to deepen its impact by sustaining proven programs, expanding geographic reach into underserved regions, strengthening institutional partnerships, and scaling successful pilot models, all while continuing to center community voice and equitable participation in research.

CIT

Next CIT cycle; continue 6-month mentoring for current cohort; refine new knowledge & skills assessment tool

CRLs

Sustain and deepen CRL tracking; expand innovative reporting; add new CRLs in Southeastern Colorado & Mountain West

CE Consults

Strengthen referral pathways with Clinical Research Operations & Office of Access and Engagement; pursue expanded alignment with campus partners for joint training

PACT

Extend PACT program metrics review to remaining CE Core programs not yet evaluated

Special Projects

Year 3 of Engage for Equity Plus (PCORI); continue CO-CEAL 4-year cycle with 5 Colorado communities

Pilot Grants

Sustain community-academic partnerships; launch next funding cycle

Research Readiness

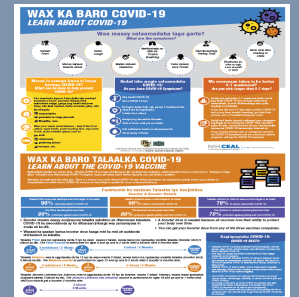
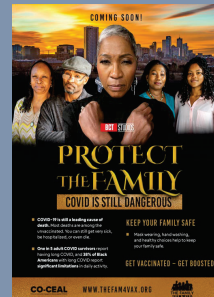
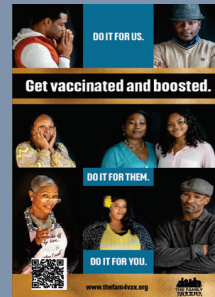
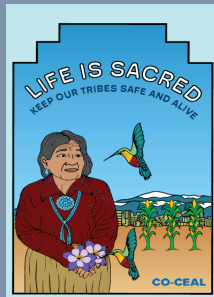
Evaluate pilot outcomes; adapt and scale to additional community partners; expand to include coordinator/PM training

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Colorado Community Engagement Alliance

Notes from the Field: Impact & Outcomes

Addressing Health Disparities through Authentic Community Partnerships





What is CO-CEAL?



Community-Driven



5 Priority Communities



Since 2021
Multi-Year Initiative



CO-CEAL is a partnership between the University of Colorado Anschutz Medical Campus, community-based organizations, and dozens of trusted local community members. Our mission is to address disproportionate health impacts through active community engagement, capacity building, and long-lasting community partnerships.

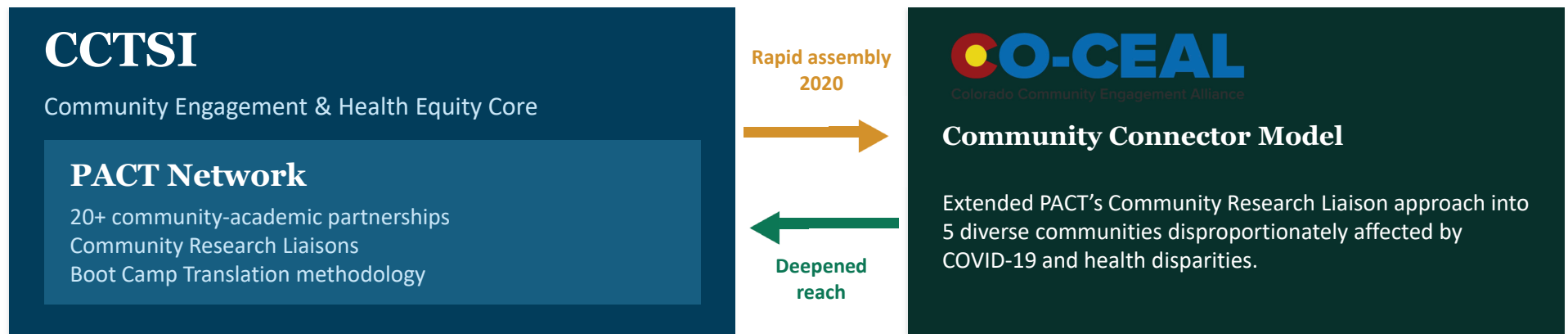
Built on 15+ years of community engagement infrastructure through the CCTSI and its PACT network of community-academic partnerships.

Priority Communities

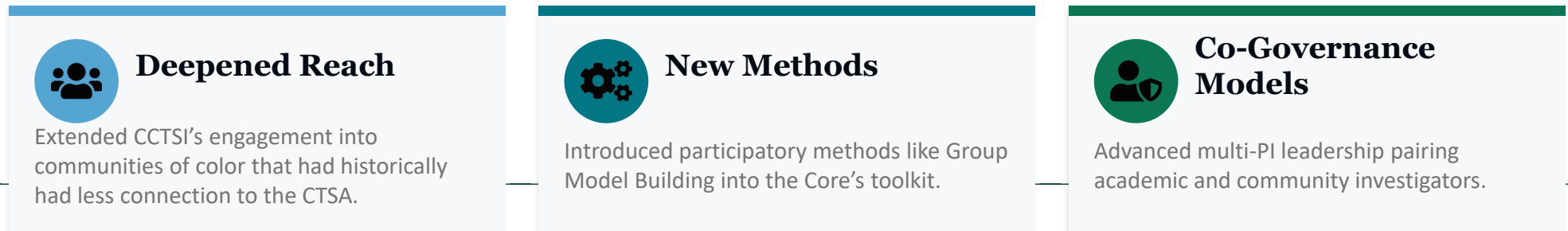
- Urban Black/African American — Denver Metro
- Rural Latina/o/x — San Luis Valley
- Urban Latina/o/x — Denver Metro & Pueblo
- Rural East African (Somali) — Fort Morgan & Greeley
- American Indian/Alaska Native — Denver Metro

Leveraging CCTSI Community Engagement Infrastructure

More than a decade of community partnerships laid the foundation for rapid COVID-19 response



How CO-CEAL Strengthened the CCTSI



Our Approach



Boot Camp Translation (BCT)

Community members translate scientific evidence into locally relevant messages, materials, and campaigns. Five teams of 10–15 members each produced culturally tailored COVID-19 campaigns across two initial cycles.



Group Model Building (GMB)

A participatory system dynamics method where community members map variables, relationships, and feedback loops driving health outcomes. 34 participants across 4 workgroups identified 23 leverage points.



Ecological Momentary Assessment (EMA)

Text-based mobile surveys sent 4–5 times daily over week-long periods capture real-time behavioral data. Plans to recruit 500 EMA respondents and 1,000 Common Survey respondents.

Plus Common Surveys to measure impact, Community Convenings for community voice, annual CASCHEW cross-sector conference, digital story telling for data dissemination, and various community capacity building activities

The Community Connector Model

Building Trust from the Ground Up

At the heart of CO-CEAL is the Community Connector (CC) model — an approach that engages trusted community leaders as members of the research team, serving as liaisons between university researchers and community members.

CCs served as field leads and data collectors, overseeing teams of up to five community data collectors per community. They managed recruitment, training, data collection logistics, and documentation — all while providing critical cultural guidance.



\$60-70/hour compensation

~4x Colorado's 2021 minimum wage, reflecting commitment to valuing community expertise



Cultural Guidance

CCs identified where researchers' assumptions differed from community realities



Dedicated CE Lead

30+ years of community-based participatory research experience providing coaching



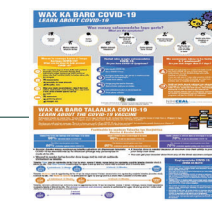
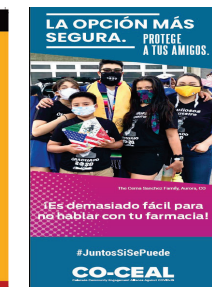
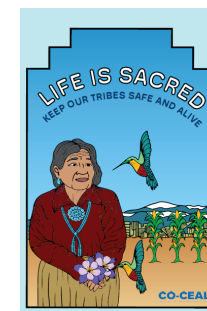
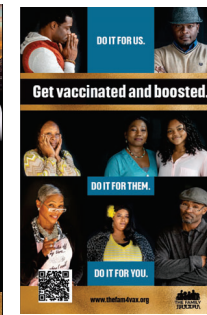
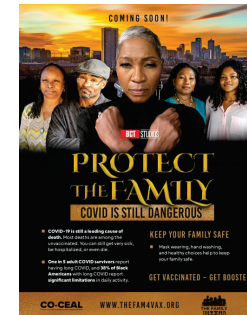
All interested Community Connectors and community partners remained engaged throughout the entire project — a testament to the strength of the relationships built.

Community Voices in Action

Transcreated Messaging & Cultural Adaptation

<p>Urban Latino/a/x</p>	<p>Bus shelter posters, comic-style bilingual coloring books, stickers, water bottles</p>	<p><i>Bus ads, events, social media</i></p>
<p>Urban Black/AA</p>	<p>Scripted community video centering mothers as messengers; YouTube content</p>	<p><i>Libraries, faith communities</i></p>
<p>AI/AN</p>	<p>Zine with coloring pages, co-created cultural characters, t-shirts with imagery</p>	<p><i>Community print distribution</i></p>
<p>Rural East African</p>	<p>Animated videos, Somali speaker notes, bold visual print materials</p>	<p><i>Mosques, WhatsApp</i></p>
<p>Rural Latino/a/x</p>	<p>Bilingual rack cards with personal stories, coloring book, TikTok competition</p>	<p><i>Día de los Muertos, TikTok</i></p>

 Language Justice: Materials in English, Spanish, and Somali. Meetings evolved from interpreter-mediated to fully conducted in Somali — empowering community leadership.



CO-CEAL Key Impact Metrics

Longitudinal outcomes across three survey waves among BCT-exposed cohort

COVID-19 Testing

N = 470

61.4% → 73.0% → 75.2%

p < .001

Females: sharpest change (65.1% → 80.0%)
Significant across all age groups

COVID-19 Vaccination

N = 419

72.6% → 87.2% → 89.6%

p < .001

Males: steepest increase (65.2% → 90.4%)
Gains observed even among low-trust groups

Flu Vaccination

N = 323

69.9% → 72.0% → 73.0%

p = .448 (trending, not significant)

Opportunity for future intervention design

Study Retention

59.9%

W1 → W3 overall retention

San Luis Valley: 86% — highest of any group



It [BCT] was completely participatory - also community-owned and driven. So, if ... we continue to adopt that same strategy...where we felt that there is somehow inconsistency or incompatibility with our culture and norms, we would come back to folks like Don, Charlene, and we'll lay out to them, and then we'll sit down and find a way that is appropriate moving forward. And, you know, nine out of 10 we found, we found that common ground.

Messaging Exposure

1.97x more likely to test (p=0.004)

2.42x more likely to vaccinate (p<0.001)

BCT-exposed vs. not exposed

Key Insight: Significant gains in testing and vaccination were observed even among those with low trust — CO-CEAL's community-grounded approach reached participants regardless of baseline trust levels.

Group Model Building

Mapping the Systems That Shape Health

20 Sessions Conducted

34 Community Participants

23 Thematic Groupings

23 Leverage Points Identified

Cross-Cutting Themes Across All Workgroups

Stigma as a Barrier

Around mental health, substance use, and chronic disease — preventing care-seeking

Cultural Responsiveness & Trust

Health systems must validate diverse cultural practices to build trust

Information Flow Gaps

Between generations, providers and communities, and about available resources

Structural Determinants

Financial strain, housing instability, food access reinforce systemic inequities

Community Resilience

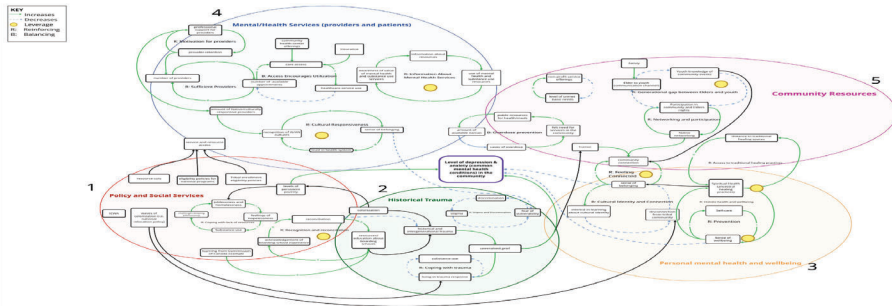
Close-knit social fabric and intergenerational knowledge as intervention assets

“

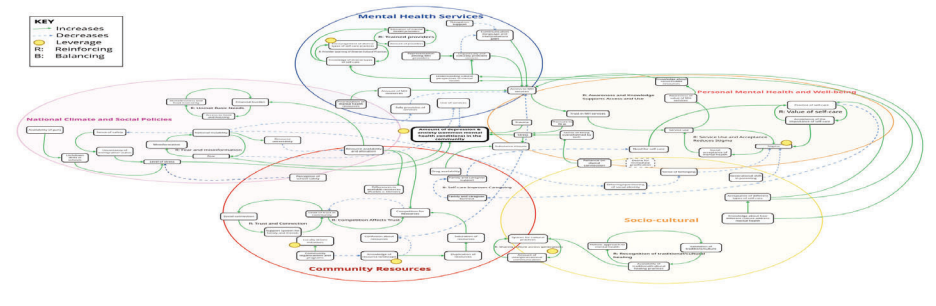
We made sure we gave people ample time for feedback. We made sure that everybody was able to respond in a timely manner...and it really flowed very well. I was impressed.... It just showed that everybody, whether we agree with everything or disagree, we all have a common goal.

Group Model Building

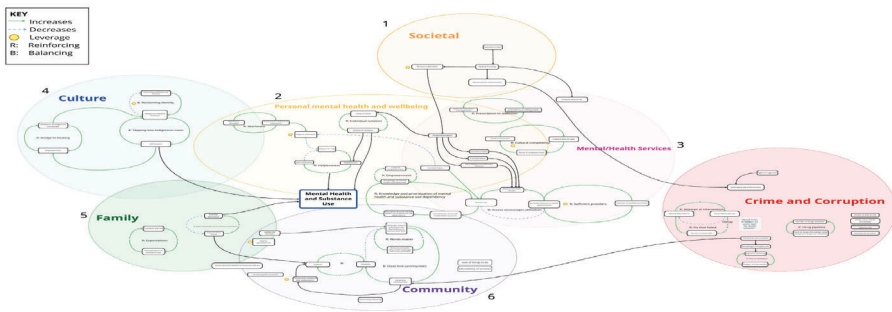
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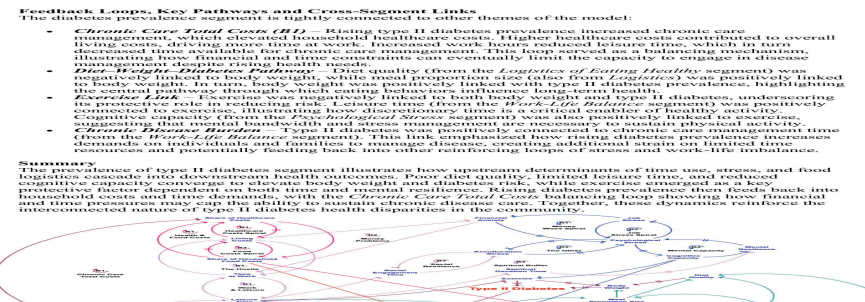
AI/AN: Mental Health American Indian Alaska Native Community Workgroup System Map Group Model Building 2025



Denver & Pueblo: Mental Health Urban Latina/o/x Community Workgroup System Map Group Model Building 2025



San Luis Valley: Mental Health & SUD Rural Latina/o/x Community Workgroup System Map Group Model Building 2025



East African: Type II Diabetes

Example from the Field



Lessons Learned

1

Invest in relationships before crises hit

In communities where long-standing partnerships existed, concerns and barriers were addressed rapidly.

2

Follow community lead on cultural integrity

Community Connectors identified where researchers' assumptions differed from community realities and guided essential adaptations.

3

Compensate community partners fairly

Paying CCs at a rate reflecting their expertise signals the partnership is equitable, not extractive.

4

Flexibility is essential

Funder flexibility in allowing timeline adjustments was crucial to prioritizing community needs.

5

Return data to communities

Sharing results through listening sessions reinforces that research is reciprocal and maintains engagement.

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Thank You

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