Co-Creation in Public Health Research: An Introduction to Basic Principles

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Funding: CNHM, JDM and JMS were funded by the Dutch Heart Foundation and ZonMw in collaboration with and supported by the Dutch Cardiovascular Alliance (grant no. 01-001-2021-B017). MRB is funded by an Alfred Deakin Postdoctoral Research Fellowship from Deakin University. MRB, TBR, TFB, and CV are researchers within the National Health and Medical Research Council (NHMRC) funded Centre of Research Excellence in Food Retail Environments for Health (RE-FRESH) (APP1152968). The opinions, analysis, and conclusions in this paper are those of the authors and should not be attributed to the NHMRC.

Conflicts of interest: None

Key points

This article discusses:

- What co-creation is and how it can be of value in public health research, by enhancing the relevance and impact of health interventions.
- How to select collaborators and manage their interests and power dynamics.
- Frameworks and guidelines to streamline the co-creation process.
- Skills and team roles to enable effective co-creation processes, and recommendations on how to cultivate these.
- Practical challenges including time, funding, and expertise requirements, and ethics approval.

Abstract

Co-creation is a participatory design approach, which leverages the experiential knowledge of non-academic actors. It is increasingly adopted in public health research, to enhance the relevance, acceptability, and impact of interventions. This perspective article provides a practical introduction for public health researchers into co-creation, its application, and benefits and considerations. Based on the authors' experiences with co-creation in public health, four key considerations for co-creation are outlined: 1) the selection of collaborators (those participating in the co-creation process) and their power dynamics and interests, 2) frameworks and guidelines for the co-creation process. 3) capacities needed to successfully apply a co-creation approach such as emotional intelligence, and adaptability, and 4) practical matters such as resources and ethics approval. These insights serve as a practical introduction for public health researchers considering the application of co-

creation in their projects, with the aim to facilitate more effective and impactful, usercentered designs and interventions.

Introduction

Co-creation has been increasingly recognized within public health as a collaborative design approach. It has been particularly useful in addressing complex issues that require a comprehensive understanding, such as unhealthy food environments.(1) Co-creation has been noted to enhance the relevance, acceptability, and impact of research, for example by improving the specificity and impact of health interventions, as well as increasing support from stakeholders.(1, 2) Despite these promises, co-creation has seen only limited uptake in the public health field.(2) In this perspectives paper we provide an introduction to public health researchers on what co-creation is, what its benefits can be, in which situations it can be useful, and the basics on how to apply it, based on the authors' experiences with co-creation in public health research. These experiences will be presented through two case examples: The SUPREME NUDGE (SN) project (3) and the Change to Improve Mental Health (CHIME) translational research program.(4)



SUPREME NUDGE Co-creating health promotion in supermarkets

SUPREME NUDGE aimed to promote healthier food and drink choices in a supermarket chain. The objective was to establish sustainable, long-term strategies that the chain could maintain independently.

To achieve this, we identified relevant stakeholders who played pivotal roles in decision-making across various aspects, such as spatial planning, store operation, product, marketing, and financial management. Stakeholders were engaged in a series of meetings both individually and in groups. During these engagements we co-designed initial conceptual ideas (e.g., 'adjust prices') into concrete and actionable plans ('which prices', 'by how much', 'implemented how').

This collaborative process allowed us to explore ideas that are usually sensitive for food retailers (e.g., increasing prices of unhealthy products), so we could understand the causes (e.g., fear of customer backlash), and develop the ideas into supported plans (e.g., combining price increases and decreases on comparable healthy and unhealthy products).



Change to Improve Mental Health (CHIME) Adapting group model building as a process for co-design within the mental health sector

The CHIME Translational Research Partnership between Deakin University and Barwon Health, aims to explore effective systemic approaches for co-creating mental healthcare solutions in regional Victoria, Australia. Group model building (GMB), a participatory qualitative systems approach, enhances problem understanding and engagement in designing solutions.

To assess GMBs utility in mental health co-design, we collaborated with lived experience staff and clinicians. Key adaptations were regular mental health and wellbeing 'check ins', and structuring sessions to provide opportunities for participants to contribute separately with peers as well as together as a larger group. This establishes a safe environment for participants to be vulnerable, enabling open dialogue between different groups, and allows power imbalances to be addressed at the outset.

This adapted GMB approach has been piloted with stakeholders from an acute mental health unit, including people with personal lived experience (patients/consumers), family carers, and healthcare workers.

Figure 1. Illustrated are two case examples for the application of co-creation in public health research: the SUPREME NUDGE project, (3) and the Change to Improve Mental Health translational research program. (4)

What is co-creation

Co-creation is the process of collaboration between people (collaborators), to develop understanding of a problem, and the tools, products, or ideas to resolve it.(5) Collaborators are usually actors with an interest in the problem or its resolution. This collaboration encompasses all stages of a research process, from defining and analyzing problems to designing and implementing initiatives to evaluating and redesigning.(6) The depth of collaborator involvement can vary, ranging from nonparticipation to collaborator control of research.(7) A distinction can be made between co-creation (collaboratively defining and solving a problem), co-design (collaboratively designing solutions to a predefined problem) and co-production (collaboratively implementing a predefined solution).(6) The SN case is an example of co-design, as the problem, supermarkets being unhealthy environments, was predefined.(3) As co-design and production can be part of an overarching cocreation approach, and the principles discussed below apply to all three, we henceforward use 'co-creation' as an umbrella term.

Theoretical Perspectives on Co-creation

Co-creation has evolved from systems science and democratic practice theory over more than five decades.(8) Open innovation and participatory design principles have popularised co-creation as a reference to participation.(8) Conceptually, co-creation developed independently across several disciplines; resulting in a range of theoretical perspectives and practical adoptions,(8) including 'value co-creation', in management literature,(9) or 'knowledge co-creation' in transdisciplinary literature.(10) In public health, co-creation is often linked with systems thinking, as a means to unravel the complexities of a problem, through the experiential knowledge of stakeholders.(1)

In essence, co-creation enables stakeholders to interact and find shared values to create change.(8, 11) For example in food retail,(3) co-creation allows for the systematic organisation of collaboration between diverse stakeholders, to improve the healthiness of food retail environments. Because of the diverse array of business models in food retail, co-creation is important to help public health research shift to a more collaborative approach, wherein public health interventions can benefit the business, consumers and planet.(11) This requires a focus on providing relevant propositions for all stakeholders and promptly and efficiently implementing actions, for which stakeholders' collaboration and interactions are essential.(11)

The benefits of co-creation for public health research

The collaborative nature of co-creation can be beneficial in various ways, such as enriched understanding of complex issues, greater relevance and applicability of research to actors' needs, improved trust and engagement among actors, fostering long-term relationships with actors, and increased uptake and implementation of research findings.(1, 2) Evidence from healthcare research illustrates that the co-creation of research can improve immediate health-related outcomes at both an individual and systems level.(12) Co-creation can also be a means of facilitating social learning between actors,(13), and development of shared knowledge. An example of this in SN was that as a result of the co-creation of health promotion strategies, certain supermarket professionals had become more aware of which products were healthy, enabling them to independently promote health in the future.(3)

As such, co-creation is likely to be useful for researchers working on complex health issues (often in non-health context, e.g., the supermarkets in SN), where specific actors play key roles (e.g., target group or end-user). In SN, collaborating with supermarket professionals helped develop health-promotion strategies which were more likely to function in a supermarket environment, and through their involvement developed ownership over the strategies, which translated into implementation support.(3)

When (not to) co-create

Despite the potential benefits, co-creation is not always feasible, and when applied in the wrong situations can potentially damage collaborator relationships and waste resources.(14) To guide researchers in their decision on whether to apply cocreation, we offer a framework, based on our own experiences (Figure 2).

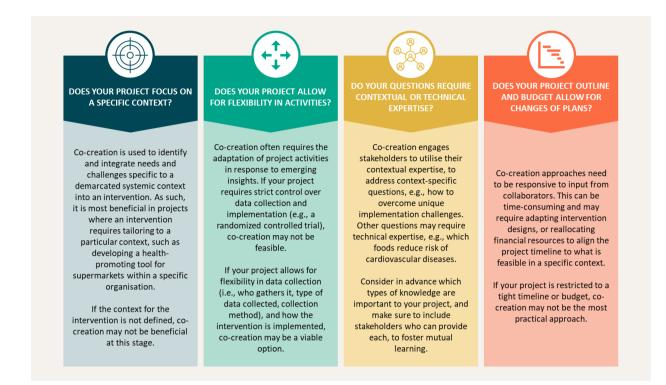


Figure 2 Outlined are four considerations regarding the nature of your project, which provide guidance on the feasibility and usefulness of co-creation in specific contexts and for defined objectives. These considerations are based on the authors' personal experiences in co-creation projects.

Considerations for co-creation

Based on the authors personal experiences with co-creation, researchers who wish to apply co-creation should consider: (i) collaborator selection and dynamics, (ii) frameworks and guidelines for co-creation, (iii) capacity building, and (iv) practical matters.

(i) Collaborator selection and dynamics

Co-creation hinges on combining perspectives and knowledge of a context and problem. Therefore, engaging the appropriate (academic and non-academic) collaborators who can provide relevant and useful viewpoints and knowledge is crucial. These collaborators should be representatives of the (most relevant) actor with an interest in the problem or the co-created solution. Methods such as actor mapping can help identify key collaborators for specific contexts and projects.(15) As a starting point, consider the following questions for your research project:

- Who will be **impacted** by the outcomes?
- Who will be using the outcomes?

Collaborators do not need to be involved simultaneously, and their relevance and level of engagement may vary throughout the process.(7) Consider at each stage which collaborators possess relevant knowledge. For example, in SN, supermarket managers were only involved in the development of strategies which would be implemented by themselves or their staff (e.g., shelf labels), and not those implemented through centralized systems (e.g., automated price-adjustments).(3) Building and maintaining relationships with and between collaborators is a cornerstone of co-creation.(1) It's important to foster an evolution of these relationships from transactional collaboration to transformative partnerships that yield better outcomes. (16) Firstly, it is essential to develop mutual understanding and manage expectations. Researchers and collaborators should engage in discussions to align goals, terminologies, and expectations. In SN, we found that supermarket professionals were hesitant to implement price increases, which the researchers considered a high-impact strategy. Through open discussions, a compromise was found, where price increases would not explicitly be communicated to consumers, and they were combined with price decreases on comparable healthy alternatives (e.g., low and high fiber bread).(3)

Secondly, defining roles within the collaboration is important as different collaborators bring unique expertise to different parts of the process. A 'kick-off' session before the project commences can be a useful forum for such discussions, in which collaborators introduce themselves, discuss their motivations for and expectations of the collaboration, and divide roles, if necessary. Thirdly, building trust involves actively checking in with collaborators, listening to and addressing their concerns, and transparency throughout the process. Regular (preferably face-toface) interactions are recommended to keep collaborators engaged.(1) A designated 'relationship manager' can be beneficial in managing these aspects (see (iii) Capacity building)). In SN, this was done by several researchers simultaneously, which occasionally made communication chaotic.(3)

Unequal power dynamics, or feelings of (un)safety among collaborators (and researchers) can negatively affect co-creation and should be anticipated and addressed.(17) Consider in advance what these may be in your context, paying special attention to vulnerable groups (e.g., patients, children) who often hold little power due to their dependency on their care-takers. Try to prevent unbalanced dynamics where one group may view another as an authority (e.g., patients and practitioners), or feel unsafe to participate or speak out earnestly in the presence of another group. For example, involve representatives from each group who are not directly involved with each other or engage certain collaborators separately (or anonymously) to avoid disruptive power dynamics and avoid a collaborator feeling unsafe. The objective is to foster an inclusive environment where everyone feels comfortable and safe contributing. In CHIME, the initial group model building workshop was separated into peer groups (consumers, carers, and healthcare workers) to help address potential power imbalances and enable individuals to share

their unique experiences in a space where they felt safe and free to speak candidly and contribute without the influence of perceived authority.(4)

Conflicting interests among collaborators can hinder the innovativeness or legitimacy of co-created solutions. Where collaboration is still advised, employing tools such as a power-interest matrix can help identify such conflicts early.(18) Mediation can help achieve a mutually acceptable resolution. In a worst-case scenario, explore ways to engage both parties separately. In SN, one of the main conflicts we encountered was that some strategies were regarded as a commercial risk for the supermarket chain. Therefore, we had to abandon some (potentially high-impact) ideas, whereas for others, acceptable compromises could be found.(3)

(ii) Frameworks and guidelines for co-creation

Co-creation is an iterative process that can be organized and conducted in various ways. If you are new to co-creation, it is advisable to adopt pre-existing frameworks such as the COACCH best-practice guidelines,(19) COACH framework(20) in food retail, or the PRODUCES framework,(21) rather than developing your own. Other resources such as the Co-creation Impact Compass(22) offer detailed strategies on engagement design. Participatory systems thinking methods, such as group model building,(23), which was used in CHIME(4) can also enhance co-creation by fostering collective understanding of a problem and identification of potential leverage points for intervention. While these frameworks offer guidance and can be tailored to fit your study, some projects may not be suited for their use. For example, we advise caution when: 1) your project is highly innovative project, as strict adherence to a framework may inhibit out-of-the-box thinking, 2) you are working in a (cultural, organizational, community) setting where a formal framework may be seen

as too structured or bureaucratic, 3) there are tight deadlines which prevent the use of frameworks with elaborate engagement processes 4) in the context of small projects with a limited budget.

Effective communication, meaning information is exchanged clearly, completely, and openly, is essential for co-creation success, as it helps collaborators to understand and learn from each other, which is essential for mutual understanding and the integration of perspectives. It plays a vital role in planning, conflict resolution, addressing concerns, managing expectations, and nurturing relationships. To minimize miscommunication, use familiar communication channels and regularly discuss communication processes with collaborators to maintain a mutually feasible approach and prompt issue resolution.

(iii) Capacity building

Co-creation requires a number of capacities which are not always required in regular public health research. As such, public health researchers planning to apply cocreation should consider whether their team has these capacities. Figure 3 illustrates recommendations for identifying and developing key skills based on our experience.

Emotional intelligence	 Make time to listen and gain insight into collaborators' 'mental models' Understand and discuss your positionality as a researcher and how this affects your views
Managing collaborator priorities	 Consider when consensus is required and when diversity is beneficial (e.g., brainstorming) Frequent check-ins with collaborators to identify concerns or problems Aim for exploration and consensus, don't fixate on one idea!
Communication	 Establish clear channels early (e.g., the kick-off session) If communication problems arise, re-evaluate channels
Facilitation	Let your engagement sessions be guided by how the relationship is planned to be built and maintained
Flexibility and adaptability	 New insights will shape the project's direction. Be open to changes Collaborators can leave, be ready to adjust Some ideas will fail, be prepared by exploring multiple in parallel
Data Analysis & Management	 Include a team member with relevant data analysis skills. Ask advice from a privacy officer or ethics committee on how to safely record and store data.

Figure 3. Recommendations for developing skills that facilitate co-creation approaches.

(iv) Practical matters

Co-creation methods often require significant investments of time, funding, and expertise. These can include building and maintaining relationships with collaborators, travel expenses, workshop facilitators, and dissemination of findings. Consider starting with a smaller project to gain insights into the work and resources involved. Leveraging 'in-kind' resources from your collaborators, such as in-house expertise or materials, can be beneficial. Identify in advance which resources they can provide and communicate your needs accordingly.

The novelty and unfamiliarity of co-creation methods may complicate and delay ethics approvals. To address this challenge, consult colleagues at your institution who have navigated similar projects successfully. Their expertise can offer valuable insights on how to present the required information in ways that facilitate the approval process.

Conclusion

Co-creation can be a valuable approach in public health research, as it offers various benefits such as enriched insight into problems, greater relevance of research questions and feasibility of solutions resulting in increased uptake and improved implementation of research findings, ultimately resulting in improved healthoutcomes.

This perspective paper outlines key considerations for public health researchers interested in applying co-creation within their projects. While not exhaustive, these insights are intended to serve as a starting point for researchers adopting co-creation methods. It is hoped that the learnings presented in this paper will assist researchers in fostering meaningful engagement, enhance research outcomes, and contribute to the advancement of public health knowledge and interventions.

References

1. Heimburg Dv, Cluley V. Advancing complexity-informed health promotion: a scoping review to link health promotion and co-creation. Health Promotion International. 2021;36(2):581-600. doi: 10.1093/heapro/daaa063.

2. Messiha K, Chinapaw MJM, Ket HCFF, An Q, Anand-Kumar V, Longworth GR, et al. Systematic Review of Contemporary Theories Used for Co-creation, Co-design and Co-production in Public Health. J Public Health [Internet]. 2023 05/05/. doi: 10.1093/pubmed/fdad046.

3. Middel CNH, Schuitmaker-Warnaar TJ, Mackenbach JD, Broerse JEW. Designing a Healthy Food-Store Intervention; A Co-Creative Process Between Interventionists and Supermarket Actors. Int J Health Policy Manag. 2022;11(10):2175-88. doi: 10.34172/ijhpm.2021.110.

4. Forrester-Bowling T, Carolin R, McLure J, Lucas J, Bennetts S, Hayward J, et al. Assessing the acceptability of group model building as a method of engaging people with lived experience of mental ill-health and recovery. Population Medicine. 2023;5(Supplement). doi: 10.18332/popmed/165242.

5. Vargas C, Whelan J, Brimblecombe J, Brock J, Christian M, Allender S. Co-creation of healthier food retail environments: A systematic review to explore the type of stakeholders and their motivations and stage of engagement. Obesity Reviews [Internet]. 2022 09/01/; 23(9). doi: 10.1111/obr.13482.

6. Vargas C, Whelan J, Brimblecombe J, Allender S. Co-creation, co-design, co-production for public health – a perspective on definitions and distinctions. Public Health Research & Practice [Internet]. 2022. doi: 10.17061/phrp3222211.

7. Arnstein SR. A Ladder of Citizen Participation. Journal of the American Planning Association [Internet]. 2019 01/02/; 85(1):[24-34- pp.]. doi: 10.1080/01944363.2018.1559388.

8. Jones P. Contexts of Co-creation: Designing with System Stakeholders: Theory, Methods, and Practice. In: Jones P, Kijima K, editors. Systemic Design Translational Systems Sciences. 8. Tokyo: Springer; 2018. p. 3-52.

9. Galvagno M, Dalli D. Theory of value co-creation: a systematic literature review. Managing Service Quality. 2014;24(6):643-83. doi: 10.1108/MSQ-09-2013-0187.

10. Regeer B, Bunders J. Knowledge co-creation: Interaction between science and society: a transdisciplinary approach to complex social issues. Den Haag: RMNO/COS; 2009.

11. Ramaswamy V, Ozcan K. The co-creation paradigm. Stanford, California: Stanford University Press; 2014.

12. Halvorsrud K, Kucharska J, Adlington K, Rüdell K, Brown Hajdukova E, Nazroo J, et al. Identifying evidence of effectiveness in the co-creation of research: a systematic review and metaanalysis of the international healthcare literature. Journal of Public Health. 2019;43(1):197-208. doi: 10.1093/pubmed/fdz126.

13. Rumjaun A, Narod F. Social Learning Theory—Albert Bandura. In: Akpan B, Kennedy TJ, editors. Science Education in Theory and Practice: An Introductory Guide to Learning Theory. Cham: Springer International Publishing; 2020. p. 85-99.

14. Oliver K, Kothari A, Mays N. The dark side of coproduction: do the costs outweigh the benefits for health research? Health Research Policy and Systems [Internet]. 2019 03/01/; 17(1):[1-10 pp.]. doi: 10.1186/s12961-019-0432-3.

15. Newcombe R. From client to project stakeholders: a stakeholder mapping approach. Construction Management & Economics [Internet]. 2003; 21(8):[841-8 pp.]. doi: 10.1080/0144619032000072137.

16. Kujala J, Leinonen H, Heikkinen A, Sachs S, Laude D. Stakeholder Engagement: Past, Present, and Future. Business and Society [Internet]. 2022 05/01/; 61(5):[1136-96-96 pp.]. doi: 10.1177/00076503211066595.

17. Gruberg H, Dessein J, Benavides Jean P, D'Haese M. Power relations in the co-creation of water policy in Bolivia: beyond the tyranny of participation. Water Policy [Internet]. 2022 03/01/; 24(3):[569-87 pp.]. doi: 10.2166/wp.2022.325.

18. Guðlaugsson B, Fazeli R, Gunnarsdóttir I, Davidsdottir B, Stefansson G. Classification of stakeholders of sustainable energy development in Iceland: Utilizing a power-interest matrix and fuzzy logic theory. Energy for Sustainable Development [Internet]. 2020 08/01/August 2020; 57:[168-88 pp.]. doi: 10.1016/j.esd.2020.06.006.

19. McGlade K, Tröltzsch J, Tarpey J, Watkiss P. Co-creating Research: Best-Practice Guidelines. Insights from the Horizon 2020 EU project COACCH Internet2020 [cited 2023 9 May]. Available from: <u>https://www.coacch.eu/wp-content/uploads/2018/03/2811-COACCH-Co-creation-guideline-web.pdf</u>.

20. Whelan J, Brimblecombe J, Christian M, Vargas C, Ferguson M, McMahon E, et al. Cocreation and evaluation of food environments to Advance Community Health (COACH). AJPM Focus [Internet]. 2023 2023/05/27/:[100111 p.]. doi: 10.1016/j.focus.2023.100111.

21. Leask CF, Sandlund M, Skelton DA, Altenburg TM, Cardon G, Chinapaw MJM, et al. Framework, principles and recommendations for utilising participatory methodologies in the cocreation and evaluation of public health interventions. Research Involvement and Engagement [Internet]. 2019 12/01/; 5(1). doi: 10.1186/s40900-018-0136-9.

22. van Dijk-de Vries A, Stevens A, van der Weijden T, Beurskens AJHM. How to support a cocreative research approach in order to foster impact. The development of a Co-creation Impact Compass for healthcare researchers. PLOS ONE [Internet]. 2020; 15(10):[e0240543 p.]. doi: 10.1371/journal.pone.0240543.

23. Richardson GP, Andersen DF. Systems Thinking, Mapping, and Group Model Building. In: Kilgour DM, Eden C, editors. Handbook of Group Decision and Negotiation. Cham: Springer International Publishing; 2021. p. 733-49.