

Participatory Partnerships and the Implementation of a Multi-Site Digital Dementia Prevention Program

Walter Wittich ¹, Kenny Southall ², Hamid Golhasany ², Ollivier Prigent ², Edeltraut Kröger ³, Nicole Anderson ⁴, Nathalie Bélanger ⁵, Inbal Itzhak ⁵ & Sylvie Belleville ²

1 École d'optométrie, Université de Montréal, Montréal, Québec, Canada; 2 Centre de recherche Institut Universitaire de Gériatrie de Montréal, Montréal, Québec, Canada; 3 Centre d'excellence sur le vieillissement de Québec, CIUSSS de la Capitale Nationale; Faculté de pharmacie, Université Laval, Québec, Québec, Canada; 4 Rotman Research Institute, Baycrest Academy for Research and Education, Toronto, Ontario, Canada; 5 Lady Davis Institute for Medical Research, Montréal, Québec, Canada

Implementing evidence-based interventions in real-world settings requires approaches that are both methodologically rigorous and responsive to local context. Participatory action partnerships and rapid qualitative methods offer promising strategies for supporting implementation in complex, multi-site environments, yet their practical utility remains under-documented. This poster describes the use of a **participatory, co-creation-driven approach** combined with rapid methods to support Phase 1 implementation planning for **Brain Health PRO (BHPRRO)**, a digital dementia risk-reduction program being **deployed across community, clinical, and public health settings** across Canada. This work illustrates how participatory and rapid approaches can be integrated within hybrid effectiveness–implementation designs to accelerate readiness for real-world rollout, strengthen trust and shared ownership between researchers and partners, and support scalable, context-sensitive implementation.

Methods

A participatory action partnership model was used to engage 14 community, clinical, and public health sites across seven Canadian provinces. Site staff, managers, and decision-makers participated in **focus groups and co-creation meetings** to identify implementation barriers and facilitators and to **co-develop tailored strategies**. Data were analyzed using the RAPID (Rapid Assessment Procedure Informed by Data) approach, enabling structured, timely synthesis and iterative feedback. Implementation planning was guided by RE-AIM, CFIR (2022), and Proctor’s implementation outcomes.

14 implementation sites across Canada

Community, clinical and public health partners serving rural and underserved populations

71% serve rural or mixed rural/urban populations

43% serve underserved populations

60 staff members engaged in co-creation across 14 sites

Diverse reach across Canada

- ✓ 14 implementation sites
- ✓ 7 provinces
- ✓ Community, clinical, and public health settings working together

Sites represent community, clinical, and public health settings across 7 Canadian provinces.

- ### Key Findings
- Participatory co-creation **strengthened ownership and feasibility**, shifting partners from informants to active co-designers and increasing implementation readiness.
 - Rapid methods enabled timely synthesis and feedback, **supporting collaborative interpretation**, just-in-time adaptation, and **sustained momentum** across sites.
 - Participatory processes generated practical implementation resources and plans that were **tailored to local contexts** and **immediately usable** by partner organizations.
 - Shared exploration of local realities and equity considerations **informed implementation** across diverse community, clinical, public health, rural, and underserved settings.
 - The combined participatory and rapid approach **accelerated readiness** for real-world implementation by compressing the pre-implementation phase while maintaining meaningful stakeholder engagement.

Implications for Implementation Science

These findings demonstrate the practical value of integrating participatory partnerships and rapid methods within hybrid effectiveness–implementation designs. The approach supports timely decision-making while preserving meaningful stakeholder engagement, enables equity-oriented tailoring, and accelerates the transition from planning to real-world implementation. By fostering shared ownership and co-design, it strengthens implementation readiness across diverse organizational settings. **This model offers a scalable strategy for implementing digital health interventions in complex, multi-site environments and may be particularly valuable for initiatives targeting underserved or heterogeneous populations.**

Damschroder LJ, Reardon CM, Widerquist MAO, Lowery J. *The updated Consolidated Framework for Implementation Research based on user feedback*. Implement Sci. 2022;17(1):75.

Working together with community partners helped make Brain Health PRO more practical, relevant, and ready for real-world use

Our Participatory Approach in Action

A collaborative journey with 14 partnered sites across Canada

1. Engage

Built trusting relationships with site staff and champions

2. Explore Together

Listened to local contexts, needs, and priorities

3. Co-Create

Developed solutions together through collaborative meetings and feedback cycles

4. Plan Together

Tailored implementation plans that reflect local realities and shared decisions

5. Strengthen Capacity

Built confidence, skills, and ownership for implementation

6. Advance Readiness

Sites are better prepared to implement and sustain programs

60 staff members engaged

14 focus groups across sites

28+ co-creation meetings

Lessons Learned

What Strengthened Our Partnerships

- Early and ongoing engagement of local champions
- Co-creation meetings that valued staff expertise
- Returning Phase 1 findings to sites and discussing together
- Flexibility to adapt to diverse local contexts
- Shared decision-making and transparency

What We Could Do Better

- Engage organizational leadership and decision-makers earlier
- Allow more time for onboarding and relationship building
- Plan for technology needs and training earlier in the process
- Clarify roles, expectations, and communication pathways sooner
- Provide additional support for sites with limited capacity

Strong partnerships • Shared understanding • Practical tools • Increased capacity = Enhanced Implementation Readiness

Working together to deliver brain health programs that are relevant, equitable, and sustainable.