What is ACCORDS?
Adult and Child Center for Outcomes Research and Delivery Science

ACCORDS is a ‘one-stop shop’ for pragmatic research:

• A multi-disciplinary, collaborative research environment to catalyze innovative and impactful research
• Strong methodological cores and programs, led by national experts
• Consultations & team-building for grant proposals
• Mentorship, training & support for junior faculty
• Extensive educational offerings, both locally and nationally
## ACCORDS Upcoming Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Title</th>
<th>Details</th>
</tr>
</thead>
</table>
| March 20, 2023 | Methods and Challenges in Conducting Health Equity Research                 | *Virtual*  
Using Mixed Methods to Understand Nuance in Disparities Work: Photovoice and Medicaid Studies  
*Presented by:* Margarita Alegria, PhD (Mass. General Hospital/Harvard Medical School) |
| April 5, 2023  | Hot Topics in Mixed Methods and Qualitative Research                        | Ed 2 North Room 1107  
Using Longitudinal Qualitative Data and Cross-Sectional Quantitative Data to Understand Maternal Immunization Decision-Making  
*Presented by:* Rupali Limaye, PhD (JHU Bloomberg School of Public Health) |
| May 3, 2023    | Hot Topics in Mixed Methods and Qualitative Research                        | *Virtual*  
And Then A Miracle Happens: Getting Into The Complexity Of Mixed Methods Designs And Approaches  
*Presented by:* Jodi Summers Holtrop, PhD |
| June 5-6, 2023 | COPRH Con 2023 – Registration open at COPRHCon.com                          | Reassessing the Evidence: What is Needed for Real World Research and Practice |

*all times 12-1pm MT unless otherwise noted
Harm Reduction Story Sharing with People Who Use Drugs: Visual Narratives Designed to Promote Overdose Prevention and Destigmatize Drug Use

Presented by:
Marty Otañez, PhD
Medical anthropologist/videographer

Visual, ethnographic, qualitative, decolonized approaches

Digital storytelling as a research method, StoryCenter.org

Scholar activist; ‘thick solidarity’
HAVE YOU USED PSilocybin ('MAGIC') MUSHROOMS IN THE PAST YEAR?
And, are you a person of color or a low-income individual in Colorado?

JOIN OUR RESEARCH STUDY
Complete a 60-minute videotaped interview and receive a $50.00 King Soopers gift card
(COMIRB #22-1797)

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• **Naloxone Champions**: Digital Success Stories of Reversing Opioid Overdoses in Colorado (N=76; summer 2021)

• CDPHE-funded evaluation project

• Designed to increase knowledge of the importance of naloxone in reducing the number of opioid overdoses in CO

• Andrew Norman Otañez (1986-2016)
PLAN OF ACTION

- Watch 2 short videos
- Discuss videos and methods
- Examine challenges and concerns
WATCH VIDEOS

Andrew (Alamosa), ‘More Lives Than a Cat”

Betsy (Denver), ‘DUI”
THEMES

Andrew
- Excessive overdoses
- Narcan saves lives
- Heroin as suicide prevention
- Societal stigma

Betsy
- Heroin overdose
- Driving under the influence
- Stigmatized by first responders
- Peer support
Naloxone Champions

Click on the cities below to watch a series of short videos about overdose reversal with Narcan/Naloxone, harm reduction and destigmatization of people who use drugs in Colorado.

- **Alamosa, Colorado** (17 videos)
- **Glenwood Springs, Colorado** (7 videos)
- **Fort Collins, Colorado** (9 videos)
- **Denver, Colorado** (15 videos)
- **Pueblo, Colorado** (17 videos)
- **Grand Junction, Colorado** (11 videos)

- Administer 5 web-based digital storytelling workshops (25 hours each workshop) featuring 50 individuals
- Convene a committee of 6 informal project advisors ($500 ea; 5 hours)
- Evaluation project (now approved by human subjects committee @ UCD)

This was a video-based project to destigmatize Narcan (Naloxone) and promote harm reduction strategies in Colorado. Story themes included opioid use, overdose prevention and Narcan (Naloxone) as a life-saving medication.
PROJECT SITES

Harm Reduction Action Center, Denver
Colorado Village Collaborative, Denver
Northern Colorado Health Network, Fort Collins
Southern Colorado Health Network, Pueblo
High Rockies Harm Reduction, Glenwood Springs
San Luis Valley Area Health Education Center, Alamosa
METHODS

- Library/literature review
- Digital storytelling
- Semi-structured interviews
- Community video screenings
- Guided audience-storytellers discussion and Q/A
- Short survey at screenings
- Web survey
Method and process for creating videos with 1st person narration, images, text and music
Intersects with photovoice approaches, telenovelas, video diaries, therapeutic videos
Individuals produce DS w support from facilitators in a workshop setting (e.g., 24 hours)
Voice, greater sense of self, control in hands of storyteller; story circle DS soul; collective solidarity
Concerns: Influence of co-facilitators on story creation, and process tends to produce sad stories
Problem 1. Public health messages forced into personal stories

- ‘reduce drug use;’ ‘seek treatment for addiction’
- ‘carry Narcan,’ ‘giving free syringes is not enabling’

Prioritizing evidence-based health messaging in participants’ narratives undermines voices of storytellers and authenticity of digital stories

Find a balance bw crafting health communication resources and honoring individuals’ genuine lived experiences

Provide space for participants to share experiences and not be used as public health props
Problem 2. Identification of story prompt consistent with project themes and interests of study participants

A story prompt that is too narrow OR too broad may create confusion among participants

Discuss prompt with storytellers and alter on an as needed basis

Begin workshop with a five-minute writing exercise with a story prompt to determine if prompt fits with group members and their experiences
Problem 3. Use of appropriate technology and supplies

Stable wifi required

XLR microphones, laptop computers with chargers and extension cords

WeVideo, Audacity, and web-based folders for file sharing

Use of personal images (original files) and copyright free music

Coffee, water, light breakfast, snacks, lunch and beverages
Due to recruitment challenges for workshops, project pivoted to the semi-structured interview method.
Story Collection Process (20 July-31 August)

• 1 DS workshop (16 hrs) with 6 people (GJ)
• 4 hours at 7 sites (70 storytellers; 5 visits per site; 4K miles)
• Table or project poster w project details, consent form and gift card tracking form; pre-screening
• 30-minute audio recorded conversations; informed by an interview guide
• Lapel mic or mic on a stand connected to digital audio recorder
• 65 of 76 participants chose audio only
Share a time when you or a person you know overdosed and Narcan was used.

Have you ever been stigmatized because of your use of heroin?

Tell me about the syringe exchange program and why you are here today.

THEMES
• Naloxone, when available, works
• Repeat overdoses
• Alternative practices to reverse overdoses (e.g., cold water, ice in/around private parts, slapping, meth injection)
• Community; care for each other
• Chronic stigmatization
• Harmful practices- using alone, mix heroin with fentanyl and other substances
SECONDARY THEMES

- Fentanyl; blues
- Loneliness/isolation
- Drug use as suicide prevention
- Intentional overdoses

DRAFT VIDEO FEEDBACK GUIDE

- What worked well in the video?
- What could be improved in the video?
- Is there any info presented by storyteller that needs to be addressed bc it is not factual?
- Suggestions for resources in video
Problem 1. Avoid trauma porn

• People who use drugs may present themselves as experiencing trauma or other mental health challenges; avoid exoticization

• Check in with participant; if necessary, stop interview and connect person with health worker. Offer a resources handout

• Discuss cases with advisory committee members to obtain input
Problem 2. Destigmatize PWUD without Restigmatizing

- PWUD may self-stigmatize (‘junkie,’ attempt naloxone injection with cap on)
- Strike a balance bw discriminatory self-representations and counter-storytelling themes
- Consult with advisory committee members on draft stories/interview transcripts to address self-stigmas
Problem 3. Ethics and Representations

Do no harm; participants should not experience hardship due to involvement in projects (loss of employment, retraumatization)

Consent/recording release forms necessary but insufficient

High likelihood that several participants were active users during interviews (vulnerable but likely easier for them to converse)

Communication & guidance from on-site health workers

Use of personal rather than stock images is ideal
ONGOING WORK

- Write-up using interpretive analysis
- Publish a book-length graphic novel
- Produce a methods video
- Complete peer support training
- Build support for end war on drugs, stop criminalization of PWUD, safe drug supplies and overdose prevention sites (HB23-1202); www.codpc.org
Acknowledgments

- Harm Reduction Action Center
- Colorado Village Collaborative
- Northern Colorado Health Network
- Southern Colorado Health Network
- High Rockies Harm Reduction
- San Luis Valley Area Health Education Center

**Advisory committee members**: Shannon Robinson, Lisa Raville, Maggie Seldeen, Steve Koester, Sarah Money, Angela Lee-Winn, Mary Ozanic

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