

Brief Encounters with the Taos Institute

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This month we welcome Kristin Bodiford (Taos Associate) and Celiane Camargo-Borges (Taos Board Member) as they share with us their work on collaborative design research:

Collaborative Design Research in Uganda: Strengthening Health & Health Services



By Kristin Bodiford and Celiane Camargo-Borges

In 2014, we were invited to travel to Uganda to participate in a collaborative project with two organizations to explore the “Beauty of Uganda” through Photovoice.

Four years later, we were once again delighted to work together in Uganda, this time in a collaboration between Dominican University in the U.S. and Health Nest Uganda (HENU).

The research focused on strengthening health and health services from the point of older persons and health professionals. We ask, “What are the best practices, the best stories, the best resources that the community can support and expand?” In this research, we worked together with our students and partners along with older persons, their families, health professionals, and the community in general to explore new possibilities on the topic. With a relational view on research we weren’t just interested in collecting data and creating knowledge, but also in mobilizing people to engage, reflect, and build upon existing strengths to improve health across the life course.



Embracing a constructionist view on research, we both hold relationality, creativity, and imagination as drivers for engagement, evoking multiple meanings to form new realities rather than just representing them (Camargo-Borges, 2017). The idea is that researchers and participants together can find ways of *designing* research and practices from the perspective of the local context and from what people determine is most useful to them (Bodiford and Camargo-Borges, 2014).



This view on research requires the re-unification of many oppositions such as description and construction, fact and value, body/heart/mind, knowledge and power, inquiry and intervention, researcher and researched, process and outcome. It is not just about discovering or producing knowledge, but also promoting relationships and engagements with people and inviting them to join the research process (Lincoln & Guba, 2013). In this way, they add their own perspective, context and knowledge and therefore, what emerges fits the reality of all involved.

Our collaborative design research followed the steps of design thinking which embraces three phases:

Inspiration: Design. Exploring the topic more deeply, framing research questions, and preparing to work as a team. The general topic was defined by the Older Persons Groups that identified four areas of health that were most important to them as they work together to promote healthy and active lifestyles for themselves, their families, and their communities.

Ideation: Data collection. The research teams visited the homes of old persons, health clinics and hospitals and engaged in Appreciative Conversations about the stories and actions people were taking to improve their own health, the health of their families, and the health of their communities. The invitation for the research was to collect stories of success, how people were addressing challenges, and how people want to move forward.

Implementation: Making sense of data and creating action. Data from the Appreciative Conversations were analyzed in order to develop possible themes for further exploration. Besides co-creating data and opportunities for action, we believe there is also an ethical obligation to share the knowledge produced by communicating in an accessible language that goes beyond the academic world, and by engaging all voices in productive dialogue. With this intention in mind, on the last day of research, the research team, members of the Older Persons Groups, and the health clinic staff came back together to make sense of the themes, share stories around the themes, and develop actions plans to strengthen health and services for older persons, their families, and their community. These included actions around strengthening family and intergenerational relationships, supporting family and community carers, promoting clinic community collaboration, supporting health professional and service development, increasing engagement and awareness and supporting healthy living practices, and increasing engagement and empowering Older Persons Groups. These action plans will be communicated back to the broader community for their ongoing input and engagement.

This collaborative research in Uganda is an illustration of the way we combine research and intervention; an illustration of what we are calling designing research, a research that co-creates knowledge *and* supports generative action.

References:

Bodiford, K. and Camargo-Borges, C., (2014) "Bridging Research and Practice: Designing Research in Daily Practice," *AI Practitioner*.

Camargo-Borges, C. (2017). Creativity and Imagination: Research as World Making! in: *"Handbook of Arts-Based Research"*, Patricia Leavy (editor). Guilford Press. Part I, chapter VI, Pages 88-100.

Lincoln, Y.S. & Guba, E.G. (1989). *Naturalistic inquiry*. Thousand Oaks, CA: Sage Publications.