Co-Creating Inclusive Health Services: Practical Insights from Working with Middle-Aged and Older Adults, and People with Disabilities

Lessons learnt from the Sexual Health in Older Adults project

9th December 2025

London School of Hygiene and Tropical Medicine
Yoshiko Sakuma

What we aim to cover

How to co-create inclusive health services for:

Middle-aged and older people

People with disabilities

Sexual Health (stigmatised topic)

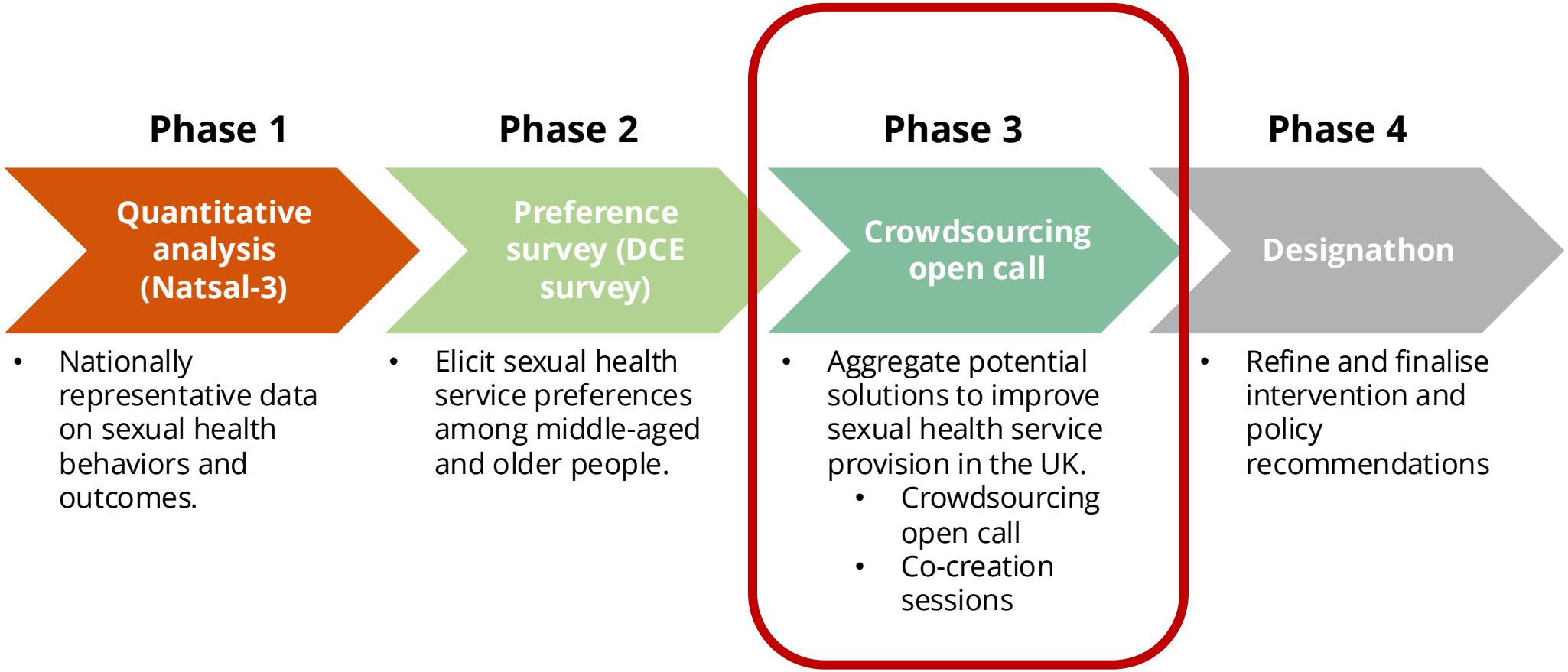
Backgrounds

- Health must be respected, protected and fulfilled regardless of age, ethnicity, or disability[1,2].
- However, middle-aged and older adults, including people with disabilities, are rarely engaged in helping to develop health services to meet their needs[3,4].
- We used co-creation to develop ideas to inform more inclusive sexual health services for middle-aged and older adults (adults 45+) in England.

(2021-2024, LSHTM)

(1) World Health Organization. Sexual health. World Health Organization; 2025. Available at https://www.who.int/health-topics/sexual-health#tab=tab_2 (2) World Health Organization. Ageing and Health. World Health Organization; 2022. Available at https://www.who.int/news-room/fact-sheets/detail/ageing-and-health (3) Goodwin VA, Low MSA, Quinn TJ, Cockcroft EJ, Shepherd V, Evans PH, et al. Including older people in health and social care research: best practice recommendations based on the INCLUDE framework. Age Ageing 2023; 52(6): afad082. doi:10.1093/ageing/afad082 (4) Macleod F. Involving disabled people in social research: guidance by the Office for disability issues: HM Government; 2011.

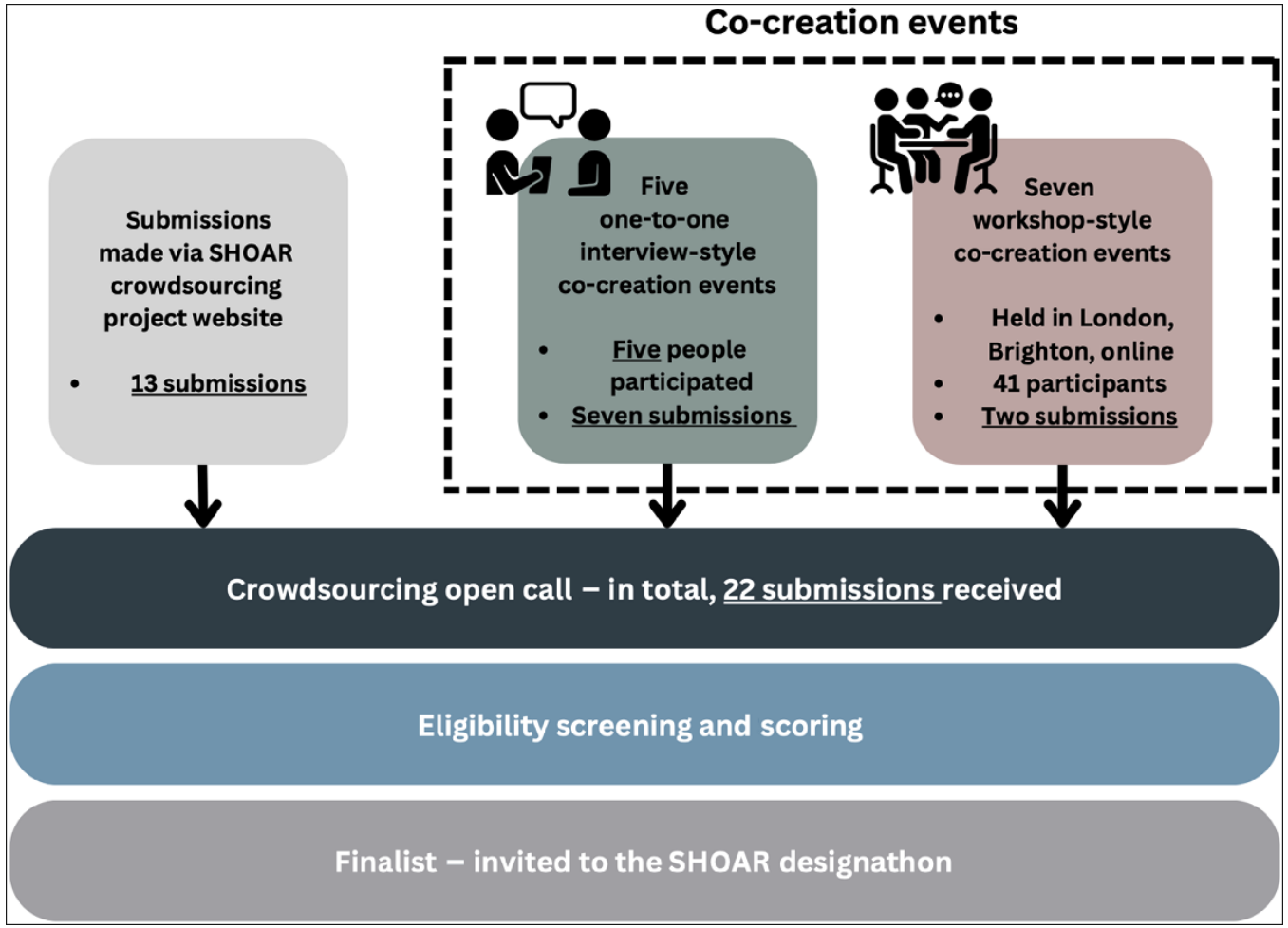
Methods: Sexual Health in Older Adults Project



Methods: Crowdsourcing & Co-creation activities

- During April and May 2023
- Discussion topics were co-developed iteratively.
- Sessions were co-facilitated by **four community facilitators**.
  - Three middle-aged and older adults with disabilities
  - One healthcare professional

The implementation of the co-creation activities was evaluated through a short survey.



(Y Sakuma et al., *Sexual Health*, 2025)

Results: Identified Strengths and Challenges

STRENGTHS

1. Shared informed decision-making

2. Co-leadership for conducting the research activities

3. Importance of co-facilitation

CHALLENGES

1. Ensuring the venue/Info is accessible to all

2. Recruitment of participants for a stigmatised topic

3. Need more time for the co-creation session

4. Integrating co-creation into existing activities

Results: Strengths

STRENGTHS

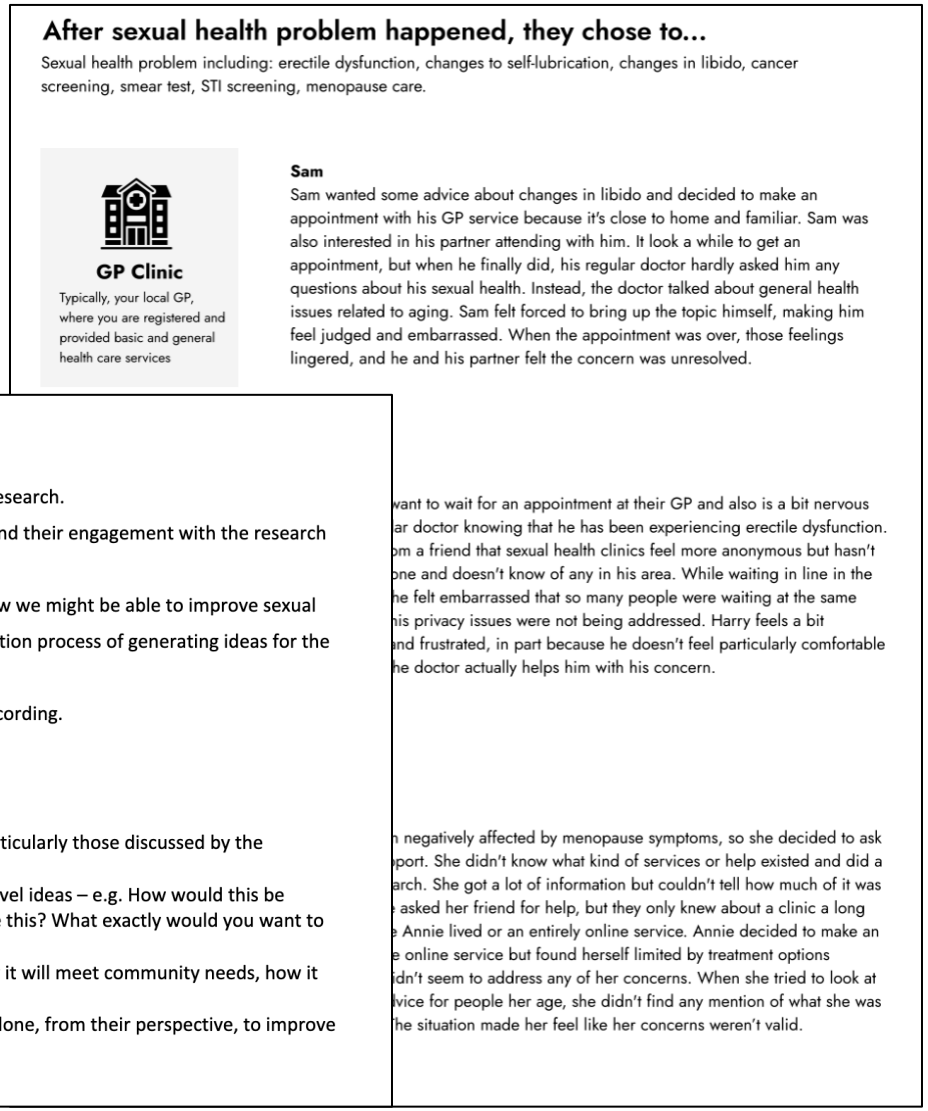
1. Shared informed decision-making

2. Co-leadership for conducting the research activities

3. Importance of co-facilitation

Strengths: (1) Shared informed decision-making on format, and contents

- Make shared-informed decision-making to meet individual needs.
- **<u>Flexibility of workshop structure and contents</u>**.



After sexual health problem happened, they chose to...

Sexual health problem including: erectile dysfunction, changes to self-lubrication, changes in libido, cancer screening, smear test, STI screening, menopause care.

GP Clinic

Typically, your local GP, where you are registered and provided basic and general health care services

Sam

Sam wanted some advice about changes in libido and decided to make an appointment with his GP service because it's close to home and familiar. Sam was also interested in his partner attending with him. It look a while to get an appointment, but when he finally did, his regular doctor hardly asked him any questions about his sexual health. Instead, the doctor talked about general health issues related to aging. Sam felt forced to bring up the topic himself, making him feel judged and embarrassed. When the appointment was over, those feelings lingered, and he and his partner felt the concern was unresolved.

INTRODUCTION

- Thank the participant for agreeing to participate in the research.
- Speak with participant about how they were identified and their engagement with the research project and/or research partners to build rapport.
- Explain that the purpose of the research is to explore how we might be able to improve sexual healthcare for adults 45+ in the UK. Describe the co-creation process of generating ideas for the call for ideas.
- Confirm consent to participate in the study and begin recording.

IF RELEVANT: CONTINUTING THE CONVERSATION

- Revisit topics and ideas covered in previous sessions, particularly those discussed by the participant.
  - Prompt for additional details of previous, high-level ideas – e.g. How would this be implemented? Who do you think should manage this? What exactly would you want to change/happen in these settings?
  - Expand on the suggestion, exploring how exactly it will meet community needs, how it might be adaptable.
  - Discuss level by level of what would need to be done, from their perspective, to improve sexual healthcare for adults 45+.

want to wait for an appointment at their GP and also is a bit nervous
ar doctor knowing that he has been experiencing erectile dysfunction.
om a friend that sexual health clinics feel more anonymous but hasn't
one and doesn't know of any in his area. While waiting in line in the
he felt embarrassed that so many people were waiting at the same
his privacy issues were not being addressed. Harry feels a bit
nd frustrated, in part because he doesn't feel particularly comfortable
he doctor actually helps him with his concern.

n negatively affected by menopause symptoms, so she decided to ask
port. She didn't know what kind of services or help existed and did a
arch. She got a lot of information but couldn't tell how much of it was
asked her friend for help, but they only knew about a clinic a long
Annie lived or an entirely online service. Annie decided to make an
online service but found herself limited by treatment options
idn't seem to address any of her concerns. When she tried to look at
dvice for people her age, she didn't find any mention of what she was
he situation made her feel like her concerns weren't valid.

Strengths: (2) Co-leadership for conducting the research activities

- Distinct from surface-level engagement
- **Co-created the project from start to finish** through shared ownership.

"Disability organisations are regularly asked for research participants in a 'faceless way' and felt that the 'research team's presence helped to address that perception among participants [Facilitator 3]"

"To understand that this isn't 'public sector duty' research, but a 'real project' that's going somewhere [Facilitator 2]"

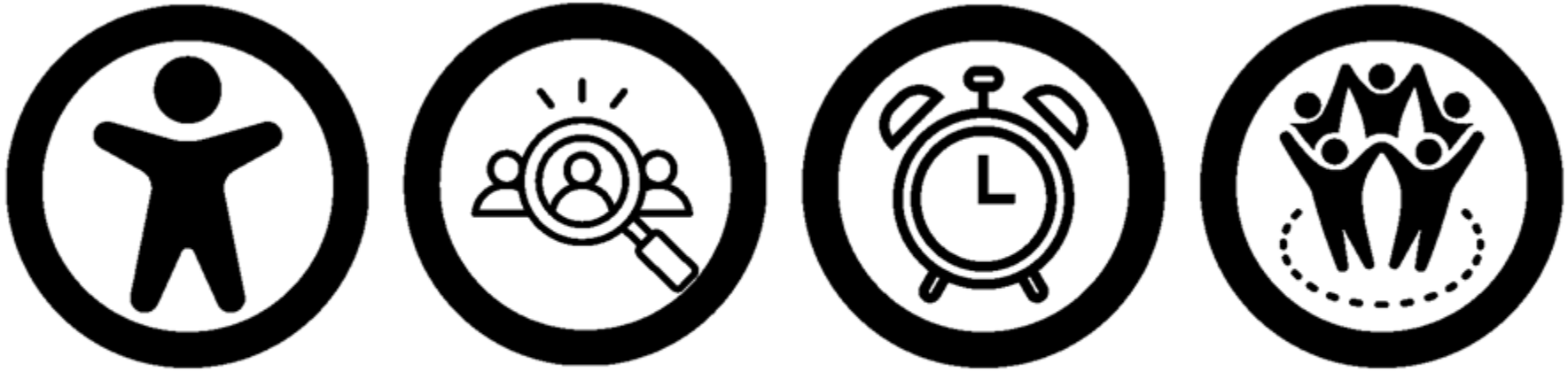
Strengths: (3) Importance of co-facilitation

- Co-facilitation was highly valued by middle-aged and older people and disabled adults.
- Create a safe space to discuss
- Importance of **“mutual learning”**

”Participants noted they enjoyed it and felt they learned things… [and] the research has triggered a number of follow-on conversations. [Facilitator 1]”

Results: Challenges

CHALLENGES



1. Ensuring the venue/Info is accessible to all

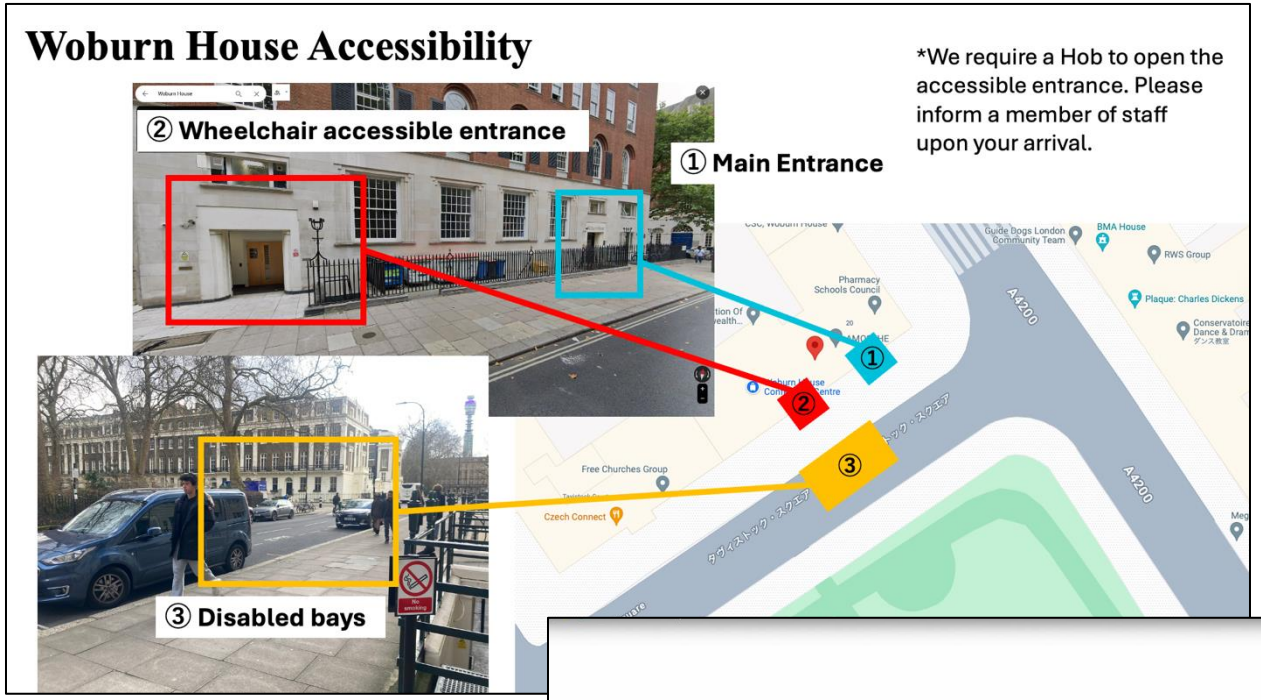
2. Recruitment of participants for a stigmatised topic

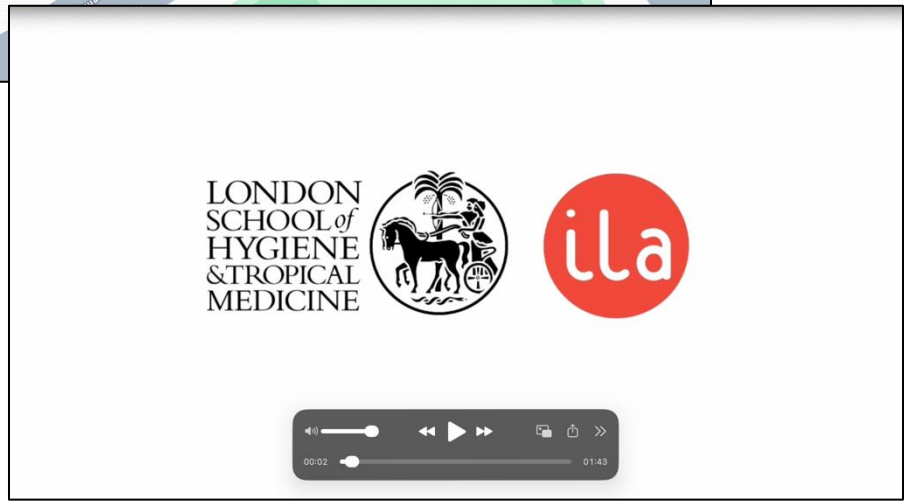
3. Need more time for the co-creation session

4. Integrating co-creation into existing activities

Challenges: (1) Ensuring the venue/information is accessible to all

- Providing an accessible venue/information and coordinating attendance were the most difficult aspects.
  - Barriers included transport, parking, and building accessibility for disabled participants.
- **<u>Providing virtual workshops and interviews</u>** helps to mitigate these challenges.
- **<u>Offered technical support</u>** to reduce digital barriers.





Challenges: (2) Recruitment of middle-aged and older adults for a stigmatised research topic

- It was very challenging to recruit middle-aged and older people from the communities where sexual health remains a taboo subject to talk about.
- **<u>Approaching and working with community gatekeepers</u>** helps to break down misconceptions about 'sexual health'.

Challenges: (3) Need more lead time and support for co-creation sessions

- Co-creation workshops **required more lead time** to plan inclusive materials and activities, especially for disabled participants.
- Additional time would've provided more opportunity to get more feedback.

Challenges: (4) Integrating activities into existing community activities

- Only able to coordinate one group workshop within the regularly scheduled community support group.
  - But clearly produced richer, more in-depth discussions.
- Building trust with community groups takes time.
- **<u>Need more early engagement with community champions</u>** for relationship-building.

Take-home message

- **Middle-aged and older people, including people with disabilities, have been hugely marginalised** from co-creation, social innovation, and participatory research.
- Meaningful innovation happens **when communities lead, not just participate**.
- **Shared decision-making, co-leadership, and co-facilitation** would be key elements of successful participatory activities to co-create inclusive health services.

Methodology paper

Sexual Health in Older Adults Research

Thank you!

Yoshiko.Sakuma@lshtm.ac.uk

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE