Advancing Implementing Science with a Health Equity Perspective

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SOPHE 2020-2021 President

Presentation Topics

- Implementation Science (IS)
- Health Equity
- Commonalities between IS and Health Equity
- Research and Practice Challenges with Implementation Science
- Recommendations for Advancing IS with a Health Equity Lens

Implementation Science

Implementation science seeks to understand and influence how scientific evidence is put into practice for health improvement

-Brownson

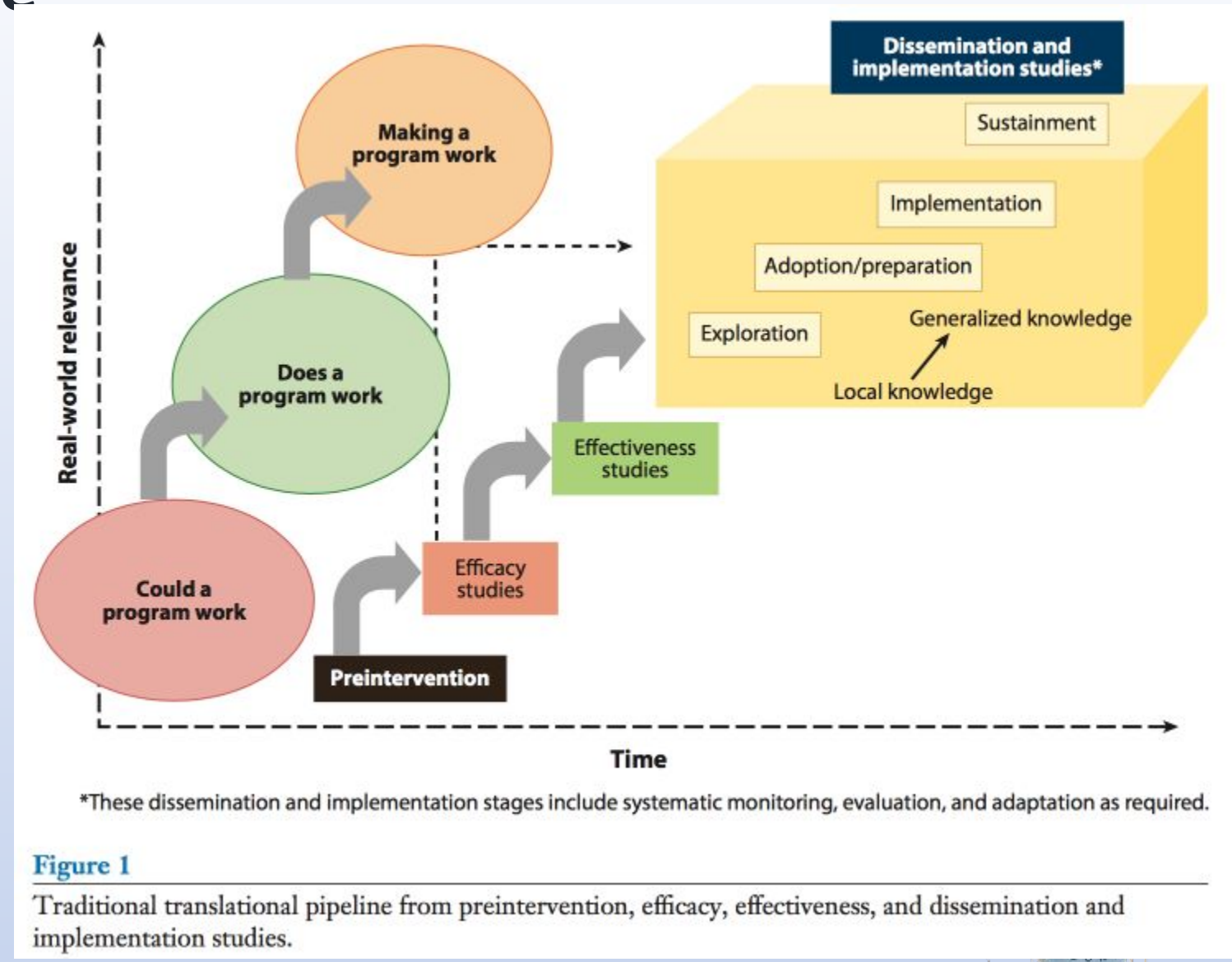


Figure 1

Traditional translational pipeline from preintervention, efficacy, effectiveness, and dissemination and implementation studies.

What is health equity?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

-RWJF

Health Equity and [COVID-19]

Racial and Ethnic Dis
Among Persons Aged
–December 31, 2020

Weekly / March 19, 2021 / 70(11):382–388

On March 10, 2021, this report was posted onl

Miriam E. Van Dyke, PhD[1,2,*]; Maria C.B. Mendo
Aguilar, PhD[3,4]; Kristie E.N. Clarke, MD[2,4] (View a

View suggested citation

Summary

What is already known about this topic?

U.S. racial and ethnic minority groups have b

What is added by this report?

Racial and ethnic disparities in COVID-19 inci
pandemic. Disparities were substantial durin
because of a greater increase in incidence among white persons, rather than a decline among racial and ethnic minority groups. The largest persistent disparities involved Native Hawaiian and Pacific Islander, American Indian or Alaska Native, and Hispanic persons.

Coronavirus (15 Videos)

Views:

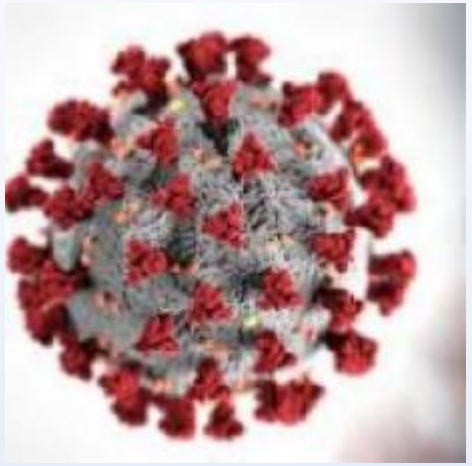
Views equals page views plus PDF downloads

Why coronavirus is devastating for the Navajo Nation

The Lead

The Navajo Nation has surpassed New York and New Jersey for the highest per-capita coronavirus infection rate in the US -- another sign of Covid-19's disproportionate impact on minority communities. Source: CNN

Health Equity and [COVID-19]



Social Determinants of Health

Commonalities of Implementation Science & Health Equity

- Shared goals of striving to improve quality of programs and services for multiple communities

- Both fields emphasize the importance of contextual factors in shaping these inequities and value multi-level approaches to address inequities

Challenges in Implementation Science (Health Equity)

Some Challenges in Implementation Science related to Equity

Limited Evidence Base

- Evidence-based interventions are limited and do not address all populations or context (lack of diversity)
- EBI generally focus on risks or diseases instead of upstream factors (i.e., social determinants of health)
- Limited understanding of policy implementation

Underdeveloped Measures and Methods

- Limited measures with a focus on equity
- Designs: RCTs do not work for all types of interventions such as policies

Expand Attention to Context

- Focused more on micro and mezzo (organization) factors
- Limited assessment of macro-level factors related to implementation (history, culture, economics and policy)

Examine Implementation outcomes with an Equity Len

- Examination of health equity in health care delivery has focused on services outcomes (effectiveness) and patient-level outcome(e.g., satisfaction, functioning,)
- Need to focus on other implementation outcomes (Procter et al, 2011) such as feasibility, fidelity, penetration, acceptability, sustainability, uptake, and cost of EBIs with a health equity lens

Brownson *et al.* Implementation science should give higher priority to health equity. *Imp Sci* **16,** 28 (2021). Baumann & Cabassa. 2020. Reframing implementation science to address inequities in healthcare delivery. *BMC health services research*, *20*(1), pp.1-9

Reframing IS in Healthcare Delivery Recommendations

1. Focus on reach from the beginning
2. Design and select intervention for vulnerable populations with implementation in mind
3. Implement what works and develop implementation strategies that can help reduce inequities in care
4. Develop the science of program adaptation
5. Use an equity lens for implementation outcomes

Baumann & Cabassa. (2020). Reframing implementation science to address inequities in healthcare delivery. *BMC health services research*, *20*(1), pp.1-9.

Recommendations for Advancing IS to achieve Health Equity

The Next Frontier and Imperative

5 Recommendations to Advancing IS to achieve Health Equity

1. Practice Co-creation and Community Engagement in IS work
2. Infuse Health Equity into our Theories and Frameworks
3. Design IS Research that focuses exclusively on Populations experiencing Disparities
4. Embrace Practice-based Evidence
5. Train our Workforce and Foster Professional Development in IS and Health Equity

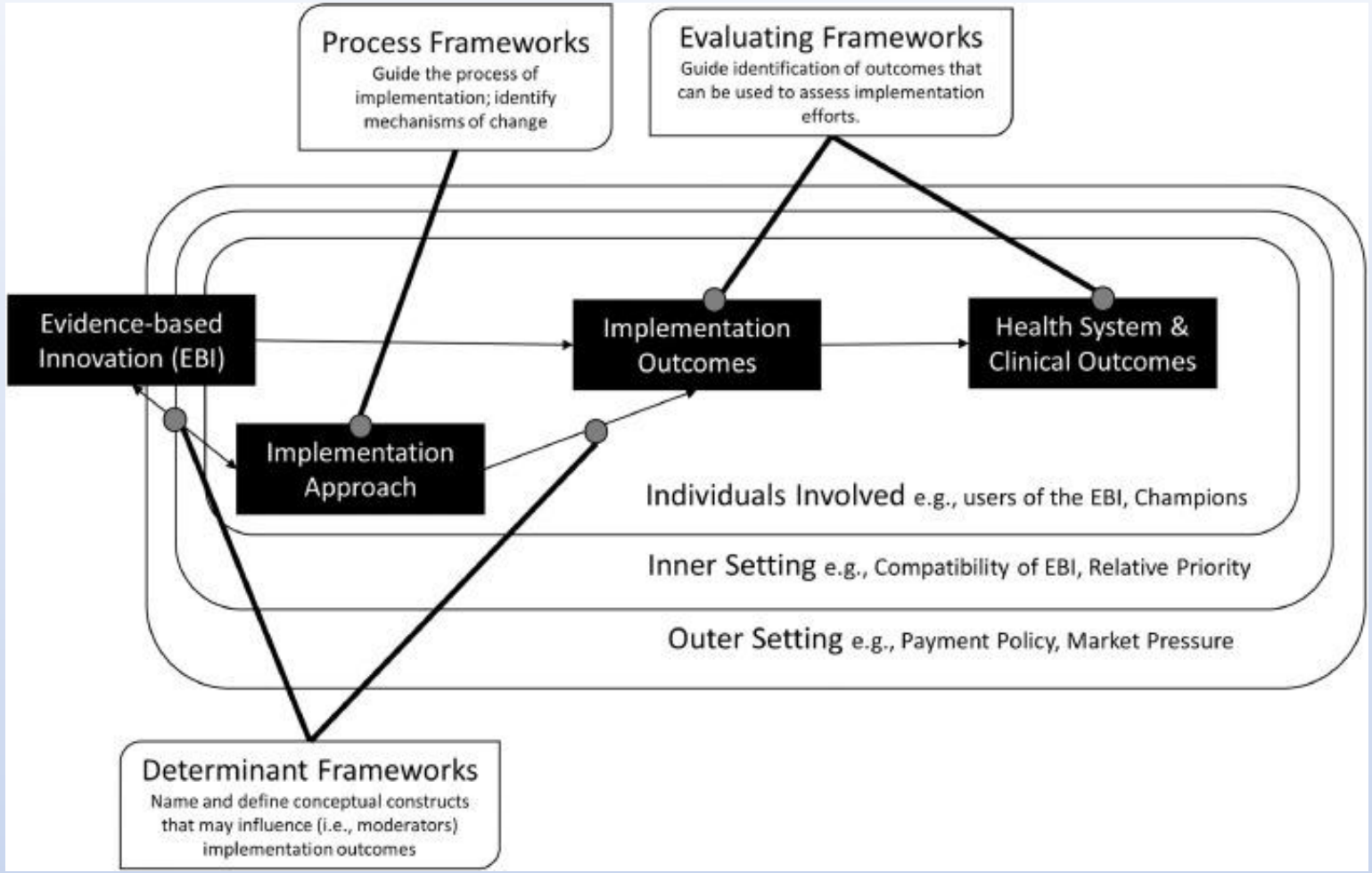
1) Practice Co-creation and Community Engagement in IS work

- Shift from research **for** communities and changes **to** practices to **with**
- Co-create the research agenda, research process, relationships, and implementation with stakeholders to achieve more equitable outcomes
- Create the infrastructure and conditions needed for the sustainable use of evidence
- Use participatory strategies:
  - Stakeholder engagement and advisory boards
  - Community-based participatory/engaged research
  - Qualitative data collection
  - Mixed methods approaches

Co-creation is the development of a "shared body of usable knowledge" across scientific, governance, and local practice boundaries (Kerkhoff & Lebel,2015)

Participation is a health equity **driver**

2) Infuse Health Equity into our IS Theories and Frameworks

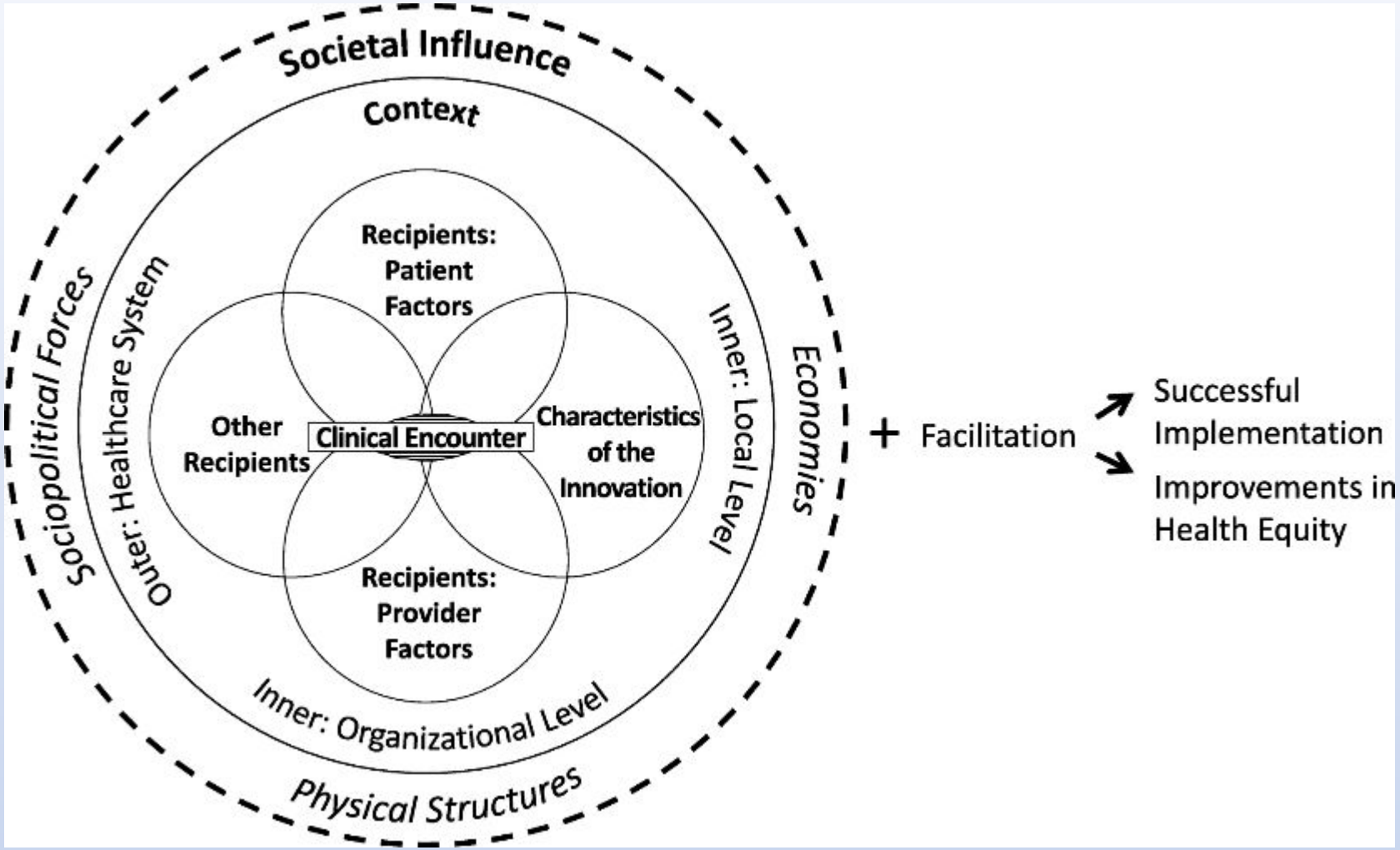


Tabak et al (2012) reviewed over 61 D&I Frameworks (dissemination-implementation.org)

Few (~4) address health equity as a construct

Damschroder, L.J., 2020. Clarity out of chaos: use of theory in implementation research. *Psychiatry research*, *283*, 112461.

Health Equity Implementation Framework

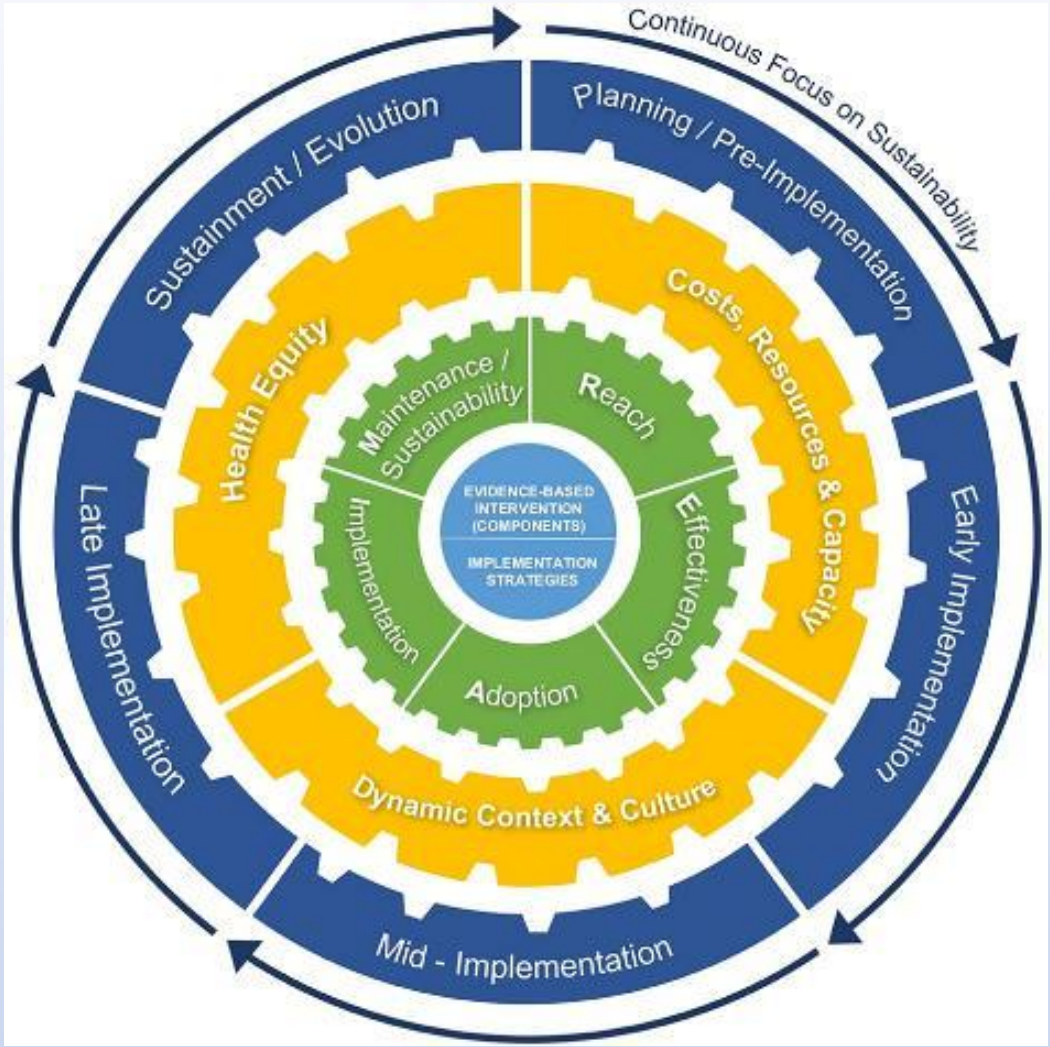


Health Care Disparities Framework
+
i-PARIHS (Integrated-Promoting Action on Research Implementation in Health Services)

Woodward, et al. 2019. The health equity implementation framework: proposal and preliminary study of hepatitis C virus treatment. *Impl Sci*, *14*(1), pp.1-18.

RE-AIM Extension

- RE-AIM is an evaluation IS framework that measures 5 implementation outcomes of interventions
- Developed in 1999 and employed in many EBI evaluations
- Recent article expanding the framework to consider health equity and costs related to evidence-based interventions



Shelton, R.C., Chambers, D.A. and Glasgow, R.E., 2020. An extension of RE-AIM to enhance sustainability: addressing dynamic context and promoting health equity over time. *Frontiers in Public Health*, *8*, p.134.

Frame Indicators around Health Equity

Reach

Indicators: Number, proportion, representativeness of individuals who participate in EBI.
Key Questions: Who was the intended audience and who actually participated? Why or why not? How can we better reach them and engage with them?
Health Equity Considerations: Are all populations equitably reached by the EBI? Who is not reached by the EBI (in terms of a range of social dimensions and social determinants of health) and why? How can we better reach those who are not receiving the EBI and ensure we are reaching those who experience inequities related to social dimensions and social/structural determinants of health?
Sustainability Considerations: Who is/isn't reached by the EBI at various time points over time? (e.g., iterative measurement of Reach). Why or why not?

Effectiveness

Indicators: The impact of an intervention on important health behaviors or outcomes, including quality of life (QOL) and unintended negative consequences; consider heterogeneity of effects.
Key Questions: Is the EBI effective? For whom? Are there any negative and/or unintended effects?
Health Equity Considerations: Are the health impacts experienced equitable across all groups on the basis of various social dimensions and social/structural determinants of health- why or why not? Do certain groups experience higher levels of negative effects or burdens?
Sustainability Considerations: Does the EBI continue to be effective at various time points over time? Among whom?

Adoption

Indicators: The number, proportion, and representativeness of: (a) settings; and (b) staff/interventionists who deliver the program, including reasons for adoption or non-adoption across settings and interventionists.
Key Questions: Where was the EBI applied and by who? Which sites/staff were invited and which excluded? Which participated and not? Why? How can the setting/context/staff be better supported to deliver the EBI?
Health Equity Considerations: Did all settings equitably adopt the EBI? Which settings and staff adopted and applied the EBI? Which did not and why? Were low-resource settings able to adopt the EBI to the same extent as higher-resource settings? What adaptations might be needed to facilitate adoption?
Sustainability Considerations: Which settings/staff continue to deliver the EBI over time? Which do not and why?

3) Design IS research that focuses exclusively on populations experiencing disparities

- Equal access is not equity; Interventions should **be tailored** to needs of specific population

- Addressing equity requires the **twin approach**
  - Population level strategies
    +
  - Targeted and culturally tailored interventions designed to address subpopulations with the highest disease rates

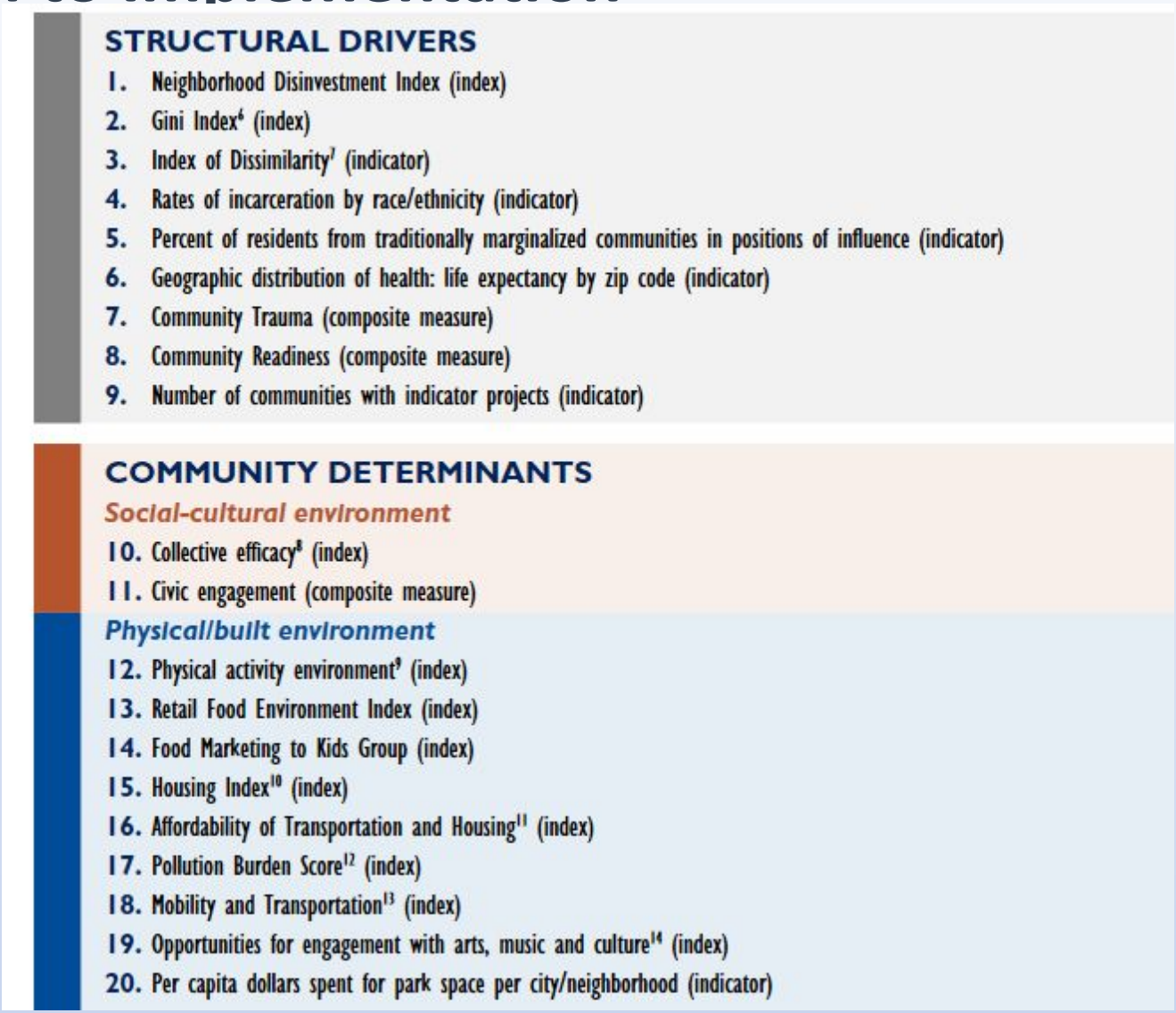
Federally qualified health centers, rural areas/organizations, local public health departments

Seek to answer Questions and Measure Indices related to Equity in addition to Implementation

Do policies that reduce exposure for a disadvantaged community to health damaging factors work?

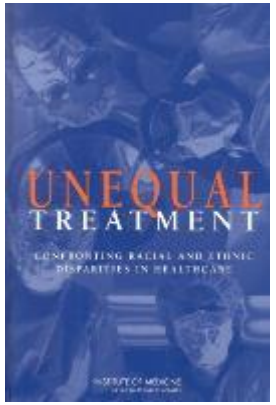
Do multi-level interventions increase knowledge, motivation and vaccination?

Do mobile vans increase access to screening? For which communities?



Where does Health Equity fit in our IS work?

- Determinant
- Process
- Outcome



4) Embrace Practice-based Evidence and Practice Stakeholders

- Value tacit knowledge or qualitative narrative from the field that a program or approach works assist in its evaluation (i.e., evaluability assessments)
- Share power so that voices are equal: those who implement practice, those who evaluate practice and those who benefit from practice equitable implementation
- Understand their context and realities in IS work (e.g., low resource settings, types of implementers)
- Build the community's capacity in IS and health equity

If we want more
evidence-based practice,
we need more
practice-based evidence.

-Larry Green, DrPH

5) Train our Health Education Workforce and Foster Professional Development in IS and Health Equity

Evidence-based public health into workforce

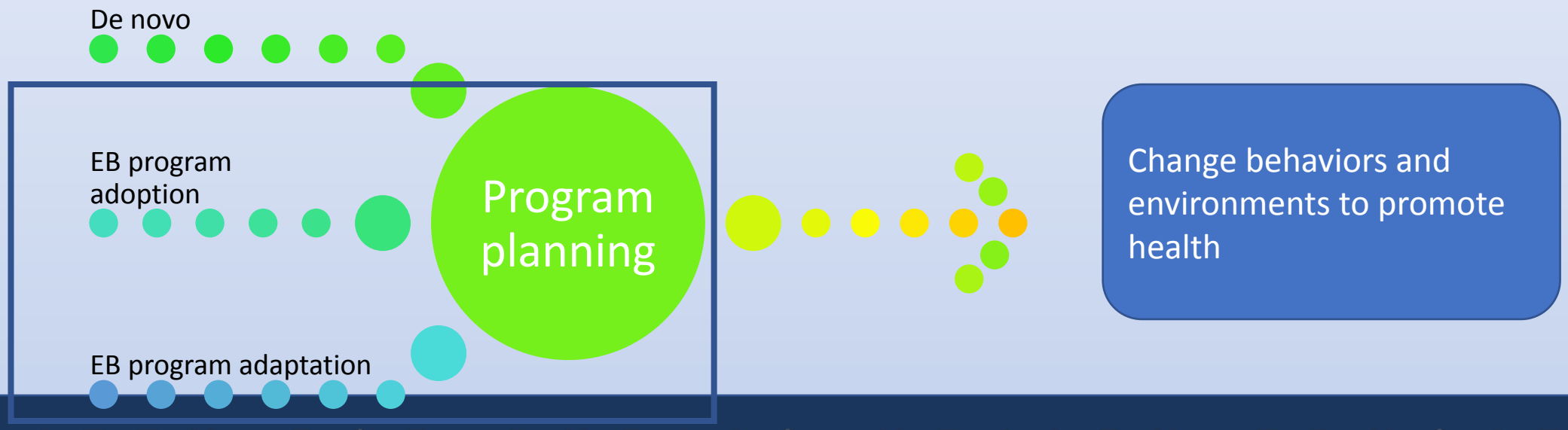
- New NCHEC 2020 competencies with focus on EB practice
- Integration of them into our professional development programs

Health departments and agencies

- In-service training on evidence-based practices and implementation science practices
- Seek Public Health Accreditation Board (PHAB) or employ their standards related to EB practices

Training Programs: Paradigm shift in Program Planning Approach

- Infuse evidence-based or evidence-informed strategies into courses
- Add program adoption (replication) and adaptation as part of the program planning options
- Shift from only behavior or disease focus to SDOH (i.e., literacy, transportation)
- Move toward interventions at the outer levels of social ecological model (e.g., policy, environmental changes) vs individual level



Examples of EB CHES/MCHES Competencies

Sub-competency	
Area II: Planning	
2.3.4	Adopt, adapt, and/or develop tailored intervention(s) for priority population(s) to achieve desired outcomes.
Area V: Advocacy	
5.1.2	Examine evidence-informed findings related to identified health issues and desired changes
Area VIII: Ethics and Professionalism	
8.1.4	Promote health equity
8.1.5	Use evidence-informed theories, models, and strategies

The Community Guide

What works to promote healthy communities.

www.thecommunityguide.org

Evidence-Based Cancer Control Programs (EBCCP) former RTIPs

Resources for Implementation focused on Equity and IS

Health Promotion Practice

Journal Indexing & Metrics

View »

Journal Home | Browse Journal | Journal Info | Stay Connected | Submit Paper | Search

Racial Equity in Health Promotion Practice, Policy, and Research

Selected Articles, 2018-2020

Frameworks for Addressing Racial Equity in Public Policy and Health Promotion Practice

- Srivastav, A., Strompolis, M., Moseley, A., & Daniels, K. (2020). **The Empower Action Model: A Framework for Preventing Adverse Childhood Experiences by Promoting Health, Equity, and Well-Being Across the Life Span**. Health Promotion Practice, 21(4), 525–534. https://doi.org/10.1177/1524839919889355
- Lee, M. M., & Navarro, A. (2018). **Prioritizing Racial Equity: How Efforts to Advance Racial Equity Helped Shape the W.K. Kellogg Food & Fitness Initiative**. Health Promotion Practice, 19(1_suppl), 24S-33S. https://doi.org/10.1177/1524839918783970
- Sims, J., & Aboelata, M. J. (2019). **A System of Prevention: Applying a Systems Approach to Public Health**. Health Promotion Practice, 20(4), 476–482. https://doi.org/10.1177/1524839919849025
- Lachance, L., Quinn, M., & Kowalski-Dobson, T. (2018). **The Food & Fitness Community Partnerships: Results From 9 Years of Local Systems and Policy Changes to Increase Equitable Opportunities for Health**. Health Promotion Practice, 19(1_suppl), 92S-114S. https://doi.org/10.1177/1524839918789400

Words to Move Health Promotion in the Right Direction

Equity-centered research relies on **meaningful engagement and partnership** with **multiple stakeholders**, builds on existing resources, develops shared goals, and integrates knowledge and action that lead to a **fairer distribution of power and the benefits of an intervention for all partners**.

Brownson et al., 2021

Equitable implementation occurs when strong equity components (including explicit attention to the **culture, history, values, and needs of the community)** are integrated into the principles and tools of implementation science to facilitate quality implementation of effective programs for a specific community or group of communities.

Academy Health

Gateway to the Future

Path Forward

We need to integrate an equity approach in implementation studies to proactively address healthcare inequities

My Virtual Presidency

Board of Trustees Meeting

SOPHE Chapter Visits

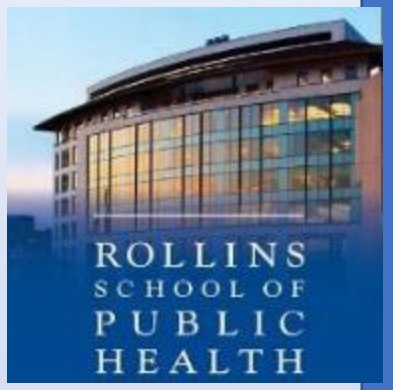
Midwest SOPHE
GA SOPHE
AR SOPHE
MN SOPHE
CT SOPHE

SOPHE Board of Trustees
Elaine Auld and SOPHE staff
SOPHE Chapters & Members

GA SOPHE/GFPHE

Rollins School of Public Health

My Family



Special Heartfelt Gratitude to All!