Context and Equity in Implementation
Science Overview
Health Equity and Context Working Group – Overview

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Reminder of Thematic Topic

How can the implementation science community advance and make more explicit the incorporation of health equity and context across cancer prevention/control research?
Health Disparities

β A health disparity is “[a] particular type of health difference that is closely linked with social or economic disadvantage.”

β Health disparities **adversely affect** groups of people who have **systematically** experienced greater social/economic obstacles to health

β Racial or ethnic group
β sexual orientation
β socioeconomic status
β gender
β age
β mental health
β physical abilities
β geographic location

[Image: RWJF infographic]

https://www.cancer.gov/about-cancer/understanding/disparities; RWJF infographic
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.”

Braveman, P. 2017
Multilevel Context in Cancer Care Delivery

Local Community
Community level resources – Medicare care offerings, lay support networks, private cancer organizations
Local hospital and cancer services – Market, level of competition, managed care penetration, percent nonprofit, specialty mix
Local professional norms – MD practice organizations, use of guidelines, practice patterns

Provider/Team
Knowledge, communication skills
Perceived barriers, norms, test efficacy
Cultural competency
Staffing mix and turnover
Role definition
Teamwork

Individual Patient
Biological factors
Socio-demographics
Insurance coverage
Risk status
Comorbidities
Knowledge, attitudes, beliefs
Decision-making preferences
Psychological reaction/coping

National
Policy – ACA, professional guidelines
Structure – Financial, political
Culture - Expectations

State
Policy – Medicaid
Structure – Provider Mix
Culture – Advocacy groups attitude/expectations

Organization/ Practice Setting
Leadership
Organizational structure, policies, & incentives
Delivery system design
Clinical decision support
Clinical information systems
Patient education and navigation

Family/Social Supports
Family dynamics
Friends, network support

Current context and Health Equity

COVID-19

COVID-19 Task Force on Racism & Equity

Drs. Bita Amani (Chair) & Chandra Ford (Co-Chair)

What the COVID-19 Crisis Tells Us about Structural Racism

COVID-19 and Health Equity—A New Kind of “Herd Immunity”

David R. Williams, PhD, MPH1,2; Lisa A. Cooper, MD, MPH3,4

COVID-19 and the Social Determinants of Health

Rebekah Rollston, MD, MPH1 and Sandro Galea, MD2
Recent advances in **Implementation Science & Health Equity**

**An Extension of RE-AIM to Enhance Sustainment: Addressing Dynamic Context and Promoting Health Equity over Time**

Rachel C. Shelton, David A. Chambers, Russell E. Glasgow

**Conceptual framework of equity-focused implementation research for health programs (EquiR)**

J. Estela Schnallbach, N. Garzón-Ortuño, V. Eller, L. Reve, N. Tran, and E. V. Langlois

**BMC Health Services Research**

BMC Health Serv Res. 2020; 20: 190.
Published online 2020 Mar 12. doi: 10.1186/s12913-020-4975-3

Promoting implementation science to address inequities in healthcare delivery

Ana A. Baumann and Leopoldo J. Cabassa

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Recent advances in Cancer Prevention and Health Equity

CA: A Cancer Journal for Clinicians

Understanding and addressing social determinants to advance cancer health equity in the United States: A blueprint for practice, research, and policy

Kassandra I. Alcaraz PhD, MPH, Tracy L. Wiedt MPH, Elvan C. Daniels MD, MPH, K. Robin Yabroff PhD, Carmen E. Guerra MD, Richard C. Wender MD

First published: 29 October 2019 | https://doi.org/10.3322/caac.21586 | Citations: 5
Opportunities

- What **methods** should we prioritize for understanding AND addressing cancer-related **health equity/context** across CPC cancer continuum?

- What are appropriate **models and frameworks** that explicitly integrate consideration of **health equity and context** in D&I?

- How can we best operationalize and measure **equity and context** through D&I lens?

- How can we better **select implementation strategies** based on context/equity considerations?
Public Goods to Improve IS Capacity: Health Equity/Context

- Literature review
- Portfolio analysis
- Theory development
- Measure development
- Pilot study
- Workshop/conference
- Expert meetings
- Networks/platforms
- Databases
Public Goods - 2019
Health Equity and Context

- Health Equity Definition, Checklist for IS
- Implementation Science Models, Frameworks, and Strategies
- Landscape Assessment of Methods for Contextual Inquiry
Summary of Idea One

**Project Title:** Building Health Equity into Implementation Science: Definition, Checklist/Questions

**Purpose:** Create products to enhance and guide the application of health equity in Implementation Science (1. Define health equity; 2. Guiding questions/Outcomes; 3. Identifying challenges and opportunities for funding health equity in implementation studies)

**Definition of Success:** 1. 1-page document with definition of health equity contextualized for IS; 2. Create 2-page document with guiding questions for D&I researchers to address health equity (link to resources); 3. Identify opportunities and challenges for funding health equity research

**Next steps:** 1. Form Working Group (8-10 people); 2. Online space/support to collaborate 3. Access to NCI staff
**Summary of Idea Two**

**Project Title:** Equity Considerations for Implementation Science Models, Frameworks, and Strategies

**Purpose:**
1. To do scoping review of engagement/equity frameworks;
2. Convene meeting of multi-disciplinary D&I and health equity framework/theoretical model developers;
3. Describe process for developing and selecting implementation strategies that explicitly address health equity

**Definition of Success:**
1. Paper on health equity considerations for applying IS frameworks;
2. Guidance on how to develop/select strategies

**Next steps:**
1. Convene planning group
2. Refine/priorities objectives;
3. Secure funding
Summary of Idea Three

**Project Title:** Landscape Assessment of Methods for Contextual Inquiry that Addresses Health Equity in D&I Projects to Apply to CPC

**Purpose:** Identify examples of projects (peer and non-peer reviewed) that have conducted contextual inquiry (methods/measures) to address health equity

**Definition of Success:** 1. Results of landscape assessment; 2. Developing methodology document for best practices in contextual inquiry

**Next steps:** 1. Form workgroup; 2. Develop study protocol; 3. Identify funding for landscape assessment
Summary of Final Discussion

Health Equity is foundational for field of D&I but not always explicit: **Making health equity explicit in IS**

Long history of work in health equity/participatory research; not recreate wheel but important to contextualize for D&I

Felt important to address fundamental issues that originally felt insurmountable (e.g. language in research initiatives, peer review criteria, definition)

Making sure we’re not reinforcing health inequities and disparities through our D&I research (e.g. selection of settings)
Goal for today! ~ 75 mins

- Part 1: Idea generation ~20 mins
  - Mentimeter link (next slide)

- Break ~ 10 mins

- Part 2: Moving Ideas forward ~ 45 mins
  - Refining idea and leading
Ideas

B Theory and Frameworks

B Add equity into IS frameworks AND adding IS to existing Equity Frameworks

B Theories can inform strategies selection (may also help in terms of making sure we are not worsening disparities)

B Look to other fields

B Measurement

B Equity related constructs are typically “outer setting’ or community/policy SDoH

B Common Data Elements

B Diversity/Representation/Inclusion of BIPOC scholars/communities
Methods

CBPR, Policy Analysis, Examination of changes in context, how do we include power dynamics

Study designs considerations.

Data sharing

Pool data and share resources for small populations (LGBTQ, AI/AN)

Values orientation and Funding requirements/constraints’ efforts to not exacerbate inequalities; sharing data and publications (open access)

COE community outreach and engagement across multiple initiatives.

Economic issues and cost – how can we bring tools together to advance equity

How can we better disseminate information in ways that reach other communities/partners (beyond academic institutions)
Strategies to promote equity may be different from strategies we typically use in IS. We need to know what best fits for specific populations and settings.

Efforts to fund community partnerships
Methods and Measures

What is a next step to make this reality?

- Assessment of how ppl are measuring across IS studies and what domains (eg individual, community, policies) (not just content but scales)

- Funding opps for methods and measures in equity oriented FOAs

- Work group to dev Measures based on assessment

- Look to other fields (eg anthro; evaluation)
Frameworks

Theory and Frameworks

- Add equity into IS frameworks AND adding IS to existing Equity Frameworks

- How are these being used (literature review)

- Looking at equity frameworks in process and how that can help inform our IS frameworks.

- How can the equity focus help us be more pragmatic.

- Involve the stakeholder – who is at the table

- Theories can inform strategies selection (may also help in terms of making sure we are not worsening disparities)

- Look to other fields
Project

β Synthesis of data to date on how researchers have adapted EBP to address vulnerable poops; id best practices based on systematic reviews
Context and Equity in Implementation
Science Recap
Health Equity and Context Working Group – Report Day 1

Prajakta Adsul, Rachel C. Shelton, Stephanie Wheeler, April Oh (NCI lead)

Ariella Korn (NCI Notetaker, Webex Host)
Brief Overview Action Group Topic

• **Health Equity and Context** in Implementation Science

• **Focus:** How can the implementation science community advance and make more **explicit** the incorporation of health equity & context across cancer prevention/control research?

• Presented ideas from last year and discussed new ones

- Health Equity Definition, Checklist for IS
- Implementation Science Models, Frameworks, and Strategies
- Landscape Assessment of Methods for Contextual Inquiry
Major Ideas from Discussions

• **Idea #1 Methods and Measurement for equity in IS (lit review/database/WG)**
  - Relevant equity specific measures for IS (i.e. cultural competency, structural racism, etc.)
  - Broad dissemination and open access to previously validated measures
  - Alternative study designs that promote equity & economic/cost considerations
  - Pooled data analysis – small populations, area level measures, intersectionality

• **Idea #2: Revisiting Theories/Frameworks w/ equity lens (lit review/workgroup)**
  - Cross-learning between the IS and HE fields; learn from/partner with fields outside IS
  - Expand context: include equity-relevant constructs at healthcare, community, policy levels

• **Idea #3 Linkages to Implementation Strategies (case studies/workgroup)**
  - Connection of IS and HE theories to selection of implementation strategies
  - Starting with an equity orientation, explicit consideration of local context and resources, when choosing appropriate strategies
Additional Ideas to Explore in Day Two

• Idea #4: Infusing DEI in the IS training pipeline (training/curricula)
  • More BIPOC scholar support, promoting training opportunities, diversify the field
  • Building capacity for IS field to incorporate equity

• Idea #7: Community engagement approaches
  • Power, decision-making, who is on the table, what is the funding available (i.e. community grants, building local capacity where academic partners not available)?
  • COE offices at NCI centers; shifting resources from academia to community

• Idea #5: Values orientation
  • Self reflection as a researcher, funding institutes so that efforts are not exacerbating inequities

• Idea #6: Advance adaptation within IS
  • What types of adaptations support equity

• Idea #8: How focus on Policy can Promote Equity