

Context and Equity in Implementation Science Overview





Health Equity and Context Working Group – Overview

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

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

- § A health disparity is "[a] particular type of health difference that is closely linked with social or economic disadvantage."
- § Health disparities adversely affect groups of people who have systematically experienced greater social/economic obstacles to health
 - § Racial or ethnic group
 - sexual orientation
 - § socioeconomic status
 - § gender
 - § age
 - mental health
 - § physical abilities
 - § geographic location



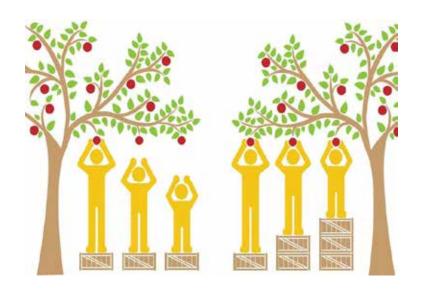






Health Equity

"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."





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

Knowledge, attitudes, beliefs Decision-making

preferences Psvchological reaction/coping

Comorbidities

National National Policy – ACA, professional guidelines State Structure - Financial, political **Culture** - Expectations Local **State** Policy - Medicaid Organization Structure - Provider Mix and/or practice setting Culture - Advocacy groups attitude/ expectations Provider/team Family and **Organization/ Practice Setting** Leadership social supports Organizational structure, policies, & incentives Individual Delivery system design Clinical decision support patient Clinical information systems Patient education and navigation Improved quality of cancer care Family/Social Supports Family dynamics Friends, network support Improved cancer-related outcomes

Taplin. Stephen H et al. "A multilevel research perspective on cancer care delivery: the example of follow-up to an abnormal mammogram." Cancer epidemiology, biomarkers & prevention: a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology vol. 21,10 (2012): 1709-15.





Current context and Health Equity

§ COVID-19

COVID-19 Task Force on Racism & Equity

DRS. BITA AMANI (CHAIR) & CHANDRA FORD (CO-CHAIR)



Editorial

May 11, 2020

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

David R. Williams, PhD, MPH^{1,2}; Lisa A. Cooper, MD, MPH^{3,4}

COVID-19 and the Social Determinants of Health

Rebekah Rollston, MD, MPH1 and Sandro Galea, MD2

What the COVID-19 Crisis Tells Us about Structural Racism









Recent advances in **Implementation Science & Health Equity**

Woodward et al. Implementation Science (2019) 14 https://doi.org/10.1186/s13012-019-0861-y

Implementation Science

METHODOLOGY

Open Access

The health equity implementation framework: proposal and preliminary study of hepatitis C virus treatment



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

Rachel C. Shelton1*, David A. Chambers2, Russell E. Glasgow3

Eslava-Schmalbach et al. International Journal for Equity in Neath https://doi.org/10.1186/s12939-019-0984-4 International

International Journal for Equity in Health

RESEARCH

Open Access

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

J. Eslava-Schmalbach 1.2, N. Garzón-Orjuela 1.20, V. Elias3, L. Revelz3, N. Tran4 and E. V. Langlois5



BMC Health Serv Res. 2020; 20: 190.

Published online 2020 Mar 12. doi: 10.1186/s12913-020-4975-3

Services Research

BMC Health

► BMC

PMCID: PMC7069050

PMID: 32164706

Reframing implementation science to address inequities in healthcare delivery

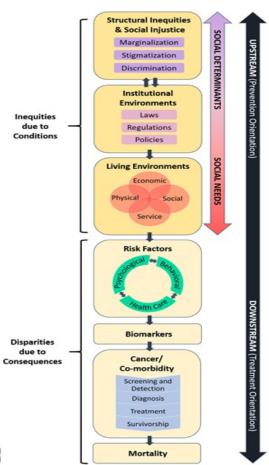
Ana A. Baumann# and Leopoldo J. Cabassa E#

► Author information ► Article notes ► Copyright and License information Disclaimer





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 M, 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? ISCC



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
- Satabases







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)

Public Goods - 2020

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

- § Theory and Frameworks
 - § Add equity into IS frameworks AND adding IS to existing Equity Frameworks
 - § Theories can inform strategies selection (may also help in terms of making sure we are not worsening disparities)
 - Look to other fields
- Measurement
 - § Equity related constructs are typically "outer setting" or community/policy SDoH
 - Second Common Data Elements
- Solution of BIPOC scholars/communities

- Methods
 - § CBPR, Policy Analysis, Examination of changes in context, how do we include power dynamics
 - § Study designs considerations.
- Second Property Pr
 - § 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
- S 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
 - Second 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)
 - Solving 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

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

Frameworks, and

Strategies

Implementation Landscap
Science Models, Assessmen

Landscape
Assessment of
Methods for
Contextual Inquiry

Health Equity
Definition,
Checklist for IS





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

