Application of a Race(ism)-Conscious Adaptation of the Consolidated Framework for Intervention Research (CFIR) to a School-Connectedness Intervention

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Agenda

- Background
- Description of Project TRUST & participatory approach
- Racism-neutral application of CFIR
- Public Health Critical Race Praxis application
- Questions and discussion
4 Generations of Health Disparities Research

1. Document the existence of health disparities
2. Explain the reasons for health disparities
3. Provide solutions for eliminating health disparities
4. Take action that considers race praxis and social determinants

PARTS OF THE ELEPHANT IN THE ROOM

reluctance  denial  ignorance
avoidance  
awkwardness  

diversion  silence  trunk

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Racism defined

Racism is an organized and dynamic system in which the dominant racial group, based on a hierarchical ideology, develops and sustains structures and behaviors that privilege the dominant group, while simultaneously disempowering and removing resources from racial groups deemed inferior. (Gee, AJPH 2019)

- Institutionalized or Structural
- Personally Mediated
- Individual/Internalized

(Camara Jones)
Implementation Science and Health Equity

- IS conceptual frameworks consider systemic and ecological contributors to intervention uptake & so may offer insight into understanding and reducing health disparities.
- Stakeholder engagement is a component of many IS approaches.
- Still largely asking 2\textsuperscript{nd} and 3\textsuperscript{rd} generation questions.
- Presumption of race-neutrality may obscure the influences of racism-related factors.
4 Generations of Health Equity Implementation Research Questions?

1. Does evidence based intervention implementation result in improved health for all or contribute to health disparities?
2. What characteristics of an intervention predict better success at reducing disparities?
3. Does structuring interventions with prior impactful characteristics reduce inequitable outcomes?
4. How does racism function as a barrier or facilitator to intervention uptake?
Fourth Generation Health Equity Research

First generation
Detect

Second generation
Understand

Third generation
Provide solutions

Fourth generation
Take action

Race

COMMUNITY

HEALTH EQUITY

Structural Determinants

Annu. Rev. Public Health. 32:399–416
Project TRUST (Training for Resilience in Urban Students and Teachers)

- NIMHD funded R01
- Goal: Assess effectiveness of a school-based multi-component intervention on school connectedness, school engagement, and developmental assets for middle and high school youth (BIPOC youth - Somali, Latino, Hmong, and African heritage youth in particular) through a participatory trial.
Project TRUST

Improve school environment in 10 Schools

Increase school connectedness

- Improve academic outcomes
- Reduce substance use
- Increase emotional wellbeing

YPAR

PPAR

PD
Wave 1 TRUST YPAR and PPAR

2016-17
- Recruited and prepared 10 youth and 9 parents to do research

2016-17
- Implemented research in each school
- Completed participatory data analysis
- Developed policy/practice recommendations

2017-18
- Framed and supported implementation
- Participatory evaluation of implementation
Sample Student Intervention Recommendations

• Teacher-student trust & relationship building
• Improve teacher understanding of race(ism)
• Transform disciplinary practices around drama/fights/bullying
• Transform in-school suspension spaces
• Better support ELL students
Project TRUST Reflection
Initial CFIR Analysis

Wilhelm et al. BMC Public Health, 2021
The Consolidated Framework for Implementation Research (CFIR)

- **DOMAINS**
  - Characteristics of the intervention
    - Intervention source
    - Evidence strength and quality
    - Relative advantage
    - Adaptability
    - Trialability
    - Complexity
    - Design quality
    - Cost
  - Inner Setting
    - Structural characteristics
    - Networks and communications
    - Culture
    - Implementation climate
  - Outer Setting
    - Patient needs and resources
    - Cosmopolitanism
    - Peer pressure
    - External policies
  - Individuals involved
    - Knowledge and beliefs about the intervention
    - Self-efficacy
    - Individual stage of change
    - Individual identification with organisation
    - Other personal attributes
  - Implementation Process
    - Planning
    - Engaging
    - Executing
    - Reflecting and evaluating

- **CONSTRUCTS**
  - Tension for change
  - Compatibility
  - Relative priority

Damschroder et al. *Implementation Science*, 2009
Participants & data collection

Participants:
  • 6 community-academic researchers
  • 4 school administrators

Data collection:
  • Observation notes from weekly team meetings
  • Periodic semi-structured interviews
    • Weekly to monthly
    • Assessing barriers & facilitators to implementation
Data analysis

1. Deductive coding using adapted CFIR & directed content analysis
2. Development of summary memos for 5 schools
3. Scoring of intervention components in each school
   • Implementation effectiveness score (high, intermediate, low)
4. Rating assignments for each construct by school

Damschroder et al. *Implementation Science*, 2013
<table>
<thead>
<tr>
<th>Rating</th>
<th>Criteria</th>
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| -2     | • The construct (or its absence) is a **negative influence** in the school generally, an impeding influence on work processes, and/or an impeding influence on implementation efforts.  
• 2 or more interviewees described **explicit** examples of how aspects of the construct manifested negatively. |
| -1     | • The construct (or its absence) is a **negative influence** in the school generally, an impeding influence on work processes, and/or an impeding influence on implementation efforts.  
• Interviewees made **general statements** of how the construct manifested negatively without concrete examples. |
| 0      | The construct has a **neutral effect** in the school, on work processes, and/or on implementation efforts if:  
• Interviewees provided purely descriptive or generic data without evidence of positive or negative influence; and/or  
• Positive and negative influences at different levels in the school balance each other out. We defined this last category as 0 (mixed). |

Damschroder et al. *Implementation Science*, 2013
Data analysis

1. Deductive coding using CFIR & directed content analysis
2. Development of summary memos for 5 schools
3. Scoring of intervention components in each school
   • Implementation effectiveness score (high, intermediate, low)
4. Rating assignments for each construct by school
5. Cross-case comparison of constructs across high and low implementation schools

Damschroder et al. *Implementation Science*, 2013
Results: Distinguishing constructs

10 of 30 constructs distinguished between high and low implementation schools

- Leadership engagement
- Available resources
- Access to information and knowledge

1. Tension for change
2. Compatibility
3. Relative priority
Results: Overarching themes

Distinguishing constructs fell into 2 broad themes

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<thead>
<tr>
<th>Level of leadership engagement</th>
<th>Degree of intervention-institutional alignment</th>
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<td>• Leadership engagement</td>
<td>• Social structural characteristics</td>
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<td>• Cosmopolitanism</td>
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</table>
Level of leadership engagement

Leadership engagement

- Participant needs & resources
- Tension for change
- Culture
- Cosmopolitanism
Degree of intervention-institutional alignment

Social structural characteristics

Compatibility

Degree of alignment

Engagement of stakeholder issues & solutions
Initial Results

- 10 of 30 constructs distinguished between Project TRUST schools with high and low implementation levels
- Distinguishing constructs fell into 2 broad themes
  - Level of leadership engagement
  - Degree of intervention-institutional alignment
- Results raised additional questions
Initial CFIR Analysis
Reflection
Race(ism) Conscious CFIR Analysis
1. Race is a social construct
2. PHCRP “digs beneath the surface”
3. Positionality of researchers is key
4. Presumptions of race(ism) neutrality uphold the status quo

Race(ism) conscious analysis

1. Community-academic team
2. From distinguishing constructs chose 23 (constructs and sub-constructs) that were likely sensitive to racialized facilitators and barriers.
3. Refined four PHCRP presumptions that framed our approach
4. Defined PHCRP questions to guide analysis within each of the CFIR constructs
5. Iterative process to recode, develop PHCRP interpretations, identify exemplars and overarching themes.
Race(ism) conscious evaluation of leadership engagement

- Participant needs & resources
- Culture
- Tension for change & compatibility
- Cosmopolitanism

Leadership willingness to examine inequities
Key findings for equity interventions

• Need for a baseline common understanding of racial (in)equities
• Leadership willingness to “go there” in terms of change
  • Race/ethnicity of leaders
  • Community support
  • Culture, communication and facilitating connections
• Leadership understanding of (knowledge and belief) of equity oriented interventions and how they may disrupt the status quo.
• Perception and influence of champions was racialized
• Institutional (school district) policies and broader orientation to equity established back-drop to implementation
Conclusions & reflections

• Race(ism) conscious analysis uncovered new facilitators and barriers that are necessary to understand uptake of health equity interventions.

• Importance of institutional preparation and capacity for equity-grounded work.

• Diverse teams are necessary for 4th Generation Health Disparities Research
Reactions?

• What questions do you have about the PHCRP approach?
• Is it feasible for your projects and studies? Why or why not?
• What might it add to your analyses?
• What are barriers to using this approach?
Thank you!

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References


