HOW TO EMBED EQUITY PERSPECTIVE IN IMPLEMENTATION SCIENCE STUDIES – REFLECTIONS FROM A LEARNER

C-DIAS & PSMG
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ACKNOWLEDGMENTS

CARDIS (cardis.info)

Please engage in the conversation!

Twitter: @BaumannAna

#imspci #equity
BEFORE WE CONTINUE, TELL ME:

• What is equity for you? (please put it in the chat)
• Why are you interested in equity?
DISCLAIMERS

• Slides have not been audited for visual disabilities.

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• Slides have not been audited for visual disabilities.
• This is NOT a comprehensive take on implementation or on healthcare equity literature. Consider this set of slides as a resource – will be shared.
POSITIONALITY STATEMENT

• Latina (Brazilian), duo-citizen (Brazil and U.S.), able-bodied, colonizer, cisgender, white skin woman

• My scholarly work:
  • Implementation science, adaptation science, healthcare equity
Making my assumptions explicit

1. I am assuming that you:
   - Are somewhat familiar with implementation science
   - Are interested in equity work
   - Are interested in research/doing research

2. Note: this talk will focus primarily in implementation science. We can have side conversations about dissemination science.
1. **INEQUALITY**
Unequal access to opportunities

2. **EQUALITY?**
Evenly distributed tools and assistance

3. **EQUITY**
Custom tools that identify and address inequality - deficit model - adjustments for individuals

4. **JUSTICE**
Fixing the systems to offer equal access to both tools and opportunities

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https://www.bath.ac.uk/guides/inclusive-leadership/
Adapted from:
https://www.nationalequityproject.org/frameworks/implicit-bias-structural-racialization

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A Theory of Racialized Organizations

Victor Ray

American Sociological Review
2019. Vol. 84(1) 29-43
© American Sociological Association 2019
DOI: 10.1177/0003122418823235
journals.sagepub.com/home/ars
Operationalizing antiracism in health systems: Strategies state government administrative organizations use towards racial and ethnic mental health equity

Alexandra M. Alden

Principles to operationalize equity in cancer research and health outcomes: lessons learned from the cancer prevention and control research network

Perla Chebil1, Prajakta Adsul2,3, Julie Kranick1, Catherine L. Rohweder4, Betsy C. Risendal5, Emily Bilenduke6, Rebecca Williams4, Stephanie Wheeler4, Simona C. Kwon7, Chau Trinh-Shevrin1

Another implementation science is possible: engaging an ‘intelligent public’ in knowledge translation

Milena Heinsch, Hannah Cootes & Campbell Tickner

Power Redistribution and Upending White Supremacy in Implementation Research and Practice in Community Mental Health

Amanda L. Sanchez, Ph.D., Lauren Pilar Citigg, L.C.S.W., M.S.W., Natalie L. Dallard, M.A., Deborah Irby, Mikaila Harper, B.A., Emily Schaffer, L.C.S.W., Meghan Lane-Fall, M.D., M.S.H.P., Rinad S. Beidas, Ph.D.

DEBATE

Implementation science should give higher priority to health equity

Ross C. Brownson1,2, Shirlki K. Kumanyika3, Matthew W. Kreuter4 and Debra Haire-Joshu5

Advancing health equity through a theoretically critical implementation science

Claire Snell-Rood1, Elise Trott Jaramillo2, Alison B. Hamilton3, Sarah E. Raskin4, Francesca M. Nicosia5, Cathleen Willing6

Application of an antiracism lens in the field of implementation science (IS): Recommendations for reframing implementation research with a focus on justice and racial equity

Rachel C. Shelton1, Prajakta Adsul2, April Oh3, Nathalie Moise4 and Derek M. Griffith5,6,7

Bringing Equity to Implementation Supplement

Equity in Implementation Science Is Long Overdue

By Ana A. Baumann & Pamela Denise Long
FRAMEWORKS

The updated Consolidated Framework for Implementation Research based on user feedback
Laura J. Damschroder, Caitlin M. Reardon, Marilla A. Opra Widerquist and Julie Lowery

The Health Equity Framework: A Science- and Justice-Based Model for Public Health Researchers and Practitioners
Amy Potmesil, PhD
Vignette Charles, PhD
David Young, MBA
Karlin Coyne, PhD

A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships
Melanie Ward, Amy J. Schulte, Barbara A. Israel, Kristina Rice, Sheena E. Martens, Evan Markarian
METHODS

Addressing Health Disparities Through Deliberative Methods: Citizens’ Panels for Health Equity

Andrew M. Sacks, PhD, and Brandon J. Brown, PhD

Advancing health equity through CTSA programs: Opportunities for interaction between health equity, dissemination and implementation, and translational science

Reza Yousefi Noorosieib, Bethany M. Kwanb, Elizabeth Cohnb, Mona AuYoungb, Megan Clarke Robertsc, Prajaka Adsoia and Rachel C. Sheltonb

Implementation, Policy and Community Engagement
Special Communication

Journal of Clinical and Translational Science
www.cambridge.org/cts

Indigenous research methodology – weaving a research interface

Courtney Ryder, Tamara Mackean, Julieann Coombs, Hayley Williams, Kate Hunter, Andrew J. A. Holland & Rebecca Q. Ivers

To cite this article: Courtney Ryder, Tamara Mackean, Julieann Coombs, Hayley Williams, Kate Hunter, Andrew J. A. Holland & Rebecca Q. Ivers (2019). Indigenous research methodology – weaving a research interface, International Journal of Social Research Methodology, DOI: 10.1080/13645579.2019.1669923

To link to this article: https://doi.org/10.1080/13645579.2019.1669923

Methodologies to Advance Health Equity

Implementation Research

Methodologies for Achieving Scientific Equity and Health Equity

Mona McNulty, MD, MSa, J.D. Smith, PhDc, Juan Villamar, MSEa, Inger Burnett-Zeigler, PhD, Winton Vermees, PhD, Nancie Boulston, MADC, Carlos Gath, PhD, Uri Wilkinsky, PhD, Arthur Hyser, PhD, Brian Matsuoka, PhD, John Schneider, MD, MPH, G. Hendrickx Brown, PhD

Improvational and Standup Comedy, Graphic Medicine, and Theatre of the Oppressed to Teach Advancing Health Equity

Marshall H. Chin, MD, MPH, Nicola M. Orlow, MD, MPH, Brian C. Callender, MD, James A. Dolan, PhD, Dorian C. Miller, MD, Monica E. Peek, MD, MPH, MSc, Jennifer M. Rusiecki, MD, MS, and Monica B. Vela, MD
Implementation science and healthcare equity: A path

Reframing implementation science to address inequities in healthcare delivery

Ana A. Baumann† and Leopoldo J. Cabassa*†

Twitter: @BaumannAna
EQUITY AS A PROCESS

Think: what are the implicit and explicit assumptions of your work?
BE CAREFUL WITH SILENT ASSUMPTIONS

CULTURAL ADAPTATION FIELD: “All that is needed is to culturally adapt interventions”

HEALTHCARE DISPARITIES FIELD: “Focus on testing the efficacy and effectiveness of interventions in minority communities”

IMPLEMENTATION SCIENCE FIELD: “One size fits all: Just scale up interventions, it will improve the quality of care for everyone”
Reframing Implementation Science to Address Healthcare Inequities
Outcomes

- Feasibility
- Fidelity
- Penetration
- Acceptability
- Sustainability
- Uptake
- Costs

Service Outcomes
- Efficiency
- Safety
- Effectiveness
- Equity
- Patient-centeredness
- Timeliness

Patient Outcomes
- Satisfaction
- Function
- Health status/symptoms

Implementation Outcomes

Institute of Medicine Standards of Care

What?
- QIs
- ESTs

How?
- Implementation Strategies

Processes


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THE IMPORTANCE OF CONTEXT

What?
Evidence Based Interventions

How?
Implementation Strategies

Implementation Outcomes
Acceptability
Adoption
Appropriateness
Costs
Feasibility
Fidelity
Penetration
Sustainability

Service Outcomes*
Efficiency
Safety
Effectiveness
Equity
Patient-centeredness
Timeliness

Health Outcomes
Satisfaction
Function
Health status/symptoms

*Proctor, E., 2011
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1. Focus on reach from the very beginning

2. Design and select interventions with implementation in mind

3. Implement what works

4. Develop the science of adaptations

5. Use an equity lens for implementation outcomes

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FOCUS ON REACH
TELL ME...

What does reach with an equity lens mean for you, and why is it important? (write in the chat)
FOCUS ON REACH FROM THE VERY BEGINNING

Communities
Settings
Providers
Clients

What?
QIs
ESTs

How?
Implementation Strategies

Processes

Implementation
Outcomes
Feasibility
Fidelity
Penetration
Acceptability
Sustainability
Uptake
Costs

Service
Outcomes*
Efficiency
Safety
Effectiveness
Equity
Patient-centeredness
Timeliness

Patient
Outcomes
Satisfaction
Function
Health status/symptoms

*Institute of Medicine Standards of Care

Implementation Research Methods

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• **Who recruits**: Use of peer specialists to deliver intervention. They bring trust, credibility, hope, and feasibility.

• **Where you recruit**: issues of trust, safety, access

• **How you recruit**: word of mouth, using technology
PAUSE FOR REFLECTION

How are you ensuring equitable reach? (tell me in the chat)
REFLECTION POINTS

- Check your **assumptions and composition as researchers and implementers**
  ◦ Who is missing in your team and why?
  ◦ Diversity does not equal equality
  ◦ How are you listening to your community members – and giving them power?

- **Check for recruitment materials**
  ◦ Colors, fonts, language. Have they been 508 audited? Have you checked with community members?
  ◦ Who is recruiting, where and how?

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REFLECTION POINTS

- When capturing demographics:
  ◦ How is data collected? BE CAREFUL WITH THE DATA. Demographic questionnaires can be biased towards white supremacy. For example:
    ◦ Are you capturing gender as a non-binary outcome?
    ◦ Are you capturing other intersectional aspects?
    ◦ Are your surveys/platform audited for visual disabilities?
    ◦ Are your forms audited for literacy levels?
    ◦ Which social determinants of health are you capturing? Why? or why are you not capturing them?
A CASE STUDY

The outcome: let’s capture demographic data.

The survey: “classic” NIH survey

The reflection:
- gender is not binary
- what about other markers of intersectionality?
- what if people do not want to disclose or are in process of reflection?

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A CASE STUDY

The outcome:

Please let us know if you are a member of a historically underrepresented population (e.g. by race, ethnicity, disability, sexual orientation, gender identity, or other aspects of socioeconomic status). How would you describe your identity/identities? [open text for response]

[Explanation below the open text box]

How we will use this response: our survey results will report in aggregate on the percentage of program leaders from historically underrepresented backgrounds, including demographics by race, ethnicity, disability, sexual orientation, gender identity or other aspects of socioeconomic status, such as first-in-college for family. In addition, we will use these data to ensure a purposive sample of individuals from a variety of historically underrepresented backgrounds among those who agree to follow-up interviews. Of note, we believe respondents should consider underrepresented identities broadly with regard to gender identity and sexual orientation, including Cis-gender women, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, or Two Spirit identities (LGBTQIA2S+).
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<th>Race</th>
<th>N</th>
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<td>Total population</td>
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<tr>
<td>White</td>
<td>244,597,669</td>
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<tr>
<td>Black or African American</td>
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<td>American Indian and Alaska Native</td>
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<tr>
<td>Asian</td>
<td>21,408,058</td>
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<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>1,399,393</td>
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<tr>
<td>Some other race</td>
<td>17,859,236&gt;</td>
</tr>
</tbody>
</table>

**REFLECTION..**

**Where**
- School
- Library
- Church Settings
- 211
- Laundromats
- Food banks

**Who**
- Immigrants
- Refugees
- Homeless
- Non-binary gender
- People with disabilities
- Children
- Elders

**How**
- User-center design
- Ethnography
- Photovoice
- Collaborative Engagement
- Reflective Writing
- Indigenous Research Methodology
- Citizen’s panels

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HOW ARE YOU DESIGNING AND SELECTING INTERVENTIONS?
REFLECTION POINTS

How are you ensuring equitable engagement in the design and selection of your interventions?

◦ What does equitable engagement mean to you? (please answer in the chat)
WHAT?

QIs
ESTs

Design and Select Interventions with Implementation in Mind

Partner with stakeholders from the very beginning
Focus on end-users at all levels
Consider the ecology of practice
DESIGN AND SELECT INTERVENTIONS WITH IMPLEMENTATION IN MIND

- conduct the intervention development process with, for, and in the community

- User-center design: grounding the development of the intervention in the ultimate individuals and settings that will use the intervention
  
  - Attention to:
    - Flexibility and complexity
    - Cost
    - Feasibility
CASE STUDY

Patient preparedness for surgery:
- Behavioral activation to build resilience
- Pharmacological optimization to improve outcomes and reduce risk
- Support family

Enhancing patient recovery:
- Continue interventions to enhance mental and emotional recovery
- Coordinate with inpatient and post-hospital clinicians
- Give voice to the patient experience in communication with health care staff

Preoperative  In-hospital  Postoperative

Surgery scheduled

Day 90 post-op: intervention ends

Psychotherapy engaging depressed and anxious patients by reinforcing activities that are meaningful and guided by personal values

Pharmacotherapy to adjust suboptimal antidepressant dosages, ensure continuation of psych medications during transitions of care, and deprescribe harmful medications

https://perioperativewellness.wustl.edu/

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REFLECTION POINTS

- Check how you are *really* engaging with community voices because diversity <> equity.

- Check for the assumption of the theories that are informing your work; make them explicit and test them.
IMPLEMENTATION STRATEGIES
We have interventions that decrease disparities

BUT

They are not being implemented in usual care
HOW?
Implementation Strategies

- Increase trust, partnerships and ownership
- Build capacity, resources collaborative networks
- Advocacy, Allyship, Cultural humility

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WHICH STRATEGIES CAN PROMOTE EQUITY?

Anti-racist actions and accountability: not more empty promises

C. Malik Boykin

Rehabilitation Psychology. 64(2):119–129, MAY 2019
DOI: 10.1037/rep0000256, PMID: 30489124
Issn Print: 0090-5550
Publication Date: May 2019

Disability Identity and Allyship in Rehabilitation Psychology: Sit, Stand, Sign, and Show Up

Anjali Forber-Pratt; Carlyn Mueller; Erin Andrews;

Creating environmental consciousness in underserved communities: Implementation and outcomes of community-based environmental justice and air pollution research

Harold Rickenbacker*, Fred Brownb, Melissa Bilec

Anti-racist actions

Twitter: @BaumannAna
Applying Theater-Based Training Methods to Address Anti-Black Racism in Community-Based Mental Health Services: A Pilot Feasibility Study

Noah S. Triplett, *University of Washington*
Jasmine L. Blanks Jones, *Johns Hopkins University*
Minu Rama-Stewart, *Puget Sound Educational Service District*
Devin Kennedy, Alayna Daniels and Yasmin Garfias, *University of Washington*
Nathaniel Jungbluth, *Seattle Children’s Hospital*
Shannon Dorsey, *University of Washington*

Critical Theory, Culture Change, and Achieving Health Equity in Health Care Settings

Jelena Todić, PhD, MSW, Scott C. Cook, PhD, Sivan Spitzer-Shohat, PhD,
James S. Williams Jr, MA, Brenda A. Battle, MBA, BSN, Joel Jackson,
and Marshall H. Chin, MD, MPH

Principles to operationalize equity in cancer research and health outcomes: lessons learned from the cancer prevention and control research network

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Jennifer M. Rusiecki, MD, MS, and Monica B. Vela, MD
WE NEED TO CHECK FOR ASSUMPTIONS

1. Identify the underlying assumptions
2. Identify potential sources of disparities
3. Adapt the implementation strategy to ensure that equity is considered and has the potential to reduce disparities


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REFLECTION POINTS

How are you ensuring that your strategies are equitable?

What does an equitable strategy mean for you? (please answer in the chat)
DEVELOP THE SCIENCE OF ADAPTATION
REFLECTION POINTS

What is adaptation for you?

What is fidelity for you? (please answer in the chat)
ADAPTATION

ADAPTATION HAPPENS

AND

Adaptation is important if we are to address disparities

Because of the unique sociocultural context
ADAPTATION: DECISION PROCESS AND FRAMEWORKS
ADAPTATION: TRACKING METHODS

Qualitative Reports of How and When Therapists Adapt Children’s Evidence-Based Practices during Community Implementation

Miya L. Barnett, Lauren Brookman-Frazee, Juan Carlos Gonzalez, Chanel Zhan, Adriana Rodriguez, Nicole A. Stadnick & Anna S. Lau

Systematic, Multimethod Assessment of Adaptations Across Four Diverse Health Systems Interventions

Cortnik A. Rabin1,4,5, Mauna McCreadie1, Catherine Battaglia1,5, Roman Ayede1, Robert E. Burke1, Paul L. Heath1, Joseph W. Frank1 and Russell E. Glasgow1,6

Journal of Consulting and Clinical Psychology

Provider Fidelity and Modifications to Cognitive Processing Therapy in a Diverse Community Health Clinic: Associations With Clinical Change

Eunha Kang6, Sarah E. Valentine Boston Medical Center, Boston, Massachusetts, and Boston University School of Medicine

Debby Kang6, Massachusetts General Hospital, Boston, Massachusetts, and Boston University School of Medicine

Louise E. Dixon De Silva University of California, Los Angeles

Margarita A. Mackintosh St. George's, London, England

Emily M. Ailes Massachusetts General Hospital, Boston, Massachusetts

Nariman M. Salem New York University Langone Medical Center, New York, New York

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REFLECTION POINTS

• What is fidelity and how it is defined? Has the community given input into your conceptualization of fidelity?

• Adaptation can be from the intervention to the context…. And the context to the intervention
  • Be careful with the assumptions! (i.e., if the system is broken, maybe the system is the one that needs to be adapted?)
  • Core functions and forms are helpful framework

USE AN EQUITY LENS
The same intervention and implementation strategy has different acceptability & feasibility depending on the context.
USE AN EQUITY LENS WHEN EXAMINING IMPLEMENTATION OUTCOMES

- Implementation
- Outcomes
- Feasibility
- Fidelity
- Penetration
- Acceptability
- Sustainability
- Uptake
- Costs

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In summary: Future Areas of Inquiries

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<th>Achieve</th>
<th>Reconfigure</th>
<th>Expand</th>
<th>Invest in</th>
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<tr>
<td>Achieve inclusion and representation</td>
<td>Reconfigure the intervention development and refinement process</td>
<td>Expand the science of adaptation</td>
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<td>Place equity at the center of implementation studies</td>
<td>Invest in implementation trials that focus on enhancing equity in healthcare delivery</td>
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RESOURCES

CARDIS: https://www.cardis.info/
Stakeholder engagement navigator: https://dicemethods.org/
Racial Equity Tools: https://www.racialequitytools.org
Engage for Equity: https://engageforequity.org/
Community Toolbox: https://ctb.ku.edu/en
Emerging Strategy Institute: https://alliedmedia.org/speaker-projects/emergent-strategy-ideation-institute
National Academy of Medicine: https://doi.org/10.31478/202202c

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RESOURCES

CPS Equity Toolkit: https://equity.cps.edu/equity-framework/overview
CPCRN Toolkit: https://cpcrn.org/resources-cancer-equity
Dissemination and implementation models – special topic section: https://dissemination-implementation.org/special-topics/health-equity/
Journals: Journal of Black Studies, Society for the Psychological Study of Culture, Ethnicity and Race, International Journal for Equity in Health, Health Equity

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Thank You!
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