IM4Equity

Crosswalk of 4 Implementation models and frameworks to advance health Equity

Lilian Perez, PhD, MPH, RAND Corporation
James Merle, PhD, University of Utah

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https://decipheralliance.org/
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- Roman Ayele
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- DECIPHeR Research Coordinating Center
- DECIPHeR Implementation Subcommittee
- DECIPHeR focus group participants
Today's Objectives

• Who we are (DECIPHeR Alliance)
• Brief discussion on implementation theories, models, and frameworks (TMFs)
  • Challenges for multi-site projects
  • Limitations of existing TMFs
• Process for developing an integrated framework: IM4Equity
  • Visual crosswalk of EPIS, PRISM, CFIR, HEIF
• User-centered approach to refining integrated framework
  • "On tour" with DECIPHeR teams
  • Feedback beyond DECIPHeR
DECIPHer: Disparities Elimination through Coordinated Interventions to Prevent and Control Heart and Lung Disease Risk Alliance

• Alliance of 7 research projects across US aimed to identify and test implementation strategies to effectively deliver evidence-based interventions and engage diverse multidisciplinary stakeholders in communities with high burdens of heart and/or lung disease.

• UNC serves as the cross-site Research Coordinating Center

• Funded by NHLBI through RFA-HL-20-003

• 2 phases in 7 years:
  • Exploratory (UG3)
  • Implementation (UH3)

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Too many implementation TMFs presents challenges for field and multi-site projects

• Over 100 TMFs available! (17+ different determinant frameworks)
  • Many capture similar constructs (different names)
  • Few explicitly center equity determinants
  • Few include feedback from community partners / practitioners in their development

• Challenges for implementation science field:
  • TMF selection based on needs/research questions of study
  • Limited ability to compare across studies (e.g., determinants, processes) using other TMFs

• Challenges for multi-site projects:
  • When different sites use different TMFs, challenges shared learning and measurement of common implementation elements
Integrating frameworks to address challenges

• We integrated 3 well-established determinant frameworks used in DECIPHeR (PRISM, EPIS, CFIR) to:
  • Identify **shared and unique determinants** (domains, constructs w/in domains) across frameworks
  • Guide **comprehensive assessment** of implementation determinants (beyond any one individual framework)

• All three frameworks were being used by DECIPHeR teams
• Also overlaid HEIF to capture **health equity determinants**
• We are currently taking a **user-centered approach** to ensure useability across stakeholder groups (e.g., non-IS experts, community partners)
Crosswalk Process

1. Consulted with developers of each framework to get their input and identify relevant sources for review

2. Reviewed original source publications and subsequent applications or updates (e.g., websites, systematic reviews)

3. Table of constructs, denoting which frameworks cover what
   • Not a detailed construct-to-construct harmonization

4. Identified shared determinants (domains, constructs within domains) and key determinants unique to a single framework
   • Defined how frameworks' authors operationalized the determinants
   • Compiled examples of each determinant
Crosswalk Process

5. Developed concrete examples in each domain of factors that (a) maintain systems of oppression and (b) promote health justice and equity, to assist users with operationalizing equity issues throughout

6. Translated table to visual of the IM4Equity framework

7. Identified missing pieces to add, through team discussions and DECIPHeR subcommittee input

8. Created simplified graphics for different contexts DECIPHeR teams were working in (health care, education, faith-based)
Integrated Framework Development

- Intra- and extra-organizational context
- Characteristics of individuals involved in implementation (recipient and organizational personnel)
- Innovation characteristics from the perspectives of recipients and/or organizational personnel
- Implementation and sustainment infrastructure
- Bridging factors
- Implementation processes
- Societal context
- Implementation phases (exploration, preparation, etc.)

- Culturally relevant factors of recipients
- Clinical encounter (patient-provider interaction)
- Societal context: economies, physical structures, and sociopolitical forces

DECIPHeR Alliance
Societal Context
- Economies
- Physical structures
- Sociopolitical forces

Extra-Org Context
- Inter-org partnerships
- Reg/policy environment
- Funding/resources
- Professional orgs/guilds

Innovation Factors
- Innovation forms
- Innovation functions
- Innovation evidence/developers

Recipient perspective on the innovation
- Fit with recipient needs
- Recipient-centeredness
- Recipient advocacy

Intra-Org Context
- Org structure/systems
- Org culture/history
- Org staffing process

Recipient Factors
- Recipient characteristics
- Recipient health problems/needs
- Culturally relevant factors

Recipient-Deliverer Interactions
- Communication mode
- Trust/rapport
- Deliverer-recipient fit

Organization Personnel Factors
- Staff characteristics
- Manager characteristics
- Leadership characteristics
- Culturally relevant factors

Implementation and Sustainability Infrastructure
- Resources to inform implementation
- Community-academic partnerships
- Purveyors/intermediaries
- Adaptation processes

Implementation
- Dedicated implementation team
- Resources to support implementation
- Quality assurance and improvement
- Planning for sustainability

Sustainment
- Economies
- Physical structures
- Sociopolitical forces

Preparation
NOTE: Colored text denotes example factors that either maintain systems of oppression or contribute to health justice and equity.
IM4Equity

4 IMplementation models and frameworks to advance health Equity
IM4Equity Refinement

User Centered Design: approach that grounds design of an innovation (e.g., the IM4Equity framework) in the needs and experiences of people who will ultimately use that innovation

Our approach:

• Hold focus groups with all 7 DECIPHeR research teams to gather feedback and refine / enhance usability
• 2 complete, 2 scheduling in progress, 3 remaining
• Includes members of the research teams (Project PIs, Evaluation Team, Implementation leads, Qualitative experts) and community partners (Schools, Faith-based organizations, hospitals)
• 60 minute demonstration + qualitative feedback session
• Community partners who are not project staff eligible for $50 gift card
NOTE: Colored text denotes example factors that either maintain systems of oppression or contribute to health justice and equity.
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School setting example
Sample feedback questions

Overall Impressions
• What do you like?
• What was hard to follow or was confusing?
• What would you like to see improved?

Directed Questions
• How might you use this framework?
• How might it help you evaluate your project?
• How doable would it be to use IM4Equity framework to start a community discussion about the types of factors that may influence implementation?
• What aspects of this would be too complex or pose a stumbling block to review and discuss with a community audience?
• In what way would you see community members appreciating the elements outlined on this visual?
  • In what ways would this not be useful?
## Prelim. feedback from DECIPHeR partners

<table>
<thead>
<tr>
<th>Feedback</th>
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<tbody>
<tr>
<td>“I like how the model displays the different contexts and domains with different colors overlapping”</td>
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<tr>
<td>“The figure was overwhelming at first, but started to make sense the more I looked at it. I just don't feel like I know where to start”</td>
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<tr>
<td>“I think the figure needs to be hosted on a website and be interactive. I want to be able to click on a construct to find more information”</td>
</tr>
<tr>
<td>“In order for me to understand this, a more plain language version is needed. I would need a whole day first for me to fully understand, and then maybe another day to explain this to anybody in my community”</td>
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<tr>
<td>“I think a lot of the equity examples are still too surface-level... I think having more clear and concrete examples would make it more useful”</td>
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<tr>
<td>“I don’t think I would use the whole thing, but I think that it helps me see all the different things I need to consider all in one spot. So, yeah I think our team would use it.”</td>
</tr>
<tr>
<td>“I really like the case examples. Less text is better and it helps me see how these things apply to my own context more clearly”</td>
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</tbody>
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Next Steps and Future Directions

• Additional feedback beyond DECIPHeR:
  • Science for D&I in Health Conference (2022)
  • C-DIAS/PSMG group (May 2)
  • Informal feedback from colleagues (ongoing)

• Analyze focus group discussions to identify key recommendations for improving IM4Equity and apply changes to refine framework
Next Steps and Future Directions

• DECIPHeR-specific plans/use cases
  • Identify common measures of implementation determinants in IM4Equity for DECIPHeR teams to consider measuring
  • Use framework to organize/analyze qualitative data from DECIPHeR projects

• Dissemination plans:
  • Develop manuscript to describe IM4Equity development
  • Case studies of how DECIPHeR projects use IM4Equity (e.g., purpose, challenges, benefits)
References

• **PRISM:** McCreight et al. 2019. Using the Practical, Robust Implementation and Sustainability Model (PRISM) to qualitatively assess multilevel contextual factors to help plan, implement, evaluate, and disseminate health services programs. Translational Behavioral Medicine. https://academic.oup.com/tbm/article/9/6/1002/5512135


Questions?

Lilian Perez: lperez@rand.org

James Merle: james.merle@utah.edu