Implementation Science and Health Equity Panel

**Maria E. Fernández, PhD**  
Lorne Bain Distinguished Professor of Public Health and Medicine and President’s Scholar  
Director, Center for Health Promotion and Prevention Research  
Co-Director, Institute for Implementation Science  
UTHealth Houston School of Public Health

**Prajakta Adsul, MBBS, MPH, PhD**  
Assistant Professor, Department of Internal Medicine  
University of New Mexico  
Member, Cancer Control and Population Sciences Research Program  
University of New Mexico Comprehensive Cancer Center

**Ana A. Baumann, PhD**  
Assistant Professor of Surgery  
Division of Public Health Sciences  
Department of Surgery  
Washington University School of Medicine
Equity is not a checklist: One path to conceptualize implementation science and equity

ANA A. BAUMANN, PHD
ASSISTANT PROFESSOR OF SURGERY
DIVISION OF PUBLIC HEALTH SCIENCES/DEPARTMENT OF SURGERY
WASHINGTON UNIVERSITY IN ST. LOUIS
EMAIL: ABAUMANNWALKER@.WUSTL.EDU
TWITTER: @BAUMANNANA
IMPORTANT DISCLOSURE

These slides have not been audited for visual disabilities. If you need an audited version, please email me: abaumannwalker@wustl.edu
Acknowledgements

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Please engage in the conversation!

Twitter: @BaumannAna

#impsci #equity
My positionality
(why am I talking about these things?)

- Latina (Brazilian), duo-citizen, able-bodied, white skin, colonizer, mother, cisgender scholar woman
- Parent interventions, in the U.S. and globally, for Latino populations


- Implementation science, adaptation, equity


The field of dissemination and implementation science

A note: usually we say “D&I field” but “dissemination” is a different set of scientific questions, frameworks, methods. We will focus on implementation science and research in this talk. Also happy to chat about dissemination. More about the “D” here:

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Equity and Implementation Science
What is NOT equity
What is NOT equity

Equity is NOT an outcome (e.g., “I have achieved equity here”)
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Equity is NOT a checklist (e.g., “I have answered “yes” to all of these items so all is good”)
What is NOT equity

Equity is NOT an outcome (e.g., “I have achieved equity here”)

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Equity is NOT diversity (having diversity <> having equity)
What is NOT equity

Equity is NOT an outcome (e.g., “I have achieved equity here”)
Equity is NOT a checklist (e.g., “I have answered “yes” to all of these items so all is good”)
Equity is NOT diversity (having diversity <> having equity)
Equity is NOT a “If you raise, I fail” resource scarcity perspective

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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 system to offer equal access to both tools and opportunities

https://www.bath.ac.uk/guides/inclusive-leadership/
Today’s focus: frameworks

Why are frameworks important?
Theories, Models and Frameworks

Originally did not have equity-focused constructs.
Introducing the structure of racism in color-blind, “post-racial” America

Eduardo Bonilla-Silva
Frameworks with explicit focus on equity
Implementation science and healthcare equity: A path

Reframing implementation science to address inequities in healthcare delivery

Ana A. Baumann and Leopoldo J. Cabassa

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Key Point

Infusing implementation science with an equity approach can produce valuable knowledge to help reduce inequities in healthcare delivery
Be careful with the silent assumptions: our research questions are not neutral

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”
Implications for your work:

Examine your (implicit and explicit) assumptions as you select your theories, your interventions, and your implementation strategies.
If antiracism, discrimination, equity, diversity, inclusion is your focus:

Ask yourself:

How is racism, bias, and white being centered in your research design? What can you do to address them?

What is the historical context of racial oppression in relation to your topic of research?

How is your research (i) testing/implementing fairly and (ii) equitably?

How are you recognizing the historical context of your organization/community?

“Implementation is political”
(Carl May)

We need to reflect critically about the unintended and detrimental consequences of our work as implementation scientists.

Be careful to not be colonialist or imperialist.

Colonialism is, in part, about imposing power and conformity to a set of beliefs.
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

What?
QIs
ESTs

How?
Implementation Strategies

Processes

Outcomes

*Institute of Medicine Standards of Care

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 from the very beginning
## Underrepresentation of Hispanics in Clinical Trials for Common Mental Disorders (2001-2010)

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Whites</th>
<th>Hispanics</th>
</tr>
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<tbody>
<tr>
<td>ADHD</td>
<td>58%</td>
<td>5%</td>
</tr>
<tr>
<td>Major Depression</td>
<td>62%</td>
<td>19%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>37%</td>
<td>3%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>71%</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>61%</td>
<td>8%</td>
</tr>
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Underrepresentation and Assumptions Matter

• Consequences for:
  • Measurement development
  • Intervention efficacy
  • Intervention sustainability

**Article**
The Myth That Only Brilliant People Are Good at Math and Its Implications for Diversity
Eleanor K. Chestnut 1,2, Ryan F. Lei 1, Sarah-Jane Leslie 1 and Andrei Cimpian 1,2

**Article**
Physician Bias and Clinical Trial Participation in Underrepresented Populations
Renea Popkin, PhD 3, Ferulita Taylor-Irupata, MD 3, Oliver W. Bianchi, MD 3
Implications:

Carefully examine who is present, but most importantly, who is absent and why from your studies, research team, and from own network.
Focus On Reach From The Beginning

Communities
Settings
Providers
Clients

Processes

What?
QIs
ESTs

How?
Implementation Strategies

Implementation Outcomes
Feasibility
Fidelity
Penetration
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Service Outcomes*
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Implementation Research Methods


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Attention to Reach and Engagement

• **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

• **How are you engaging the community in your studies**

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Implications:

If your recruitment and engagement processes are not working, this is on you/your system, not on the population. Be creative, meet people where they need to be met, not where you need them to be.
Design and select interventions with implementation in mind
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

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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

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**Implications:**

How adaptable is your intervention? How can you ensure that it fits different contexts and will reach different populations?

Whose voices are informing the development and evaluation of your intervention?

Whose voices are informing the development and evaluation of your intervention?

How are you managing issues of power and privilege?
Implement what works and develop strategies to help reduce inequities in care
We have interventions that decrease disparities

BUT

They are not being implemented in usual care
Implement What Works: The Role of Implementation Strategies

HOW?

Implementation Strategies

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

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Which strategies could help promote equitable education?
Having an intervention is not enough. We need equity-oriented strategies.

**Step 1** Identify the underlying assumptions

**Step 2** Identify potential sources of disparities

**Step 3** Adapt the implementation strategy to ensure that equity is considered and has the potential to reduce disparities

Develop the science of adaptation
Adaptation

Adaptation happens.

AND

Adaptation is important if we are to address disparities

Because of the unique sociocultural context;
Adaptation

- Decision and Process Frameworks
- Methods
Science of Adaptation

Adaptation

WHAT?
- QIs
- ESTs

HOW?
- Implementation Strategies

Context

Impact

• Implementation, services and/or client outcomes

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Sources: Cabassa & Baumann (2013); Rabin et al., 2018; Stirman et al., 2017
Implications:

How are you planning for adaptations? How are you tracking them?
Who is informing the adaptations, and why?
Use an equity lens for implementation outcomes
Using an equity lens

The same intervention and implementation strategy has different acceptability & feasibility depending on the context.
Use an Equity Lens for Implementation Outcomes

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

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Implications

What are the potential negative effects of your work?

How is your work observing, addressing systemic racism and discrimination?
In summary: Future Areas of Inquiries

<table>
<thead>
<tr>
<th>Achieve</th>
<th>Reconfigure</th>
<th>Expand</th>
<th>Invest in</th>
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<tbody>
<tr>
<td>Achieve inclusion and</td>
<td>Reconfigure the intervention development and</td>
<td>Expand the science of adaptation</td>
<td>Invest in implementation trials that focus on enhancing equity</td>
</tr>
<tr>
<td>representation</td>
<td>refinement process</td>
<td>Place equity at the center of implementation studies</td>
<td>in healthcare deliver</td>
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Twitter: @BaumannAna
Thank You!
Ana A. Baumann, PhD
Washington University in St. Louis
abaumannwalker@wustl.edu
Twitter: @BaumannAna
Grounding implementation science in anti-racism

Prajakta Adsul, MBBS, MPH, PhD
Assistant Professor, Department of Internal Medicine &
Member, Cancer Control and Population Science Research Program
EQUALITY:
Everyone gets the same — regardless if it’s needed or right for them.

EQUITY:
Everyone gets what they need — understanding the barriers, circumstances, and conditions.
Racially and ethnically minoritized populations continue to experience inequities…

- Black patients are less likely to receive certain cancer treatments compared to white patients (Corso, et al., 2015)

- Black and Hispanic patients are less likely to have access to medication-assisted treatment (MAT) both prior to and after the pandemic (Anderson, et al., 2022)

- Members of racial and ethnic minority groups had higher rates of COVID-19 positivity and disease severity than White populations (Magesh, et al., 2021)
Causes of inequities

- Complex, multilevel, and rooted in the social determinants of health
  - Recent focus on structural and political determinants of health

- Despite the growing focus on the determinants of health, the role of racism that shapes inequitable distribution of these determinants remains understudied, undocumented, and unexplored
How deep is racism?

- Foundational to our nation’s history and the history of the world

- In Americas, extermination of Native Americans and the enslavement of Africans…

- In India, the caste system…

- In China, the mistreatment of Uighur Muslims…
How far have we come?

- 1991: historical gathering at the CDC named “Is it race or racism?”
- Public health professionals
- Social scientists challenging biological essentialism (i.e., the notion that race is meaningful because it is biological)
- Several other disciplines in anthropology, psychology, among others
Race or racism?

A couple decades later, we continue to fight but much of the research is focused on –

- Race rather than racism
- Discrimination at the interpersonal level
- Cultural racism that facilitates biases in healthcare
- Community deficits rather than community assets
Racism is -

- From Bailey et al, 2017 and Reskin, et al, 2012:
  A hierarchical system of oppression that works at multiple levels across systems to
  - CREATE
  - REINFORCE and
  - MAINTAIN inequities

- From Heather McGee, The Sum of Us
  “Racism costs everyone. It is the common denominator of most of our social and global realities”

- From Jones, in the foreword for the book on Racism:
  “Racism manifests on several levels and attention to dismantling structural racism is key”

- From Jones, 2018:
  “Racism is a system level and not an individual flaw”

- From Jones, 2018:
  “Racism is a system level and not an individual flaw”
Structural racism

The totality of ways that societies foster racial discrimination through mutually reinforcing systems. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.

(Bailey, et al 2017; Hardeman, 2022)
“Our paths have gone from race, racism, anti-racism, to social justice”

-- Camara Phyllis Jones, in the Foreword to Racism: Science and Tools for the Public Health Professional
Where do we begin in addressing racism?

- Critical Race Theory since the 1980’s that was integrated with public health through the Public Health Critical Race Praxis in 2010 (Ford, 2010)
  - Moves beyond the merely documenting health inequities towards understanding and challenging power hierarchies
  - Health researchers carry out health equity research with fidelity to CRT
Anti-racism

- Anti-racist framework (Bonnett, 2000)
  - As a social, scientific, historical, and geographical inquiry
  - An anti-essentialist political force that acts to denaturalize both racial and ethnic allegiances and categories
  - Refers to the forms of thought and practice that seek to confront and eradicate racism

From Jones, 2018, an anti-racist agenda:
- Naming Racism
- How is Racism operating here
- Organizing and strategizing to act

Toward the Science and Practice of Anti-Racism: Launching a National Campaign Against Racism

Camara Phyllis Jones, MD, MPH, PhD

Editorial: Applying Critical Race Theory
Why focus on racism in context of implementation?

• Racism is fundamental aspect of social context that shapes research institutions and researchers; advantages some and disadvantages others

• Structural racism operates within & across interconnected systems that are adaptive in shaping/reinforcing both health inequities & research-practice gap

• Not considering the role and impact of racism in implementation can lead to inaccurate explanations as to why inequities exist & suboptimal selection of interventions/strategies to pursue health equity

Opportunities for the IS field (Public Goods) that build on implementation science and health equity research

**Action group recommendations to promote a focus on health equity in implementation science**

1. Build capacity among researchers and research institutions for health equity-focused and community-engaged implementation science

2. Incorporating health equity considerations across all key implementation focus areas (e.g., adaptations, implementation strategies, study design, determinants, and outcomes)

3. Continuing a focus on cross-disciplinary opportunities in health equity and implementation science
To progress toward achieving health equity, it is imperative that Implementation Science incorporates a focus on understanding and addressing structural racism as one of the fundamental drivers of social and health inequities.

**Recommendations for Addressing Structural Racism in Implementation Science: A Call to the Field**

Rachel C. Shelton, ScD, MPH¹; Prajakta Adsul, MBBS, MPH, PhD²; April Oh, PhD, MPH³
**Recommendation 1**

Include structural racism in IS frameworks, models, and related measures for research focused on racial/ethnic health disparities and health equity.

**Recommendation 2**

Use a multi-level approach for selecting, developing, adapting, and implementing EBIs and implementation strategies to address structural racism and impact health inequities.

**Recommendation 3**

Apply transdisciplinary and intersectoral collaborations and engagement as essential IS methods to address structural racism and promote health equity.
Bringing an anti-racist lens to implementation science: Opportunities to advance a focus on equity and racial justice. In Press, Implementation Research & Practice
CBPR Conceptual Model


Visual from amoshealth.org 2017
Adaptations -

- Populations experiencing health disparities are traditionally under-represented in efficacy research
  - Resulting in problems with relevance of the intervention
  - Low rates of adoption and sustainability in settings that serve disadvantaged populations
  - Exacerbate disparities (Lorenc, T., Oliver, K., 2013)

“a significant disconnect exists between the types of information that practitioners find useful and the predominant types of information that intervention adaptation researchers are producing”
Leaders' willingness to examine Black & Indigenous student/parent experiences of school discrimination and marginalization impacted multiple factors related to implementation uptake

Race/ethnicity of principals related to intervention engagement and uptake
Health Equity Implementation Framework

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

Eva N. Woodward, Monica M. Matthieu, Uchenna S. Uchendu, Shari Rogal, and JoAnn E. Kirchner

Implementation Science
Open Access
2. Interdisciplinary collaborations for research

- Developing research expertise, training and skills building, supporting SGD researchers
- Practitioners and researchers collaborating to reduce the research-practice gaps
- Creating community-clinical partnerships to incorporate and promote SGD equity principles

1. Research on interventions and implementation

- Integrating, where available, best practices for interventions in addition to research-informed evidence
- Beginning with the end in mind, considering implementation during intervention development
- Generating evidence through interdisciplinary collaborations and stakeholder approaches

3. Stakeholder participation in research

- Identifying stakeholders from the community and the practice settings
- Engaging in a meaningful way with stakeholders (with monetary compensation) during the planning & execution of research
- Disseminating study approaches and findings to all stakeholders

Research Article
Incorporating Participatory Approaches and Implementation Science Toward an Integrated Research Paradigm to Promote Equity in Cancer Prevention and Control Research for Sexual and Gender Diverse Populations
Adsul, Prajyota | Naik, Uma S. | Tami-Maury, Irene | Madhivanan, Purnima | Kano, Mirio
Annals of LGBTQ Public and Population Health Vol 3 Issue 1, DOI: 10.1891/LGBTQ-2021-0016
As we become clearer in our understanding of implementation science, we must consider the applicability of this information in diverse populations and underserved settings

- Approaches that engage communities, consider adaptations to context, are pragmatic, consider complexity through systems thinking
- Methods that include qualitative inquiries, mixed methods analysis, observational data, and transdisciplinary methods (policy, economic analyses)
- Theories, models, and frameworks, that explicitly incorporate a focus on equity
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Let’s connect!

Email: padsul@salud.unm.edu
Twitter: @PrajaktaAdsul