

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

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3D43TW011541-01S1, 1U24HL154426-01, 5U01HL133994-05,
3R01HD091218, 1 P50 MH122351-01A1

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

Rodriguez, M. M. D., Baumann, A. A., & Schwartz, A. L. (2011). Cultural adaptation of an evidence based intervention: From theory to practice in a Latino/a community context. *American journal of community psychology*, 47(1-2), 170-186.

Baumann, A. N. A., Domenech Rodríguez, M., & Parra-Cardona, J. R. (2011). Community-based applied research with Latino immigrant families: Informing practice and research according to ethical and social justice principles. *Family process*, 50(2), 132-148.

Baumann, A. A., Mejia, A., Lachman, J. M., Parra-Cardona, R., López-Zerón, G., Buenabad, N. G. A., ... & Rodríguez, M. M. D. (2019). Parenting programs for underserved populations in low-and middle-income countries: issues of scientific integrity and social justice. *Global Social Welfare*, 6(3), 199-207.

Domenech Rodríguez, M. M., Baumann, A. A., Vázquez, A. L., Amador-Buenabad, N. G., Franceschi Rivera, N., Ortiz-Pons, N., & Parra-Cardona, J. R. (2018). Scaling out evidence-based interventions outside the US mainland: Social justice or Trojan horse?. *Journal of Latina/o Psychology*, 6(4), 329.

- Implementation science, adaptation, equity

Cabassa, L. J., & Baumann, A. A. (2013). A two-

Baumann, A. A., & Cabassa, L. J. (2020). Reframing implementation science to address inequities in healthcare delivery. *BMC health services research*, 20(1), 1-9. way street: bridging implementation science and cultural adaptations of mental health treatments. *Implementation Science*, 8(1), 1-14.

Miller, C. J., Wiltsey-Stirman, S., & Baumann, A. A. (2020). Iterative Decision-making for Evaluation of Adaptations (IDEA): A decision tree for balancing adaptation, fidelity, and intervention impact. *Journal of community psychology*, 48(4), 1163-1177.

Stirman, S. W., Baumann, A. A., & Miller, C. J. (2019). The FRAME: an expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implementation Science*, 14(1), 1-10.

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:


Baumann et al. *Implementation Science* (2022) 17:53
<https://doi.org/10.1186/s13012-022-01225-4>

Implementation Science

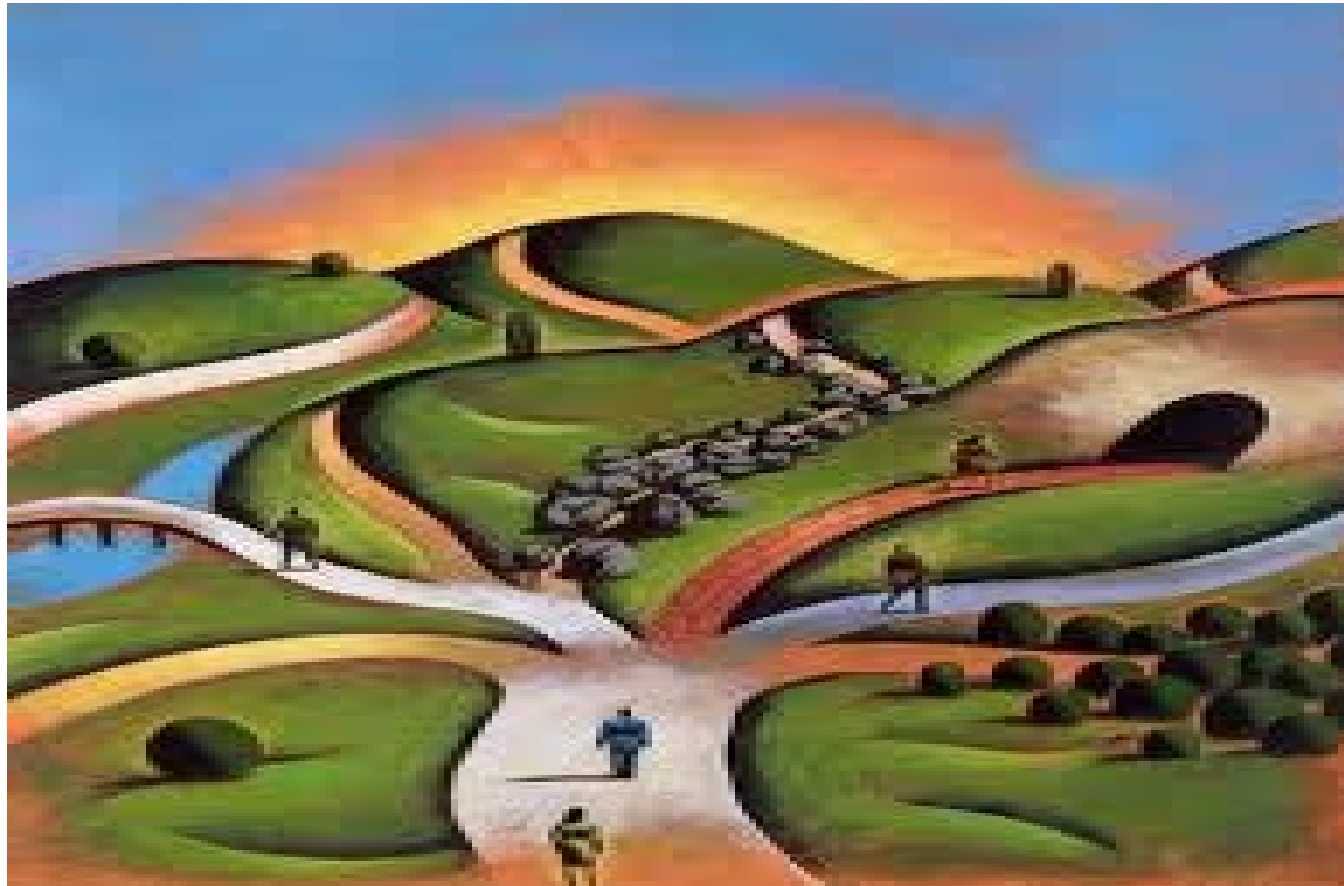
RESEARCHOpen Access

A scoping review of frameworks in empirical studies and a review of dissemination frameworks



Ana A. Baumann^{1*} , Cole Hooley², Emily Kryzer³, Alexandra B. Morshed⁴, Cassidy A. Gutner^{5,6}, Sara Malone⁷, Callie Walsh-Bailey⁷, Meagan Pilar⁸, Brittney Sandler⁹, Rachel G. Tabak⁷ and Stephanie Mazzucca⁷

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”)

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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)

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

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



Today's focus: frameworks

Why are frameworks important?

Theories, Models and Frameworks

Originally did not have equity-focused constructs.



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Journal of Counseling Psychology

<https://doi.org/10.1037/cou0000618>

Ignoring Race and Denying Racism: A Meta-Analysis of the Associations Between Colorblind Racial Ideology, Anti-Blackness, and Other Variables Antithetical to Racial Justice

Jacqueline Yi¹, Helen A. Neville², Nathan R. Todd¹, and Yara Mekawi³

¹ Department of Psychology, University of Illinois at Urbana-Champaign

² Department of Educational Psychology and African American Studies, University of Illinois at Urbana-Champaign

³ Department of Psychological and Brain Sciences, University of Louisville



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0003-066X/18/\$12.00

American Psychologist

2018, Vol. 73, No. 6, 812–826
<http://dx.doi.org/10.1037/amp0000294>

Invisibility of Racial/Ethnic Minorities in Developmental Science: Implications for Research and Institutional Practices

Moin Syed
University of Minnesota

Carlos Santos
University of California, Los Angeles

Hyung Chol Yoo
Arizona State University

Linda P. Juang
University of Potsdam

American Behavioral Scientist

Volume 59, Issue 11, October 2015, Pages 1358-1376

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<https://doi.org/10.1177/0002764215586826>



Introduction

The Structure of Racism in Color-Blind, “Post-Racial” America

Eduardo Bonilla-Silva¹

Frameworks with explicit focus on equity

Eslava-Schmalbach et al. *International Journal for Equity in Health* (2019) 18:80
https://doi.org/10.1186/s12939-019-0984-4

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^{1,2*}, V. Elias³, L. Reveiz³, N. Tran⁴ and E. V. Langlois⁵

Check for updates

Resources, Frameworks, and Perspectives

The Health Equity Framework: A Science- and Justice-Based Model for Public Health Researchers and Practitioners

Amy Peterson, PhD¹, Vignetta Charles, PhD², David Yeung, MBA³, Karin Coyle, PhD³

Woodward et al. *Implementation Science* (2019) 14:26
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

Eva N. Woodward^{1,2*}, Monica M. Matthieu^{1,3}, Uchenna S. Uchendu⁴, Shari Roga^{5,6,7} and JoAnn E. Kirchner^{1,2,8}

Check for updates

Nápoles and Stewart *BMC Health Services Research*
https://doi.org/10.1186/s12913-018-3521-z

BMC Health Services Research

DEBATE Open Access

Transcreation: an implementation science framework for community-engaged behavioral interventions to reduce health disparities

Anna María Nápoles¹ and Anita L. Stewart²

Check for updates

Rimmer et al. *Implementation Science* 2014, 9:100
http://www.implementation-science.com/content/9/1/100

IMPLEMENTATION SCIENCE

METHODOLOGY Open Access

GRAIDs: a framework for closing the gap in the availability of health promotion programs and interventions for people with disabilities

James H Rimmer^{1*}, Kerri A Vanderboom¹, Linda G Bandini^{2,3}, Charles E Drum⁴, Karen Luken⁵, Yolanda Suarez-Balcazar⁶ and Ian D Graham⁷

Evaluation and Program Planning 70 (2018) 25-34

Contents lists available at ScienceDirect

Evaluation and Program Planning

journal homepage: www.elsevier.com/locate/evalproplan

A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships

Melanie Ward^{*,1}, Amy J. Schulz², Barbara A. Israel³, Kristina Rice⁴, Sheena E. Martens⁵, Evan Markarian⁶

Original Report

APPLYING A RACE(ISM)-CONSCIOUS ADAPTATION OF THE CFIR FRAMEWORK TO UNDERSTAND IMPLEMENTATION OF A SCHOOL-BASED EQUITY-ORIENTED INTERVENTION

Michele Allen, MD, MS¹; April Wilhelm, MD, MPH¹; Luis Enrique Ortega, MEd²; Shannon Pergament, MPH, MSW²; Nicole Bates, MEd³; Brooke Cunningham, MD, PhD³

Health Equity
Volume 4.1, 2020
DOI: 10.1089/eq.2020.0044
Accepted October 5, 2020

Health Equity

Open Access

Implementation Science to Address Health Disparities During the Coronavirus Pandemic

Karla I. Galaviz¹, Jessica Y. Breland², Mechelle Sanders³, Khadijah Breathett⁴, Alison Cerezo⁵, Oscar Gil⁶, John M. Hollier⁷, Cassandra Marshall⁸, J. Deanna Wilson⁹ and Utibe R. Essien⁹

Baumann and Cabassa *BMC Health Services Research* (2020) 20:190
https://doi.org/10.1186/s12913-020-4975-3

BMC Health Services Research

DEBATE Open Access

Reframing implementation science to address inequities in healthcare delivery

Ana A. Baumann¹ and Leopoldo J. Cabassa^{1*}

Check for updates

frontiers
in Public Health

PERSPECTIVE
published: 12 May 2020
doi: 10.3389/fpubh.2020.00209

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

Rachel C. Shelton^{1,2*}, David A. Chambers³ and Russell E. Glasgow^{4,5}

Damschroder et al. *Implementation Science* (2022) 17:7
https://doi.org/10.1186/s13012-021-01181-9

Implementation Science

DEBATE Open Access

Conceptualizing outcomes for use with the Consolidated Framework for Implementation Research (CFIR): the CFIR Outcomes Addendum

Laura J. Damschroder¹, Caitlin M. Reardon, Marilla A. Opra Widerquist and Julie Lowery

Check for updates

Conceptual Paper

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. Griffith^{1,4,7}

Implementation Research and Practice
Volume 2, Jan-Dec 2021 1–19
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journals.sagepub.com/home/irp
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Implementation science and healthcare equity: A path


Baumann and Cabassa *BMC Health Services Research* (2020) 20:190
<https://doi.org/10.1186/s12913-020-4975-3>

BMC Health Services Research

DEBATE **Open Access**

Reframing implementation science to address inequities in healthcare delivery

Ana A. Baumann[†] and Leopoldo J. Cabassa^{**†} 



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?

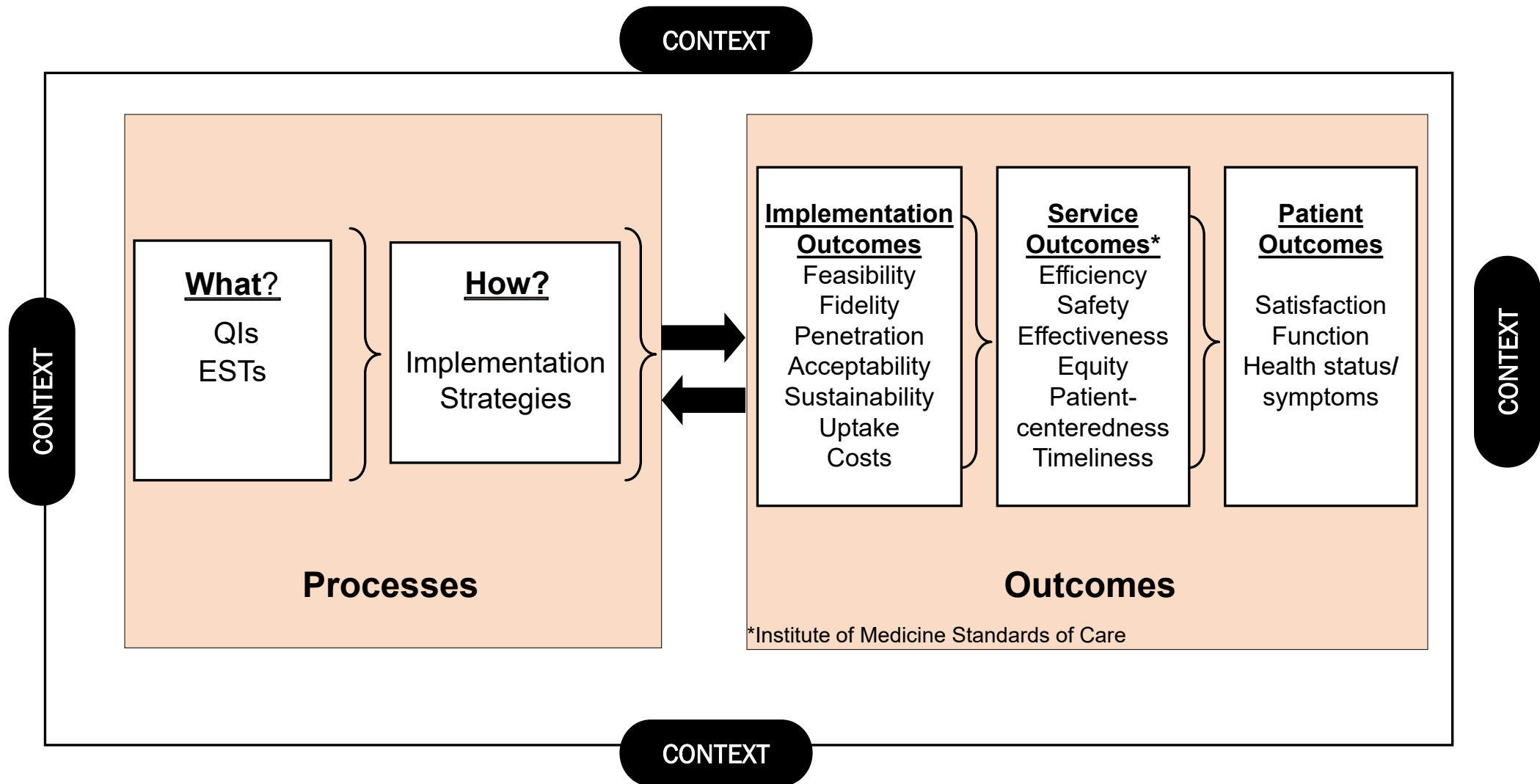
Hankivsky, O., Grace, D., Hunting, G., Giesbrecht, M., Fridkin, A., Rudrum, S., ... & Clark, N. (2014). An intersectionality-based policy analysis framework: critical reflections on a methodology for advancing equity. *International journal for equity in health*, 13(1), 1-16.

“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.



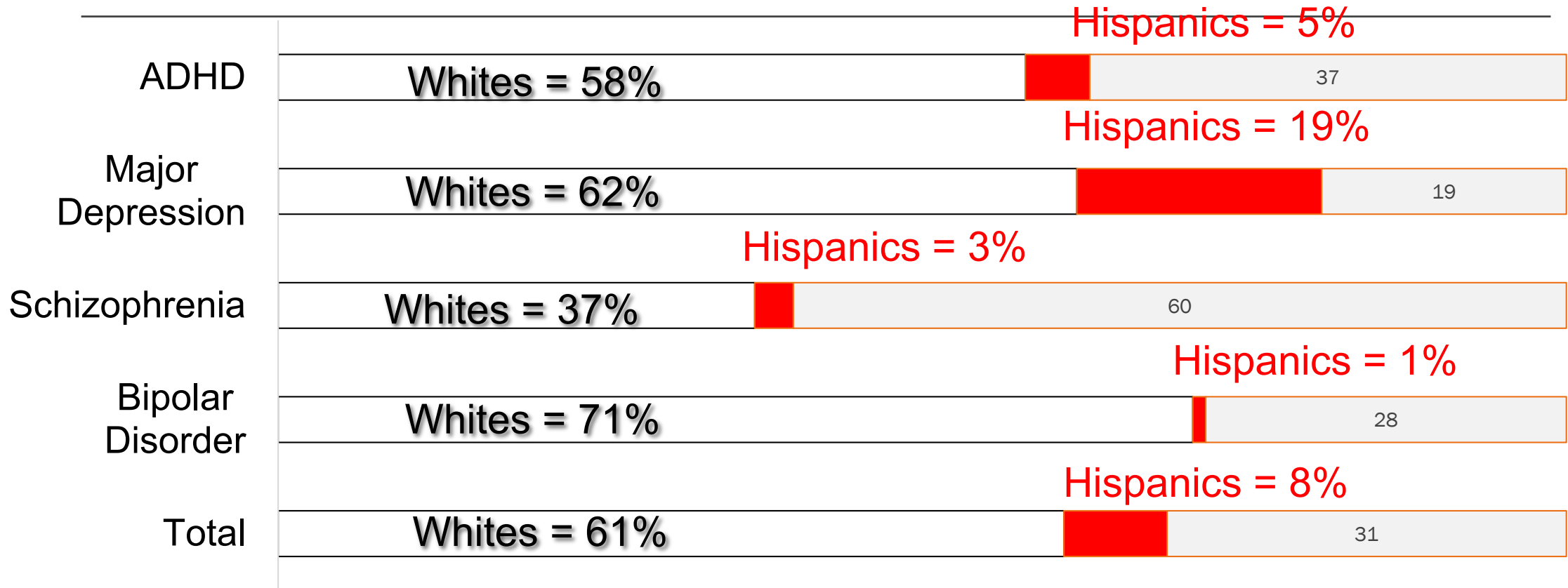
Proctor, E. K., Landsverk, J., Aarons, G., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation research in mental health services: an emerging science with conceptual, methodological, and training challenges. *Administration and Policy in Mental Health and Mental Health Services Research*, 36(1), 24-34.

- 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**



Focus on reach from the very beginning

Underrepresentation of Hispanics in Clinical Trials for Common Mental Disorders (2001-2010)



Santiago, C. D., & Miranda, J. (2014). Progress in improving mental health services for racial-ethnic minority groups: A ten-year perspective. *Psychiatric Services*, 65(2), 180-185.

Underrepresentation and Assumptions Matter

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

Physician Bias and Clinical Trial Participation in Underrepresented Populations

Ronna Popkin, PhD,^a Perdita Taylor-Zapata, MD,^b Diana W. Bianchi, MD^c

One hundred years of solitude—underrepresentation of Indigenous and minority groups in diabetes trials



Article

The Myth That Only Brilliant People Are Good at Math and Its Implications for Diversity

Eleanor K. Chestnut ^{1,*}, Ryan F. Lei ¹, Sarah-Jane Leslie ² and Andrei Cimpian ^{1,*}

Psychology in the Schools, Vol. 44(6), 2007
Published online in Wiley InterScience (www.interscience.wiley.com).

© 2007 Wiley Periodicals, Inc.
DOI: 10.1002/pits.20247

TOWARD REDUCED BIAS AND INCREASED UTILITY IN THE ASSESSMENT
OF SCHOOL REFUSAL BEHAVIOR: THE CASE FOR DIVERSE SAMPLES
AND EVALUATIONS OF CONTEXT

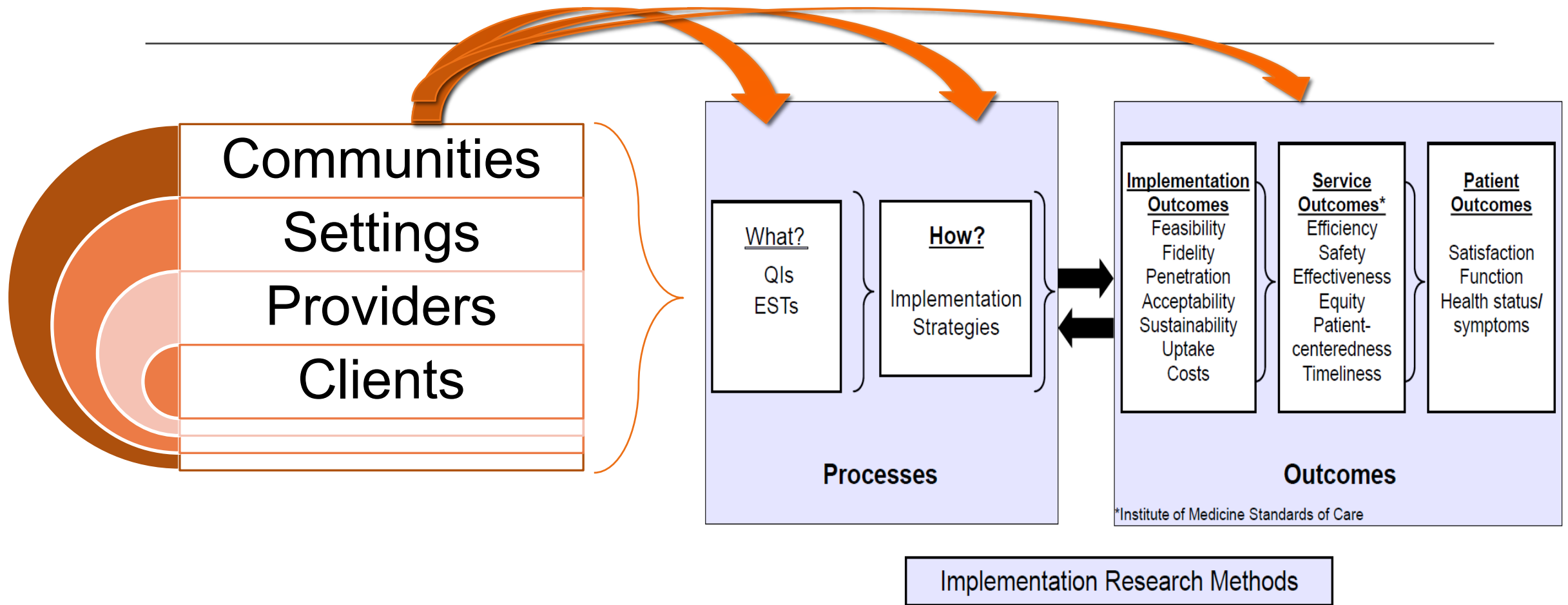
AARON R. LYON AND SHELDON COTLER

DePaul University

Implications:

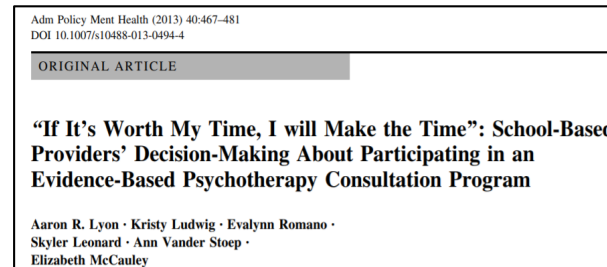
Carefully examine who is present, but most importantly, who is absent and why from your studies, research team, and from own network.

Focus On Reach From The Beginning



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**



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**

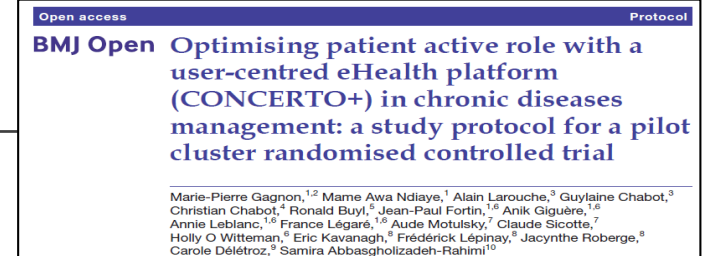
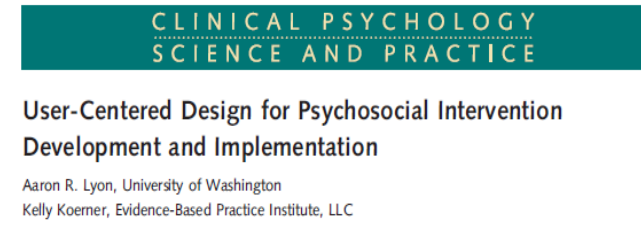
Partner with stakeholders
from the very beginning

Focus on end-users at all
levels

Consider the ecology of practice

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**



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

Implement what works

We have interventions
that decrease disparities

BUT

**They are not being
implemented in usual
care**

Current Psychiatry Reports (2019) 21:35
<https://doi.org/10.1007/s11920-019-1017-0>

PUBLIC POLICY AND PUBLIC HEALTH (G. NORQUIST, SECTION EDITOR)

 Check for updates

Community Interventions to Promote Mental Health and Social Equity

Enrico G. Castillo^{1,2,3} • Roya Ijadi-Maghsoodi^{1,4,5} • Sonya Shadravan¹ • Elizabeth Moore¹ • Michael O. Mensah III¹ • Mary Docherty⁶ • Maria Gabriela Aguilera Nunez¹ • Nicolás Barcelo¹ • Nichole Goodsmith¹ • Laura E. Halpin¹ • Isabella Morton¹ • Joseph Mango^{1,7} • Alanna E. Montero^{1,7} • Sara Rahmanian Koushaki^{1,7} • Elizabeth Bromley^{1,7,8,9,10} • Bowen Chung^{1,7,9,11,12} • Felicia Jones^{1,2} • Sonya Gabrielian^{1,5} • Lillian Gelberg^{10,13,14} • Jared M. Greenberg^{1,5} • Ippolytos Kalofonos^{1,2,15} • Sheryl H. Kataoka^{1,7,16} • Jeanne Miranda^{1,7,14} • Harold A. Pincus^{9,17} • Bonnie T. Zima^{1,7,16} • Kenneth B. Wells^{1,7,9,14}

JAMA Internal Medicine | [Original Investigation](#) | FIREARM VIOLENCE

Effect of Abandoned Housing Interventions on Gun Violence, Perceptions of Safety, and Substance Use in Black Neighborhoods: A Citywide Cluster Randomized Trial

Eugenia C. South, MD, MS; John M. MacDonald, PhD; Vicky W. Tam, MA; Greg Ridgeway, PhD; Charles C. Branas, PhD

From evidence to impact: Joining our best school mental health practices with our best implementation strategies

Aaron R. Lyon, Eric J. Bruns
University of Washington School of Medicine

FULL TEXT ARTICLE 

A Multi-faceted Intervention Aimed at Black-White Disparities in the Treatment of Early Stage Cancers: The ACCURE Pragmatic Quality Improvement trial  

Samuel Cykert M.D., Eugenia Eng Dr.P.H., Matthew A. Manning M.D., Linda B. Robertson Ph.D., Dwight E. Heron M.D., Nora S. Jones M.A., Jennifer C. Schaal M.D., Alexandra Lightfoot Ed.D., Haibo Zhou Ph.D., Christina Yongue M.P.H. and Ziya Gizlice Ph.D.

Journal of the National Medical Association, 2020-10-01, Volume 112, Issue 5, Pages 468-477, Copyright © 2019 National Medical Association

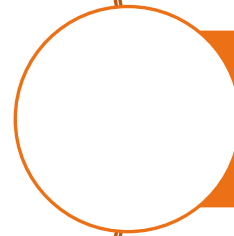
Implement What Works: The Role of Implementation Strategies

HOW?

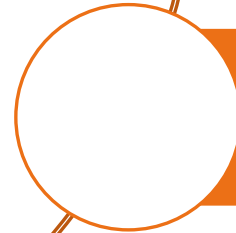
**Implementation
Strategies**



Increase trust, partnerships
and ownership

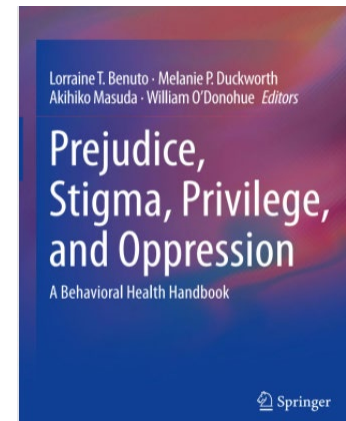
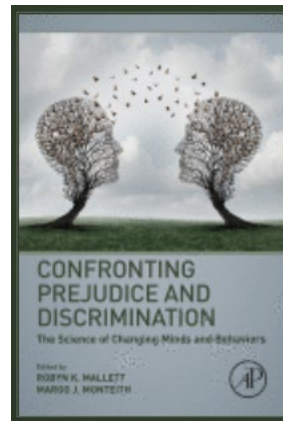


Build capacity, resources
collaborative networks



Advocacy, Allyship, Cultural
Humility

Which strategies could help promote equitable education?



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;

How to provide anti-racist mental health care



The recent turmoil in response to police brutality against Black communities in the USA and western countries has led the American Psychological Association to instead associated with negative perceptions of mental health services and professionals, self-stigmatisation, and poor experiences with care services, including attitudes

Published Online
July 8, 2020
[https://doi.org/10.1016/j.s2215-0366\(20\)30309-6](https://doi.org/10.1016/j.s2215-0366(20)30309-6)

Microresearch: Promoting Scholarly Activity That Addresses Health Disparities in Rural Health Professional Education Programs

Lynn Engelberg Glenn, PhD APRN
Lisa Simon, MD, DMD
Veronica S. Smith, MSEE
Randall L. Longenecker, MD
David Schmitz, MD
Davis G. Patterson, PhD

The current issue and full text archive of this journal is available on Emerald Insight at:
<https://www.emerald.com/insight/2040-7149.htm>

Anti-racist actions and accountability: not more empty promises

C. Malik Boykin

Anti-racist
actions

Having an intervention is not enough. **We need equity-oriented strategies**

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
Step

Gaias, L. M., Arnold, K. T., Liu, F. F., Pullmann, M. D., Duong, M. T., & Lyon, A. R. (2022). Adapting strategies to promote implementation reach and equity (ASPIRE) in school mental health services. *Psychology in the Schools*, 59(12), 2471-2485.

Develop the science of adaptation

Adaptation

Adaptation happens.

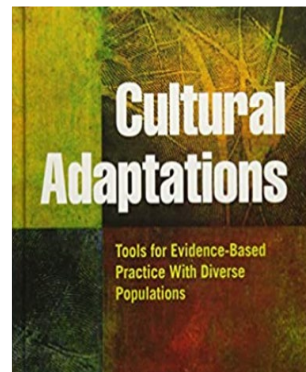
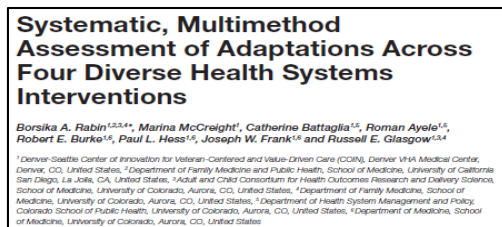
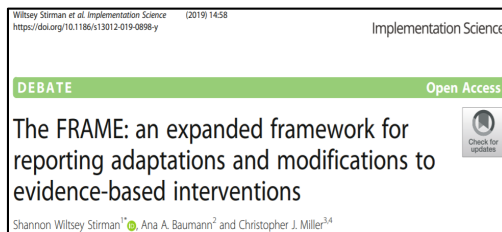
AND

Adaptation is important if we are to address disparities

Because of the unique sociocultural context;

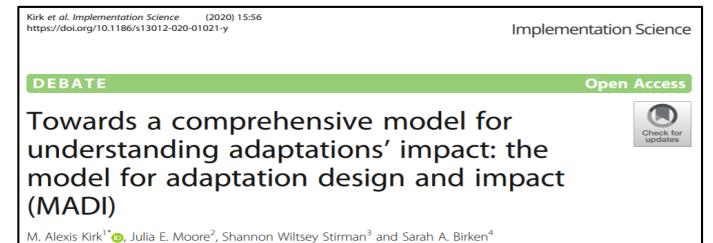
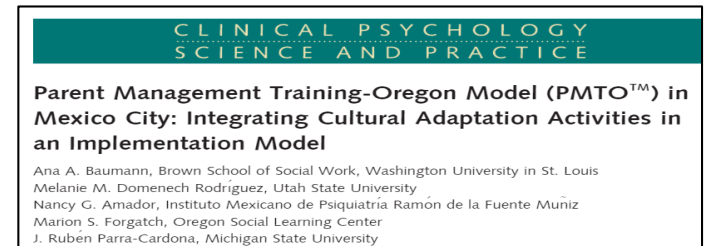
Adaptation

- Decision and Process Frameworks
- Methods



A scoping study of frameworks for adapting public health evidence-based interventions

Cam Escoffery,¹ Erin Lebow-Skelley,¹ Hallie Udelson,¹ Elaine A. Böing,¹ Richard Wood,² Maria E. Fernandez,² Patricia D. Mullen²



Science of Adaptation

Adaptation



Implications:

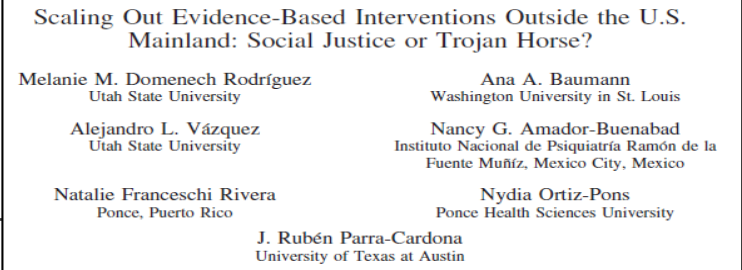
How are you planning for adaptations? How are you tracking them?

Who is informing the adaptations, and why?

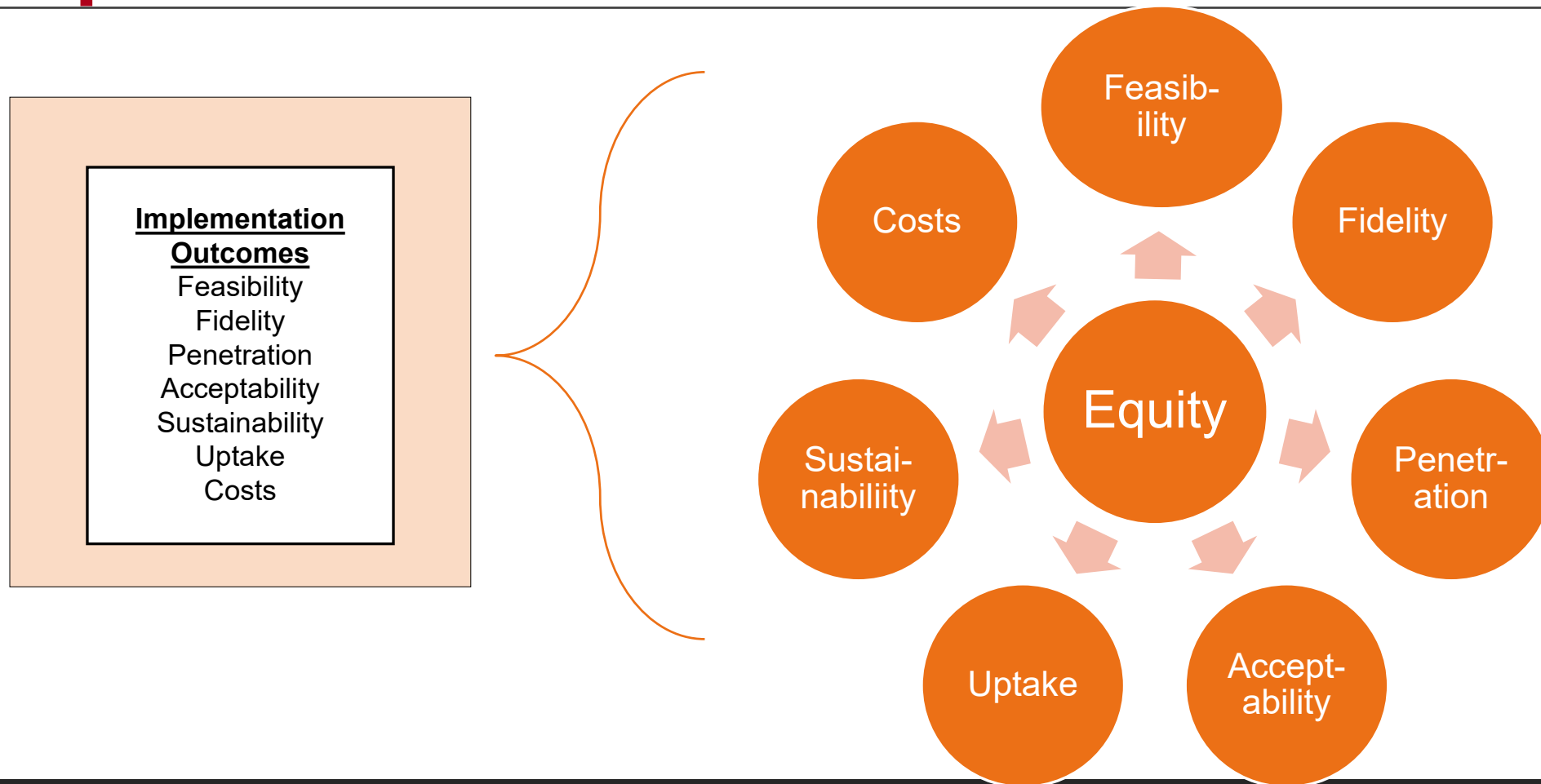
**Use an equity lens for implementation
outcomes**

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



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

Achieve	Reconfigure	Expand	Invest in
Achieve inclusion and representation	Reconfigure the intervention development and refinement process	Expand the science of adaptation Place equity at the center of implementation studies	Invest in implementation trials that focus on enhancing equity in healthcare deliver

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.



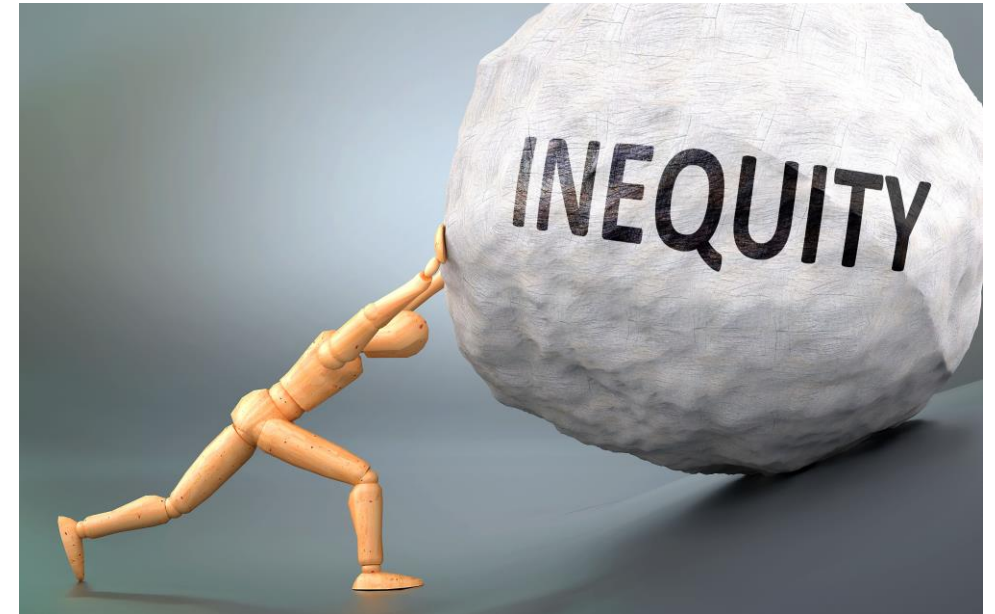
EQUITY:

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](#))



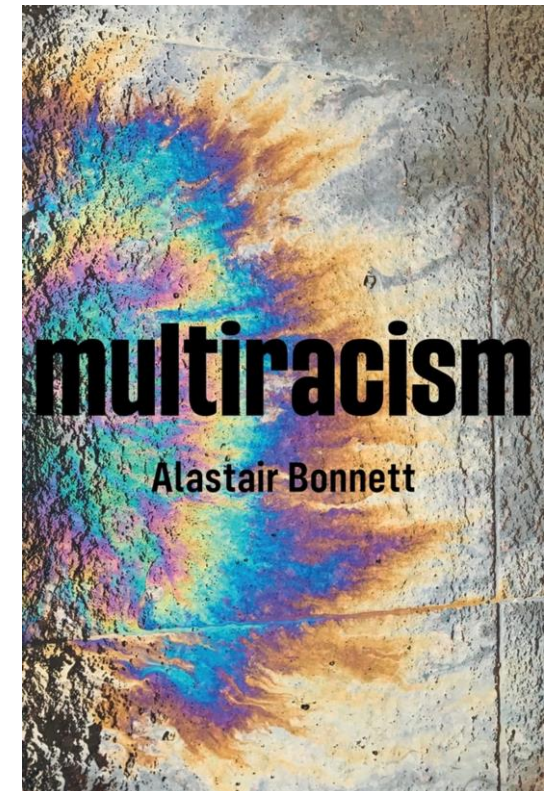
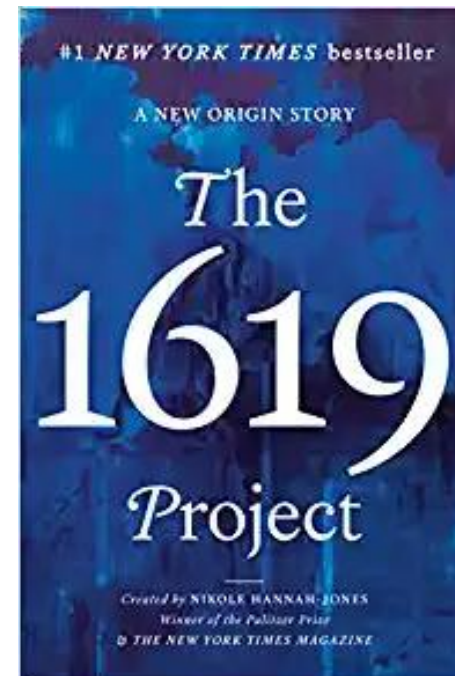
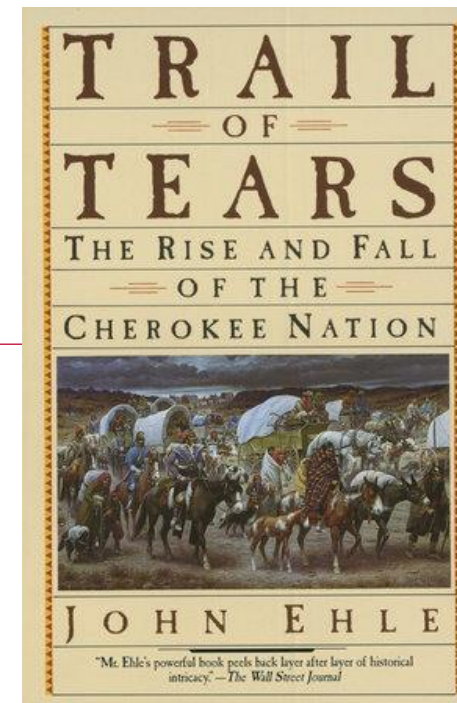
Causes of inequities

- 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



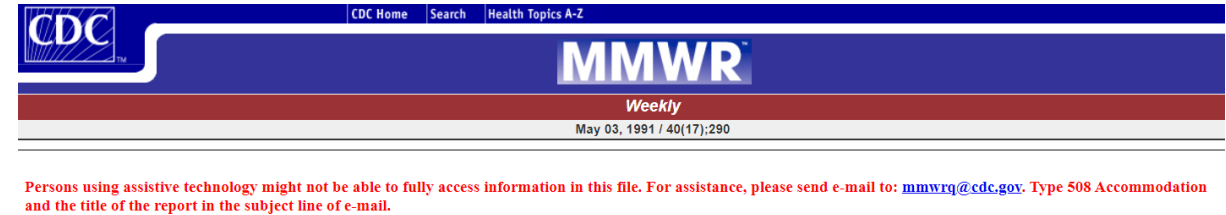
How deep is racism?

- 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



Notices to Readers American College of Epidemiology Annual Meeting

The annual meeting of the American College of Epidemiology (ACE) will be held November 7-8, 1991, at CDC; the theme is "Morbidity/Mortality Gap: Is It Race or Racism?". The agenda will focus on disparities in health status between minority and nonminority populations as they relate to infant mortality, low birth weight, heart disease, stroke, cancer, injuries, cirrhosis, diabetes, acquired immunodeficiency syndrome, and sexually transmitted diseases. Other topics will include access to prevention and treatment, costs and other implications for society, prevention and intervention strategies, effects of community empowerment, and promotion of public health careers among minority students.



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, 2018](#):

“Racism is a system level and not an individual flaw”



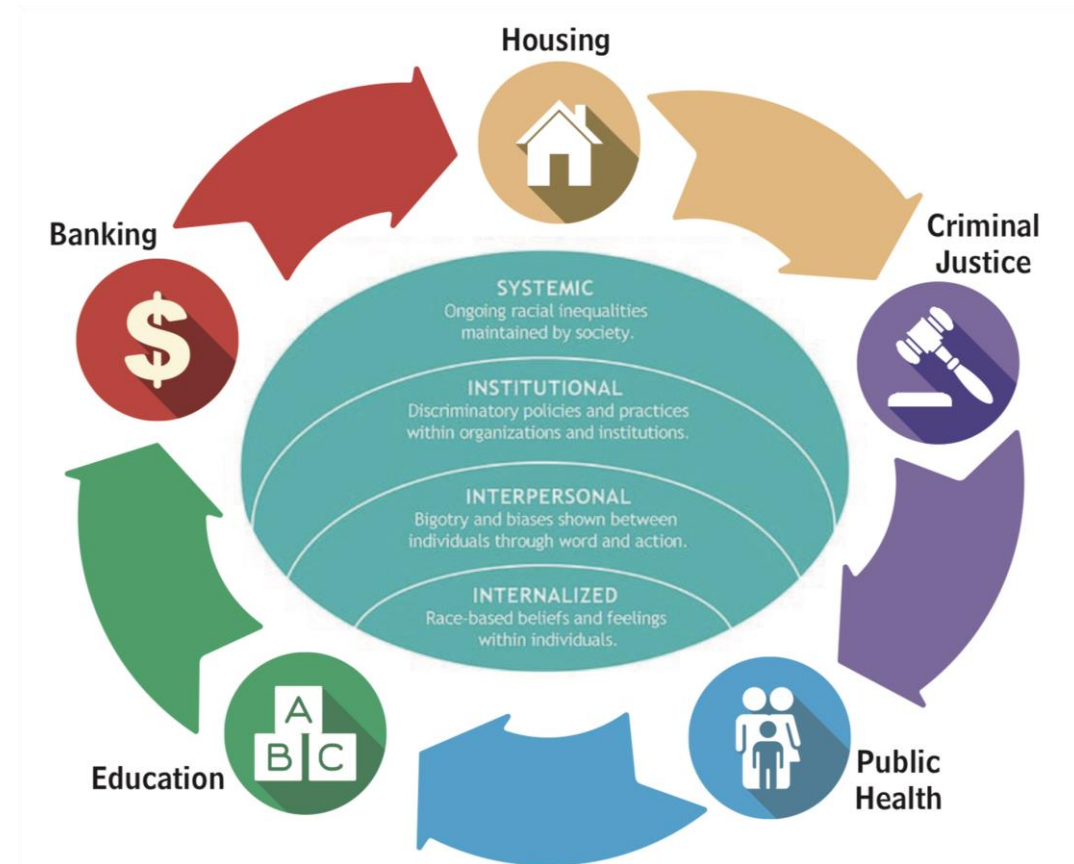
- From Jones, in the foreword for the book on Racism:


“Racism manifests on several levels and attention to dismantling structural racism is key”

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](#))



A photograph of a dirt path winding through a dense forest of tall, thin trees with lush green foliage. Sunlight filters through the canopy, creating a pattern of light and shadow on the path and the forest floor.

“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

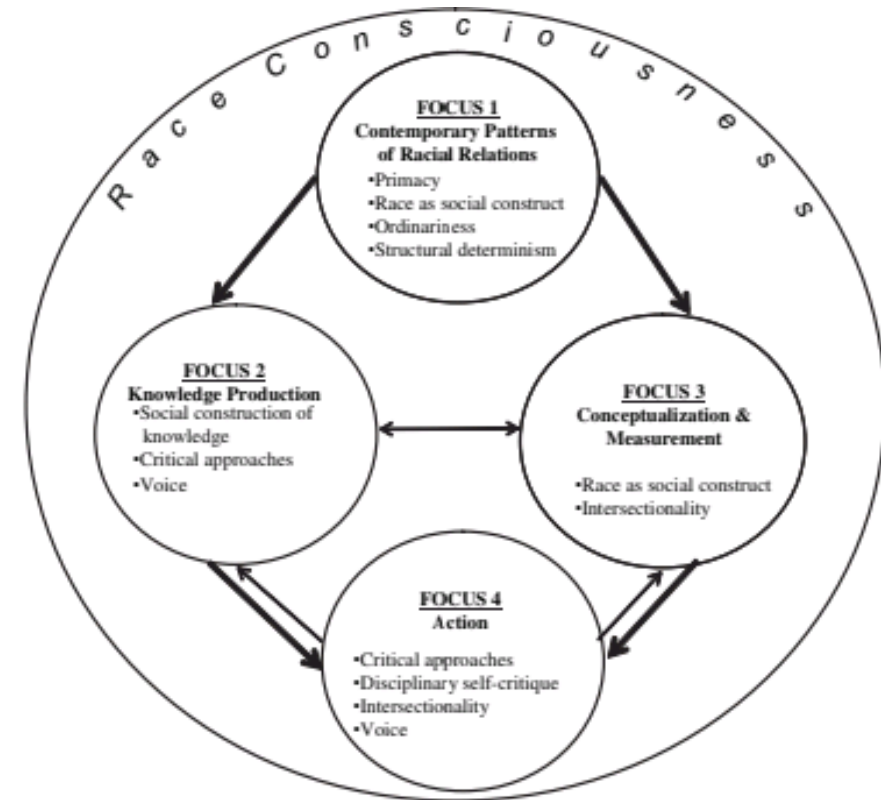
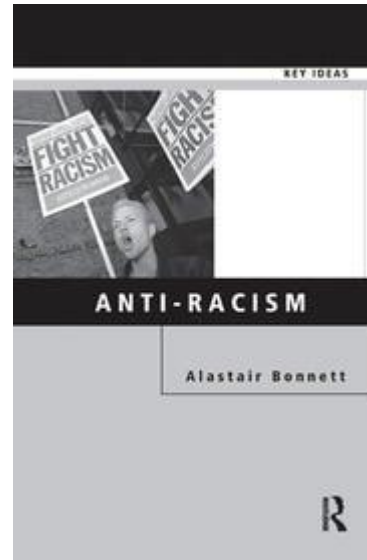


Fig. 1. Race consciousness, the four focuses and ten affiliated principles.

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



Editorial: Applying
Critical Race Theory

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, PhD¹

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

Implementation Science as an opportunity to include “equity” in research processes and outcomes



BMC Health Serv Res. 2020; 20: 190.

Published online 2020 Mar 12. doi: [10.1186/s12913-020-4975-3](https://doi.org/10.1186/s12913-020-4975-3)

PMCID: PMC7069050

PMID: [32164706](https://pubmed.ncbi.nlm.nih.gov/32164706/)

Reframing implementation science to address inequities in healthcare delivery

[Ana A. Baumann](#)[#] and [Leopoldo J. Cabassa](#)[#]

Methodologies to Advance Health Equity

Ethn Dis. 2019;29(Suppl 1): 83-92

DOI: [10.18865/ed.29.S1.83](https://doi.org/10.18865/ed.29.S1.83)

Keywords: Implementation Science; Health Inequity; Community Partnerships

Implementation Research Methodologies for Achieving Scientific Equity and Health Equity

[Maira McNulty](#) ^{1, 2}; [J.D. Smith](#) ^{3, 4}; [Juan Villamar](#) ^{3, 4}; [Inger Burnett-Zeigler](#) ³; [Wouter Vermeer](#) ^{3, 4}; [Nanette Benbow](#) ^{3, 4}; [Carlos Gallo](#) ^{3, 4}; [Uri Wilensky](#) ^{4, 5}; [Arthur Hjorth](#) ^{4, 5}; [Brian Mustanski](#) ^{3, 4}; [John Schneider](#) ^{1, 2}; [C. Hendricks Brown](#) ^{3, 4}

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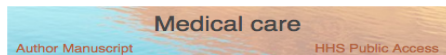
Debate | [Open Access](#) | [Published: 03 June 2022](#)

Grounding implementation science in health equity for cancer prevention and control

[Prajakta Adsul](#) [✉], [David Chambers](#), [Heather M. Brandt](#), [Maria E. Fernandez](#), [Shoba Ramanadhan](#), [Essie Torres](#), [Jennifer Leeman](#), [Barbara Baquero](#), [Linda Fleischer](#), [Cam Escoffery](#), [Karen Emmons](#), [Montserrat Soler](#), [April Oh](#), [Ariella R. Korn](#), [Stephanie Wheeler](#) & [Rachel C. Shelton](#)

Implementation Science Communications **3**, Article number: 56 (2022) | [Cite this article](#)

2083 Accesses | **37** Altmetric | [Metrics](#)



Harnessing Implementation Science to Increase the Impact of Health Disparity Research

[Matthew Chinman](#), PhD, [Eva N. Woodward](#), PhD, [...], and [Leslie R. M. Hausmann](#), PhD

Implementation Science

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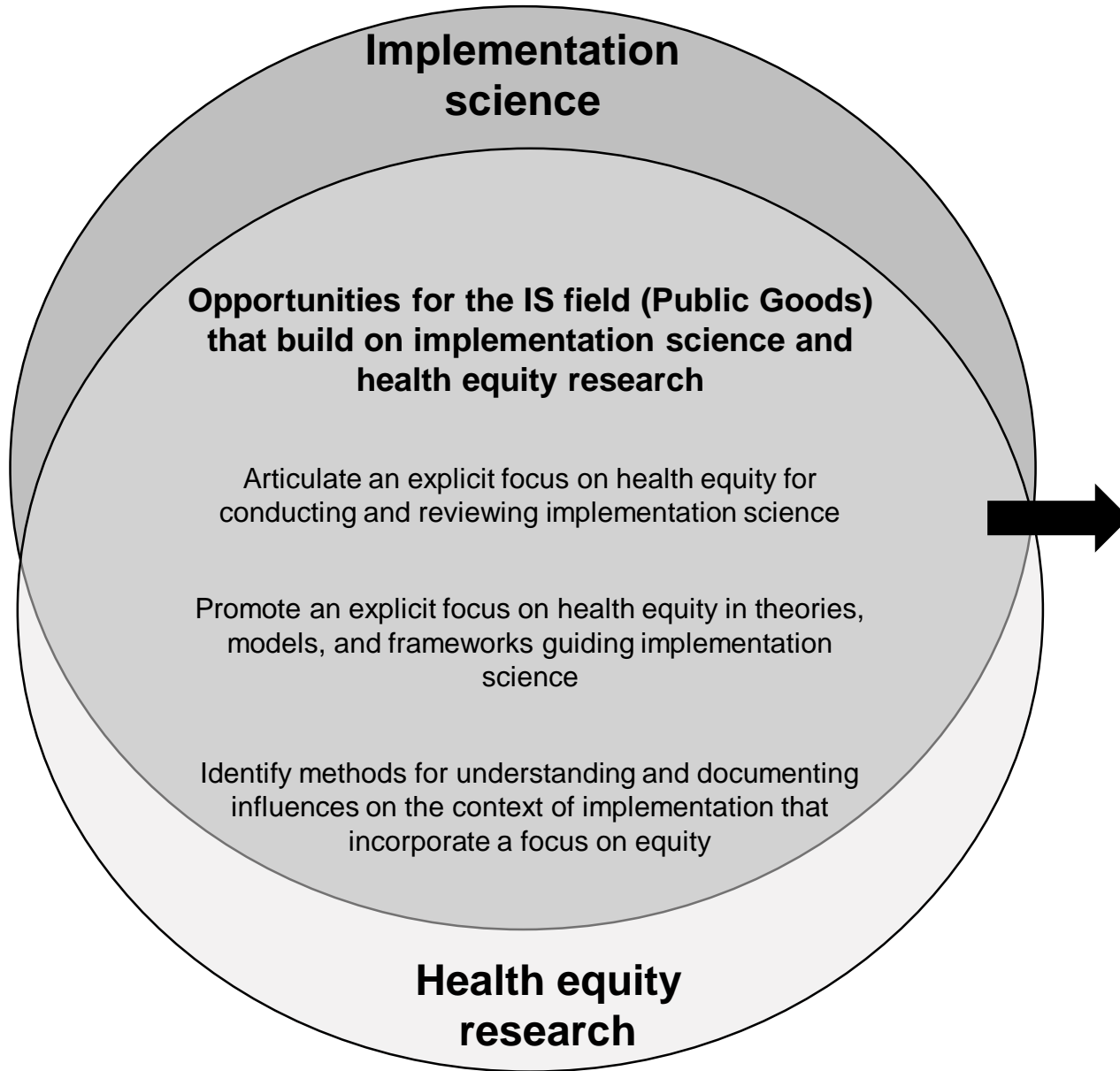
Debate | [Open Access](#) | [Published: 19 March 2021](#)

Implementation science should give higher priority to health equity

[Ross C. Brownson](#) [✉], [Shiriki K. Kumanyika](#), [Matthew W. Kreuter](#) & [Debra Haire-Joshu](#)

Implementation Science **16**, Article number: 28 (2021) | [Cite this article](#)

6705 Accesses | **4** Citations | **100** Altmetric | [Metrics](#)



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

An International Journal on Population Differences in Disease Patterns

Ethnicity & Disease



Ethnicity & Disease is an international journal that exclusively publishes information on the causal and associative relationships in the etiology of common illnesses through the study of ethnic patterns of disease.

Volume 31, Supplement 1 STRUCTURAL RACISM AND DISCRIMINATION: IMPACT ON MINORITY HEALTH AND HEALTH DISPARITIES May 2021

Vol 31 (2021): Supplement 1 - Structural Racism and Discrimination: Impact on Minority Health and Health Disparities

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

*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.*

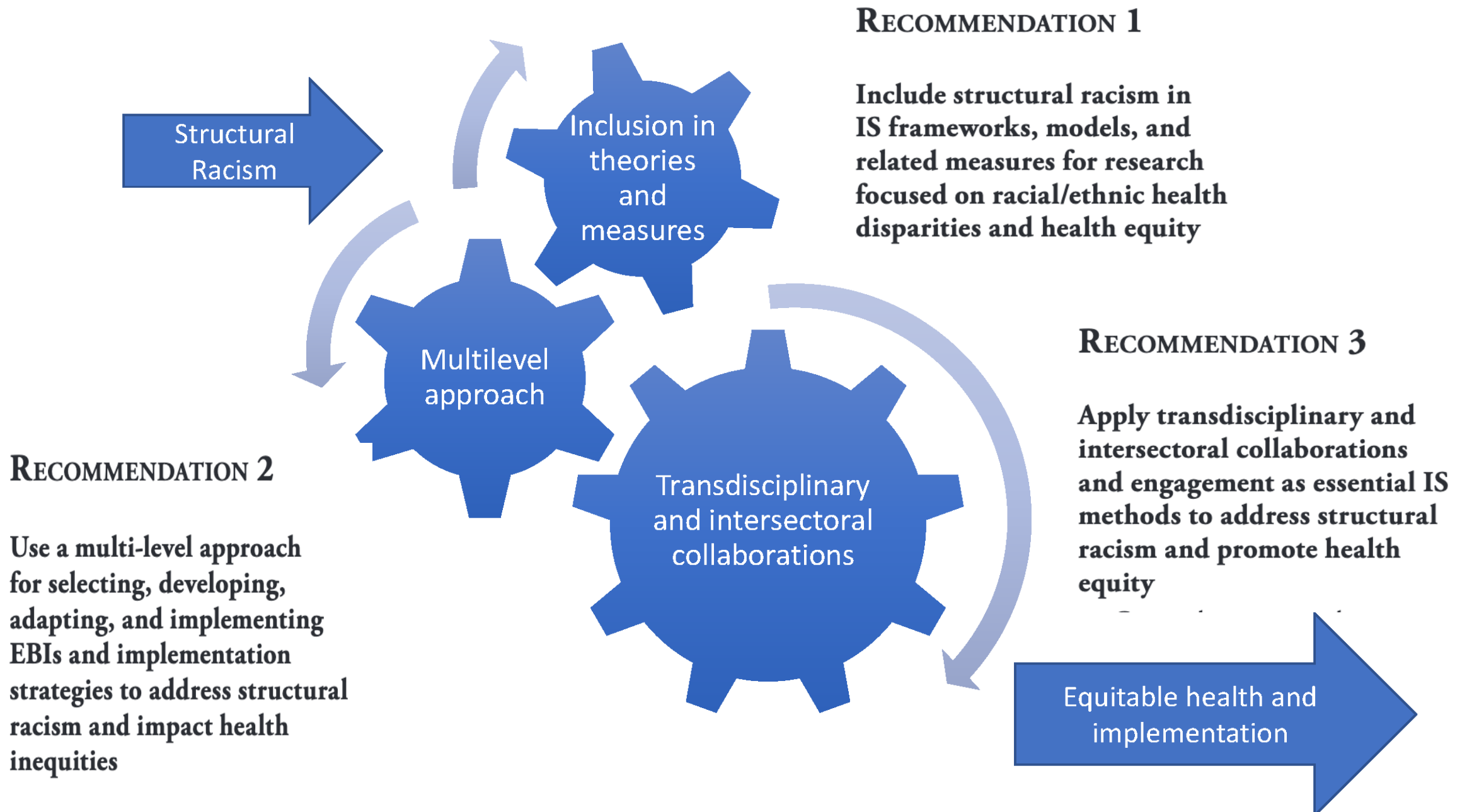
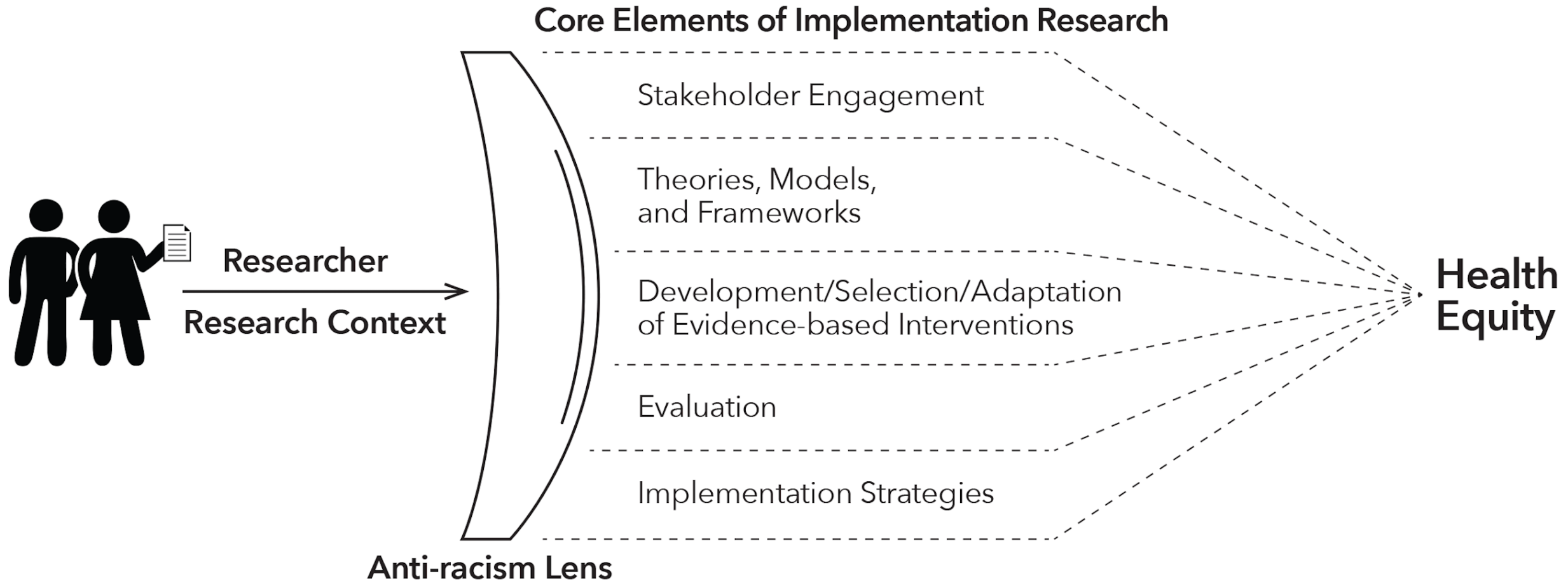


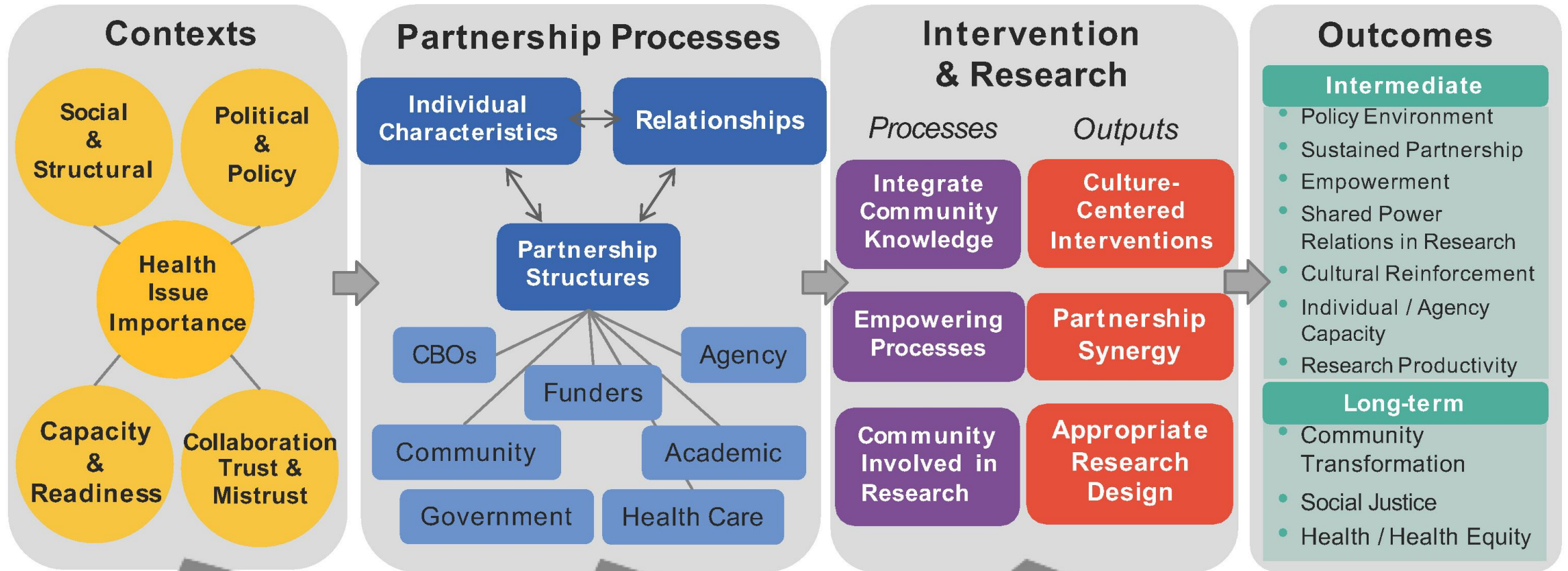
Figure 1. Application of an Anti-Racism Lens in Implementation Science



Shelton RC, Adsul P, Oh A, Moise N, Griffith D. 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

Adapted from Wallerstein et al, 2008 & Wallerstein and Duran, 2018, <https://cpr.unm.edu/research-projects/cbpr-project/cbpr-model.html>



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”

APPLYING A RACE(ISM)-CONSCIOUS ADAPTATION OF THE CFIR FRAMEWORK TO UNDERSTAND IMPLEMENTATION OF A SCHOOL-BASED EQUITY-ORIENTED INTERVENTION

Michele Allen, MD, MS¹; April Wilhelm, MD, MPH¹;
Luis Enrique Ortega, MEd²; Shannon Pergament, MPH, MSW²;
Nicole Bates, MEd³; Brooke Cunningham, MD, PhD¹

- 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

*We used an analytic
approach known as Public
Health Critical Race
Praxis (PHCRP) to adapt
the CFIR to elucidate the
ways that structural racism
interacts with intervention
implementation and
uptake within equity-
oriented interventions.*

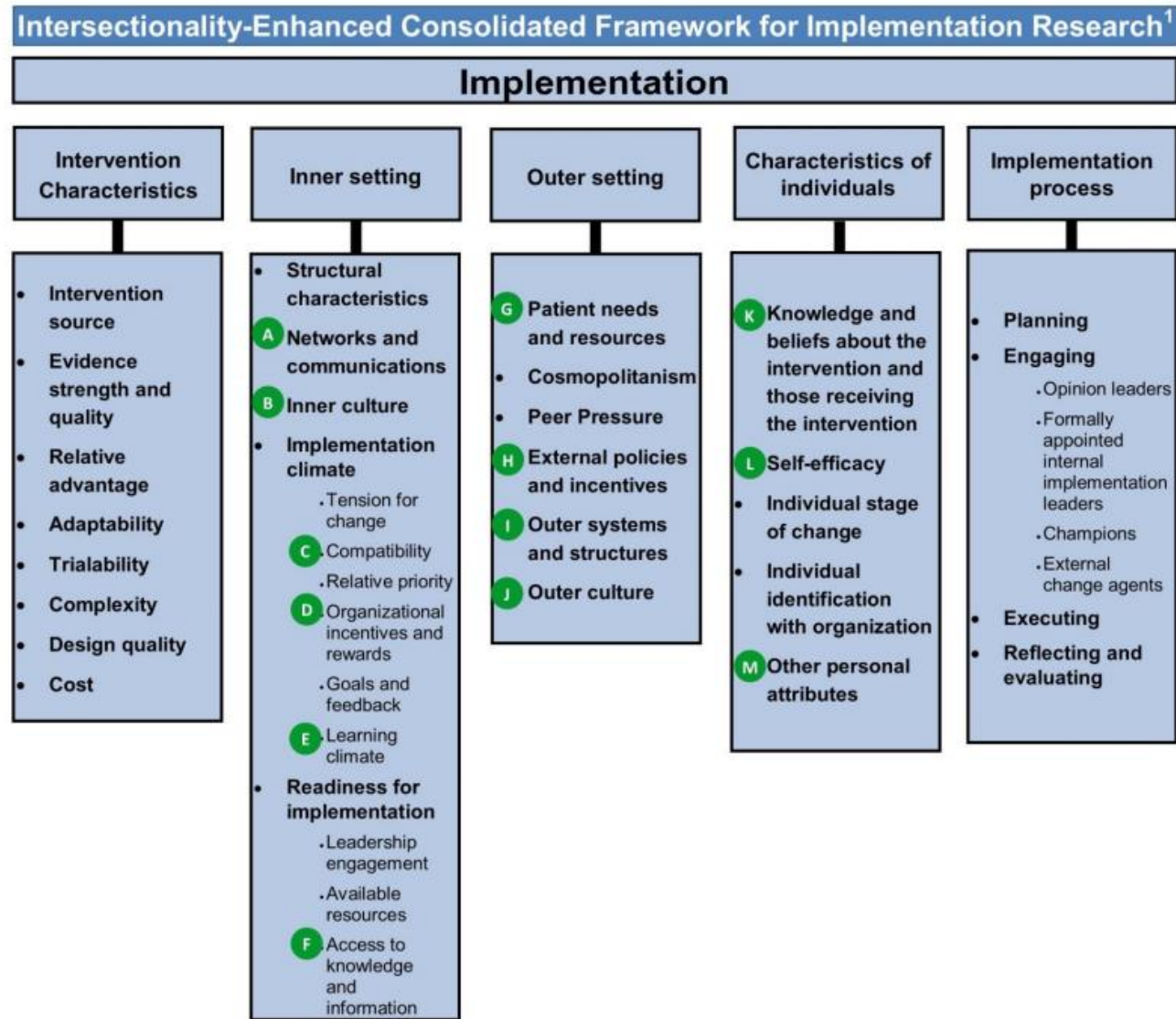


Figure 1. Intersectionality-Enhanced Consolidated Framework for Implementation Research.¹

Health Equity Implementation Framework

Woodward et al. *Implementation Science* (2019) 14:26
<https://doi.org/10.1186/s13012-019-0861-y>

Implementation Science

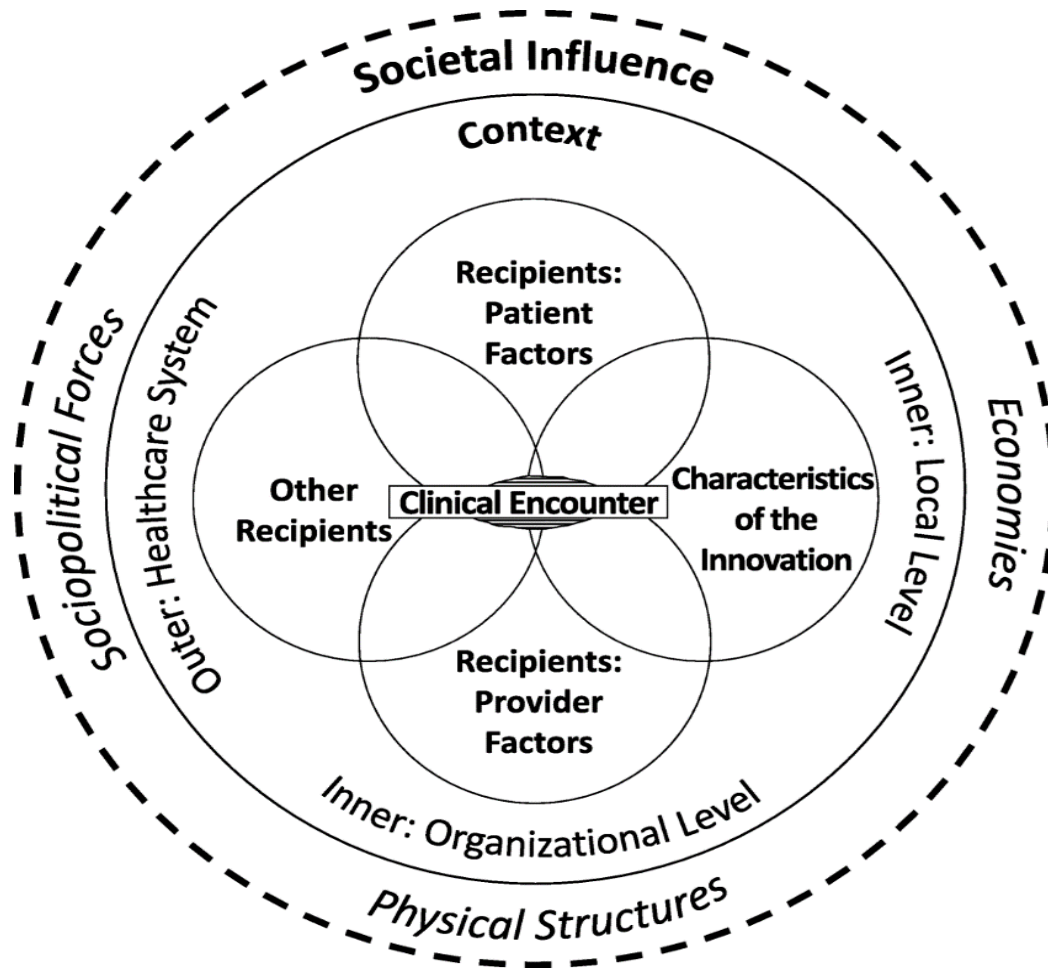
METHODOLOGY

Open Access



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

Eva N. Woodward^{1,2*}, Monica M. Matthieu^{1,3}, Uchenna S. Uchendu⁴, Shari Rogal^{5,6,7} and JoAnn E. Kirchner^{1,2,8}



+ Facilitation

➔ Successful Implementation
➔ Improvements in Health Equity

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

PRACTICE SETTINGS

Clinical and community practice settings

Community and Stakeholder Participation in Intervention and Implementation Research for Equity

RESEARCH

Research to generate and integrate evidence for interventions and implementation

STAKEHOLDERS

Individuals, families, communities, policy makers

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, Prajakta | Nair, Uma S. | Tami-Maury, Irene | Madhivanan, Purnima | Kano, Miria
Annals of LGBTQ Public and Population Health Vol 3 Issue 1, DOI: 10.1891/LGBTQ-2021-0016

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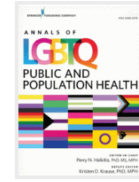
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Annals of
LGBTQ Public
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Population
Health
Volume 3, Issue 1

Summary

- 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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People: It takes a village! Special thanks to NCI's Implementation Science team, my partners Rachel Shelton, April Oh, Ana Bauman, Eva Woodward, Derek Griffith, Nina Wallerstein, Shannon Sanchez-Youngman, among others!

Let's connect!

Email: padsul@salud.unm.edu

Twitter: @PrajaktaAdsul

