

Workshop Panel:
Possibilities for AHRQ-ASPE-PCORI Collaborations to Improve
Health Equity

Gaps & Opportunities to Promote Health Equity Through Dissemination & Implementation Science

Rachel C. Shelton, ScD, MPH

Associate Professor of Sociomedical Sciences

Columbia University, Mailman School of Public Health

**Director, Implementation Science Initiative & Co-Director of Community
Engagement Core Resource at the Irving Institute/Columbia CTSA**

 **COLUMBIA** | **MAILMAN SCHOOL**
UNIVERSITY | **of PUBLIC HEALTH**

**SOCIOMEDICAL
SCIENCES**

No financial Disclosures

Research

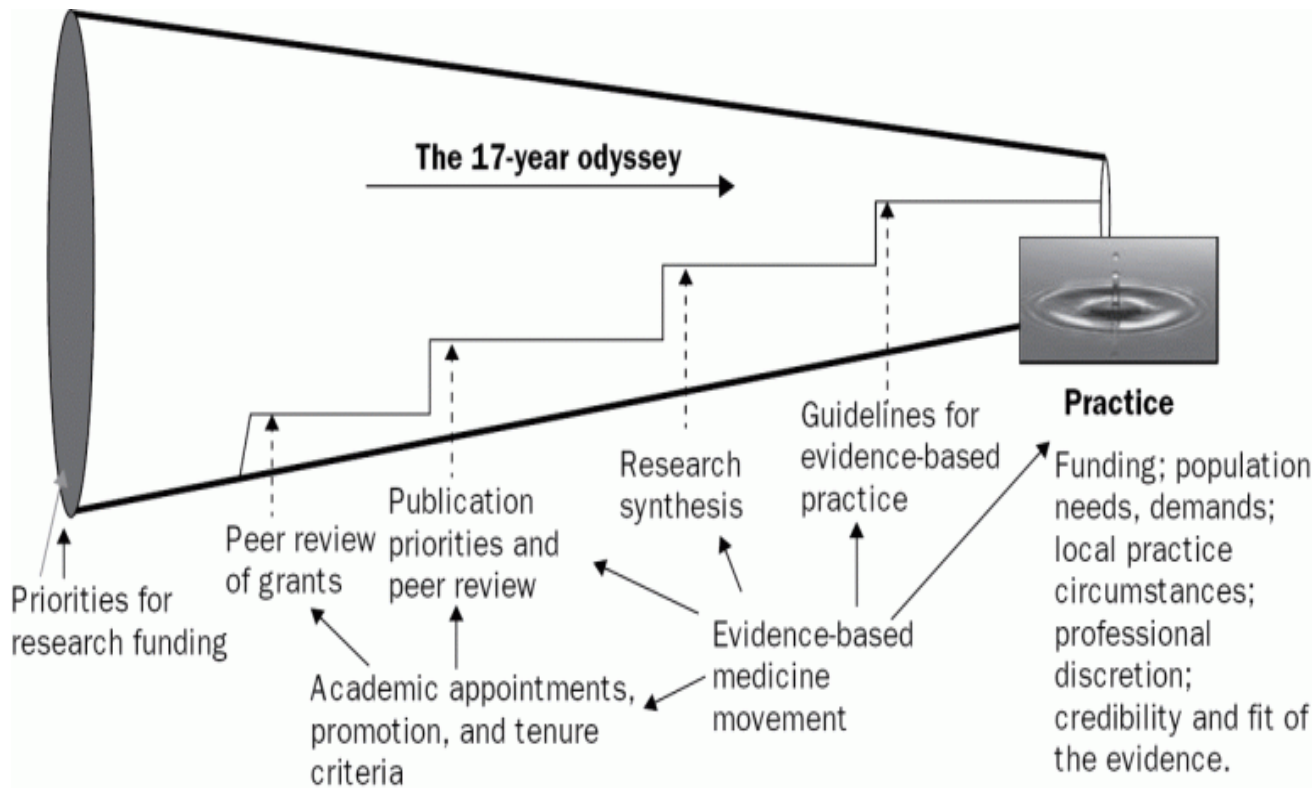
Practice/Policy





How can we address & accelerate the translation & impact of evidence?

How to address the research to practice gap?



Evidence alone does not lead to uptake or adoption



Dissemination & Implementation Science is about **translating research** and evidence into policy and practice with goal of impacting population health **equitably & at scale.**



The scientific study of **methods, strategies, frameworks** to assess context & actively promote routine adoption, use, & sustainability of evidence-based interventions and practices in real-world clinical, community, public health settings **to improve quality of care & health**

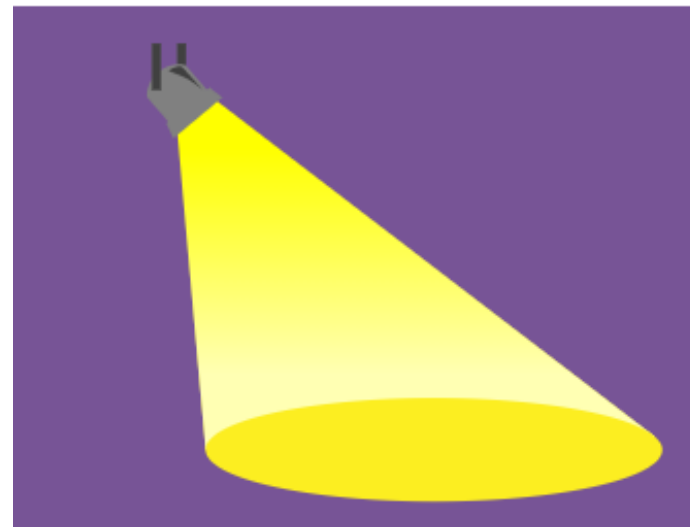
Dissemination Science

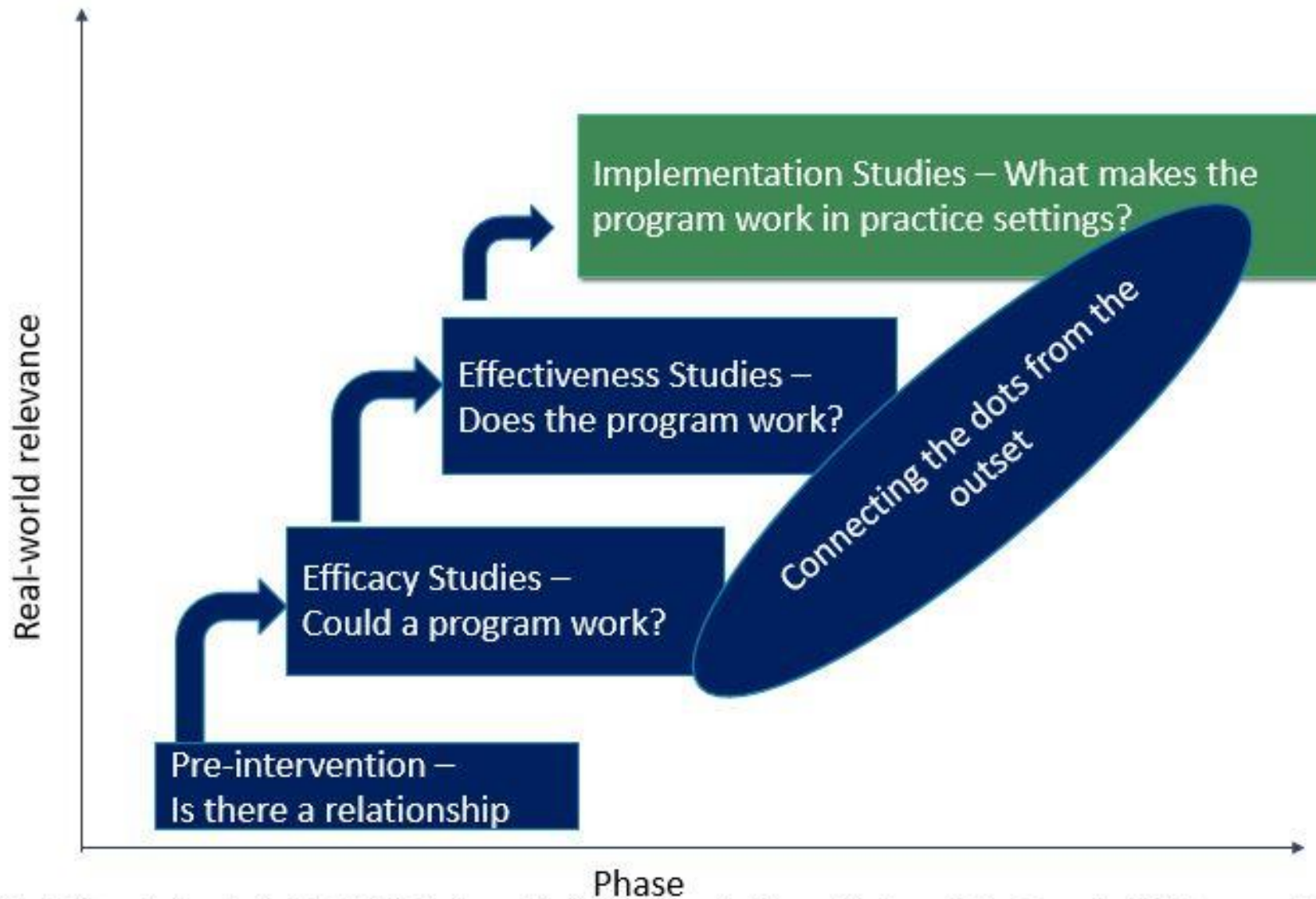
- Study of factors and strategies that lead to **widespread adoption** of EBIs among key stakeholders
- How to best **spread & sustain** knowledge to target audience to accelerate the widespread **uptake and adoption of EBIs**



Implementation Science

- Studies factors and strategies that lead to **successful integration/delivery** of EBIs within specific settings
- **How to embed EBIs** in 'real-world' practice and diverse settings





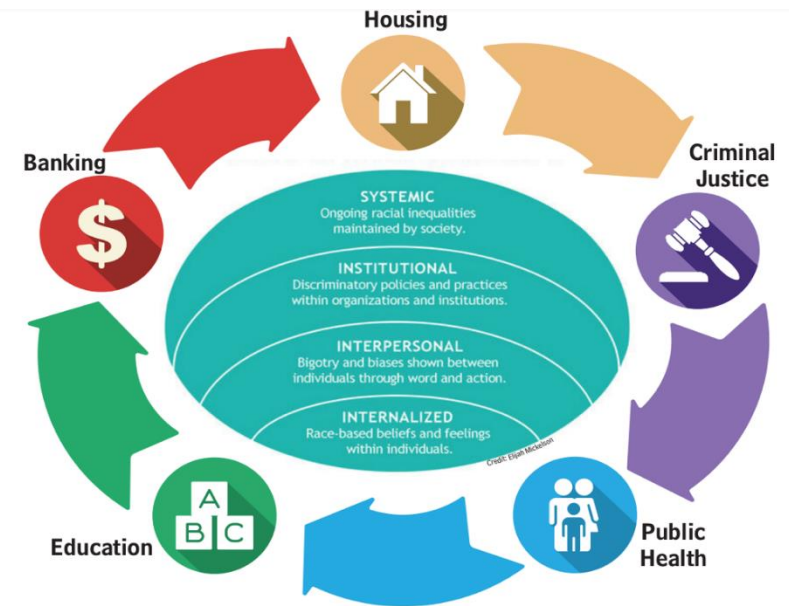
Adapted from Landsverk, J. et al. (2018). Design and Analysis in Dissemination and Implementation Research. In R. Brownson, G. Colditz & E. Proctor (Eds.), *Dissemination and Implementation Research in Health* (pp. 201-228). New York: Oxford University Press. & Simon, P., & Olson, R. (2014). Building capacity to reduce bullying. Washington DC: Institute of Medicine / National Research Council.

Slide Credit: Dr. Shoba Ramanadhan

Health Equity

*Health equity means that **everyone has a fair and just opportunity** to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.*

(Braveman, 2017)



Providing **resources** according to the need to help diverse populations achieve their highest state of health and other functioning. Equity is an **ongoing process** of assessing needs, correcting **historical inequities**, and creating conditions for optimal outcomes by members of all social identity groups (APA, 2021)

Equity-oriented Implementation Research

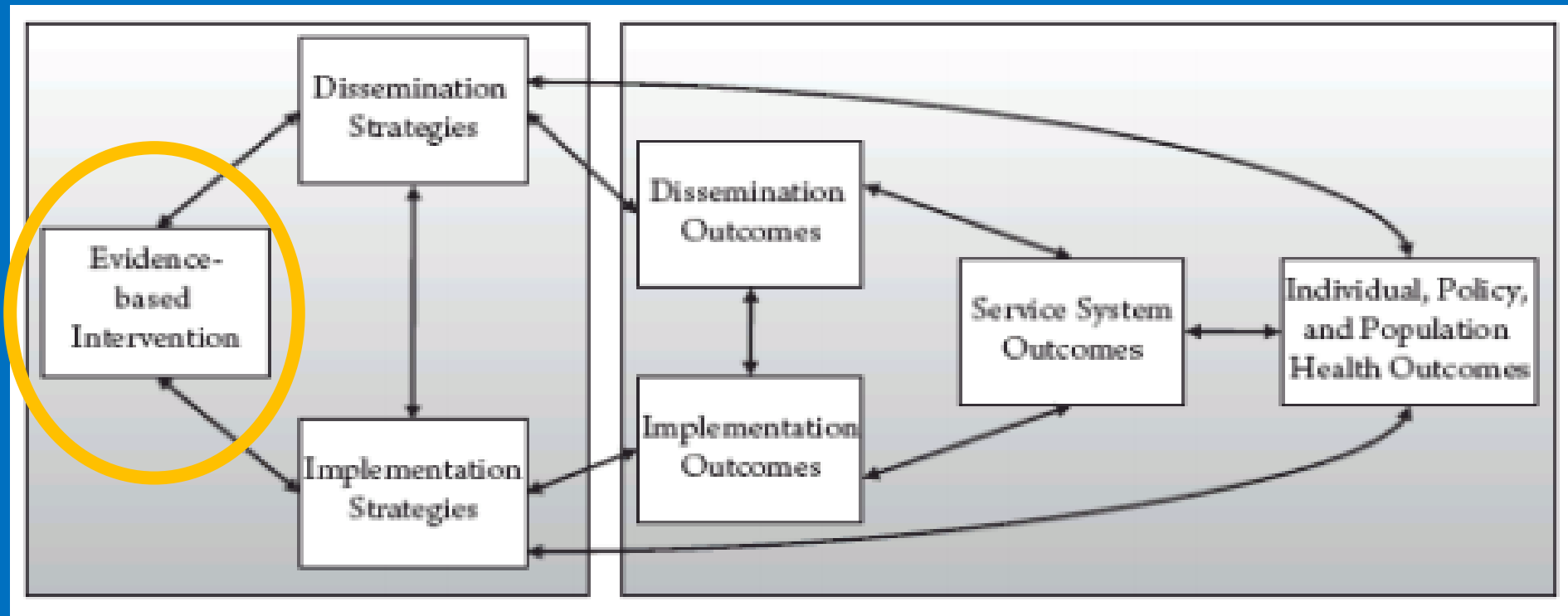
- *...when strong equity components – including explicit attention to the **culture, context, history, values, assets and needs of the community**– are integrated into the principles, strategies, frameworks, and tools of implementation science and....*
- *....when **EBIs that promote equity and address inequities and their root causes are routinely implemented** in settings serving historically marginalized communities*



(Baumann & Cabassa, 2020; Baumann & Long, 2021)

What is needed to achieve the vision of applying D&I Science to Promote Health Equity?

Invest in Development & Implementation of Evidence-Based Interventions that Build Community Capacity & Promote Health Equity





Reflections on Our Evidence Base

DEBATE

Open Access

Revisiting concepts of evidence in implementation science



Ross C. Brownson^{1,2*}, Rachel C. Shelton³, Elvin H. Geng⁴ and Russell E. Glasgow⁵

Has the intervention been found to be effective among a population/setting experiencing inequities? Does it reflect the lived experiences of communities impacted by structural inequities? How can it be culturally or contextually adapted?

Is the intervention effective at reducing health inequities and promoting health equity? Does it build community capacity?

Does it address social or structural determinants (discrimination, stigma, mistrust, racism) and work across sectors to address multi-level upstream policy, systems and/or community levels?

Expanding What Counts as Evidence-Based Intervention (EBI)

Structural racism and health inequities in the USA: evidence and interventions

Zinzi D Bailey, ScD • Prof Nancy Krieger, PhD • Madina Agénor, ScD • Jasmine Graves, MPH • Natalia Linos, ScD •

Dr Mary T Bassett, MD  



Mazzucca et al 2021 ARPH

- What 'counts' as evidence? For whom is an intervention 'evidence-based'?
- What settings & populations were involved in the development, selection, adaptation, testing of EBI?
 - Community engagement from beginning to determine feasibility/acceptability
 - Expand notions of evidence: practice-based & community-aligned evidence
 - Prioritize multi-level EBIs to target structural factors across range of multi-sector and community settings



TRUST AND MISTRUST IN SHAPING ADAPTATION AND DE-IMPLEMENTATION IN THE CONTEXT OF CHANGING SCREENING GUIDELINES

Rachel C. Shelton, ScD, MPH¹; Laura E. Brotzman, MPH¹;
Detric Johnson, BA²; Deborah Erwin, PhD³

“It is important to recognize that published guidelines from a historically White medical system may carry little weight compared with the struggle against the social determinants of health and lived social realities of African American women that reflect patterns of structural racism and interpersonal discrimination within the medical system and limited access to timely, quality healthcare”

Focus on Health Equity in Design, Selection, & Refinement of Interventions

- **Co-creation of an evidence-base with community partners/end-users will enhance likelihood of adoption, use, sustainability of EBI**
- Ground the development of the intervention among individuals and settings that will use the intervention
 - *Attention to:*
 - *Flexibility, cost, complexity*
 - *Relevance, appropriateness*
 - *Social & Cultural Context*
 - *Local strengths/solutions*
 - *Feasibility, acceptability*



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

Anna María Nápoles and Anita L. Stewart

Building the Evidence Base to Inform Planned Intervention Adaptations by Practitioners Serving Health Disparity Populations

Jennifer Alvidrez PhD, Anna María Nápoles PhD, MPH, Guillermo Bernal PhD, Jacqueline Lloyd PhD, MSW, Victoria Cargill MD, Dionne Godette PhD, Lisa Cooper ... (show all authors)

[+] Author affiliations, information, and correspondence details

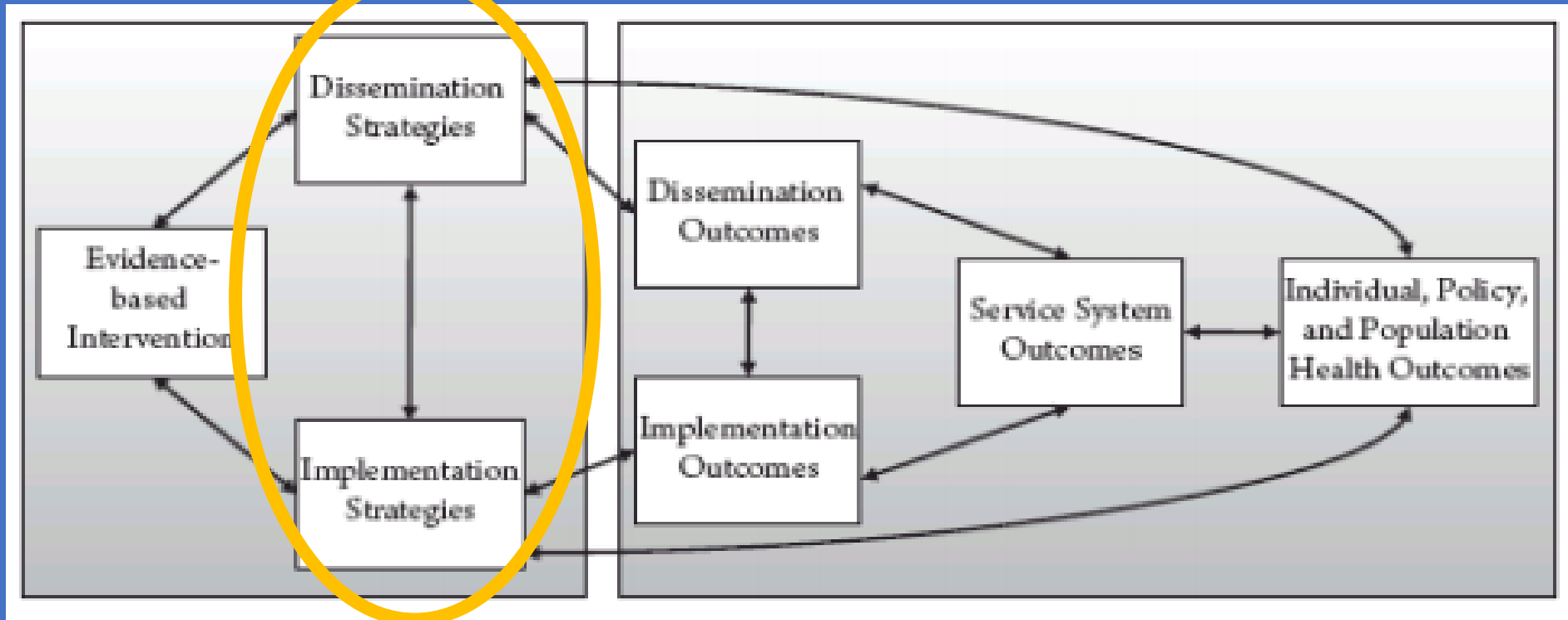
Accepted: December 02, 2018 Published Online: January 30, 2019

> [Health Promot Pract.](https://doi.org/10.1177/15248399211048462) 2021 Oct 11;15248399211048462. doi: 10.1177/15248399211048462. Online ahead of print.

Improving Research Dissemination to Black Sexual Minority Men: Development of a Community-Led and Theory-Based Dissemination Plan

Simone Sawyer¹, Suzanne M Grieb², USHINE Community Advisory Board², Amanda Long³, Carla Tilchin², Charles Clark², Adena Greenbaum⁴, Jacky M Jennings²

Prioritize Development & Testing of Dissemination & Implementation Strategies that Reach all Populations and Settings Equitably



Build an Evidence Base on How to Facilitate Widespread & Equitable Dissemination

How can we best communicate evidence to a range of systems & geographic contexts with variable resources to influence evidence adoption and use?

- Identify key **adopters/stakeholders** and their key characteristics across diverse settings
- Understand **characteristics that influence speed/extent of adoption & trusted messengers**

Cost/Value
Relative Advantage
Simplicity
Compatibility
Observability
Trialability
Acceptability

> *Psychiatr Serv.* 2018 Jun 1;69(6):685-688. doi: 10.1176/appi.ps.201700508. Epub 2018 Mar 1.

State Adoption of Incentives to Promote Evidence-Based Practices in Behavioral Health Systems

Rebecca E Stewart¹, Steven C Marcus¹, Trevor R Hadley¹, Brian M Hepburn¹,
David S Mandell¹

Annual Review of Public Health

Designing for Dissemination and Sustainability to Promote Equitable Impacts on Health

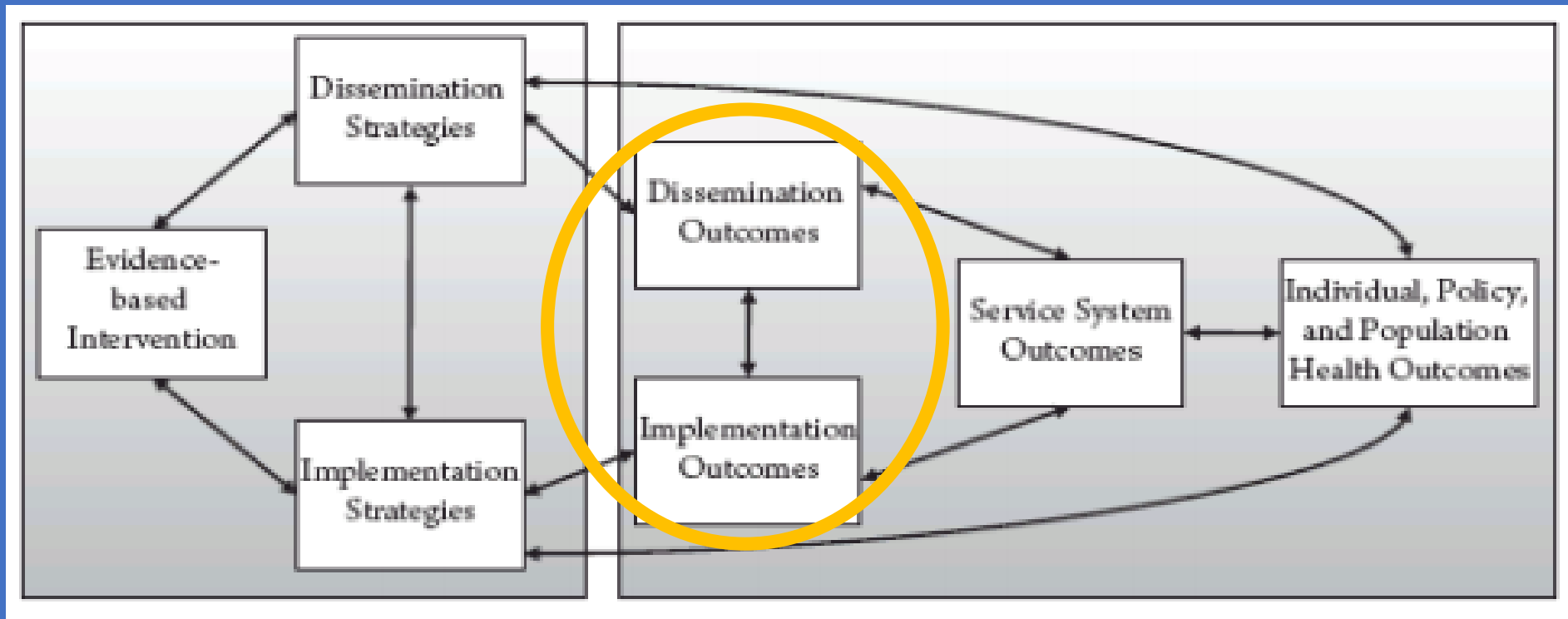
Bethany M. Kwan,¹ Ross C. Brownson,^{2,3}
Russell E. Glasgow,¹ Elaine H. Morrato,⁴
and Douglas A. Luke⁵

Bring Health Equity Focus to Implementation Strategies

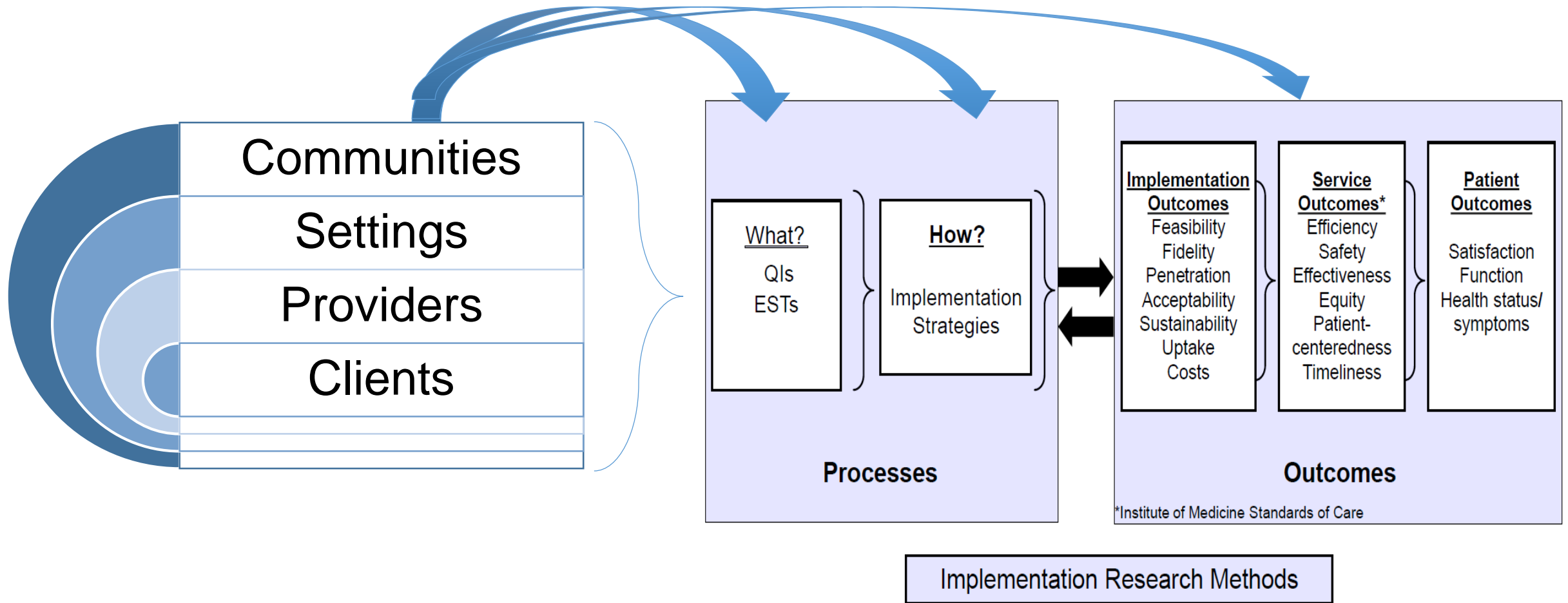
HOW?
Identify
Implementation
Strategies to
Facilitate
Equitable
Delivery of
Interventions



Prioritize Engagement & Representation of Community Partners/Settings & Data Metrics that are Accountable to a Focus on Health Equity

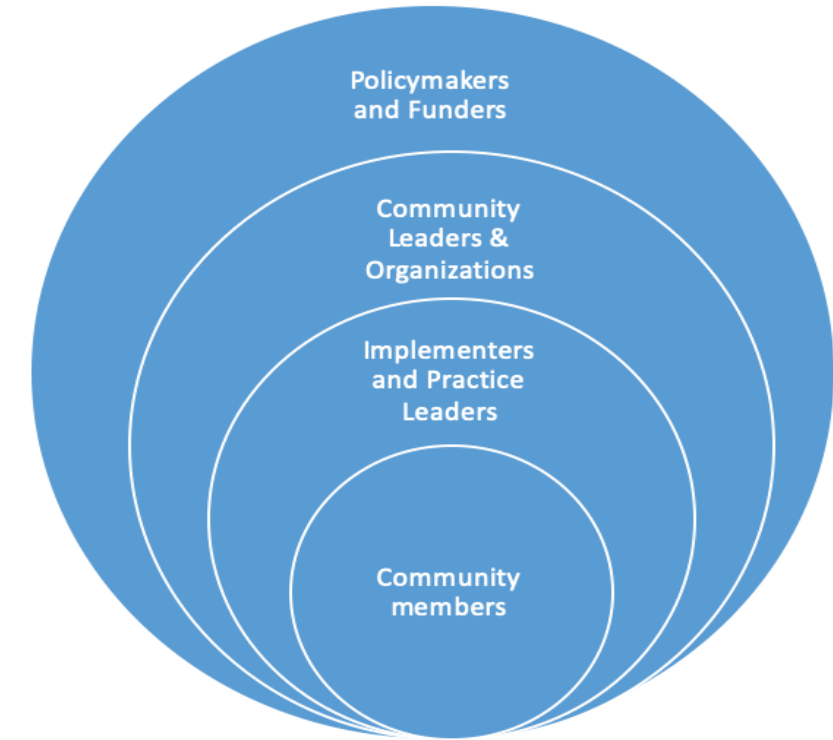


Focus On Reach & Representation From The Beginning to Enhance Equity

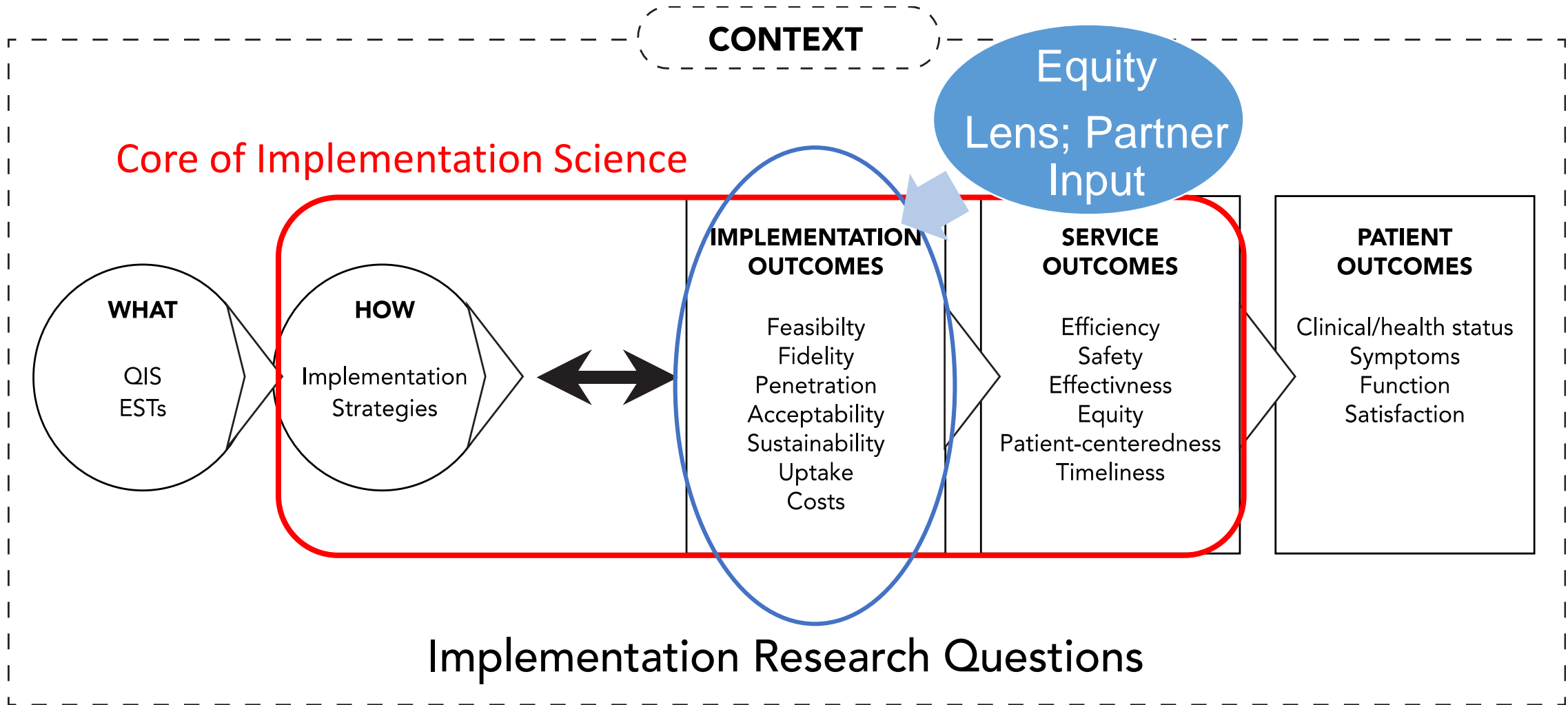


Elevating Community Perspectives

- Engaging with multiple stakeholders at multiple levels:
 - Community members, family members
 - Patients
 - Intervention developers
 - Providers
 - Public health and health care advocates
 - Frontline practitioners
 - Agency administrators/leaders
 - Policymakers
- Need to capture multiple perspectives and their perceptions of barriers/facilitators to adoption, implementation, sustainability of EBIs
 - **What is meaningful and important to them?**



Prioritize Outcomes that are Meaningful



Accountability to Equity in D&I Indicators/Outcomes

REACH

Number, Proportion,
Representativeness of
Participants

EFFECTIVENESS

Impact of EBI on
health
behaviors/outcome
and unintended
consequences

ADOPTION

Number, Proportion,
Representativeness of
settings/staff that
deliver EBI

Equity Considerations

REACH

Are all populations
equitably reached by
the EBI? Who is not
reached and why?

Equity

Considerations

EFFECTIVENESS

Are health impacts
& burdens
equitably
experienced by all
groups?

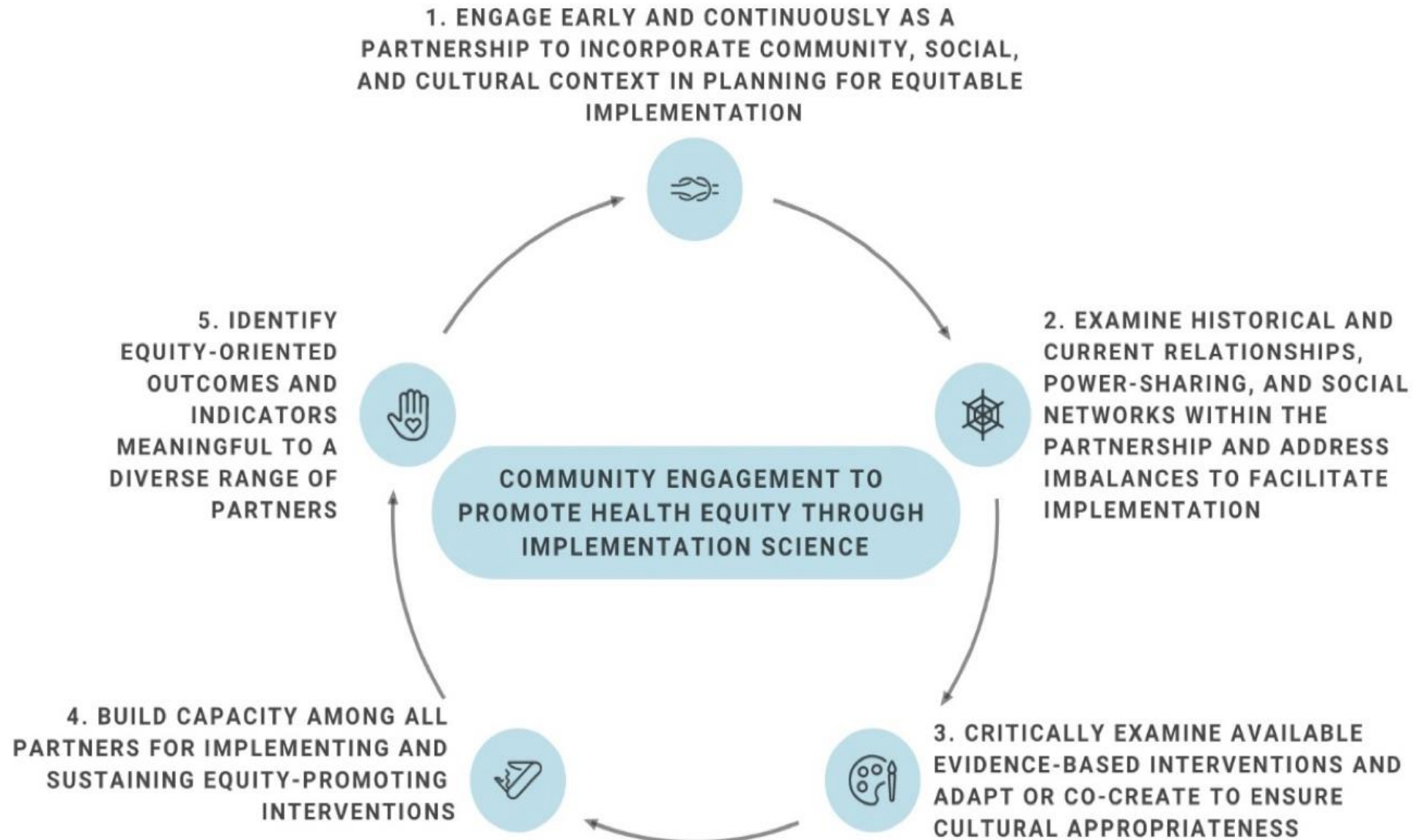
Equity

Considerations

ADOPTION

Did all settings
equitably adopt?
Why/not? What
adaptations for low-
resource settings?

Making progress towards equity & achieving equitable impact at scale requires investment & advancement in community engagement & D&I science (Shelton, Baumann, Adsul, Ramanadhan, In Press)



Thank you!

Core Readings on Anti-Racism, D&I Science, & Health Equity

<https://www.irvinginstitute.columbia.edu/implementation-science>

Rachel C. Shelton, ScD, MPH

Email: rs3108@cumc.columbia.edu

Twitter: [@DrRachelShelton](https://twitter.com/DrRachelShelton)

