# Application of a Race(ism)-Conscious Adaptation of the Consolidated Framework for Intervention Research (CFIR) to a School-Connectedness Intervention

Michele Allen, MD, MS
Luis Ortega, MEd
April Wilhelm, MD, MPH











#### Study Team



Michele Allen



**Brooke Cunningham** 



Luis Ortega



**Nicole Bates** 



**April Wilhelm** 



**Shannon Pergament** 

#### Agenda

- Background
- Description of Project TRUST
   & participatory approach
- Racism-neutral application of CFIR
- Public Health Critical Race Praxis application
- Questions and discussion

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, MS<sup>1</sup>; April Wilhelm, MD, MPH<sup>1</sup>; Luis Enrique Ortega, MEd<sup>2</sup>; Shannon Pergament, MPH, MSW<sup>2</sup>; Nicole Bates, MEd<sup>3</sup>; Brooke Cunningham, MD, PhD<sup>1</sup>

Objectives: To use the Consolidated Framework for Implementation Research (CFIR) adapted to a race-conscious frame to understand ways that structural racism interacts with intervention implementation and uptake within an equity-oriented trial designed to enhance student-school con-

#### Introduction

Implementation science is an important field of study that aims to move effective interventions into

consider systemic and ecological contributors to intervention uptake, and thus have been suggested to offer insight into understanding and reducing health disparities.<sup>5</sup>

Ethnicity & Disease, Volume 31, Supplement 1, 2021

#### 4 Generations of Health Disparities Research



 Document the existence of health disparities

Explain the reasons for health disparities

 Provide solutions for eliminating health disparities

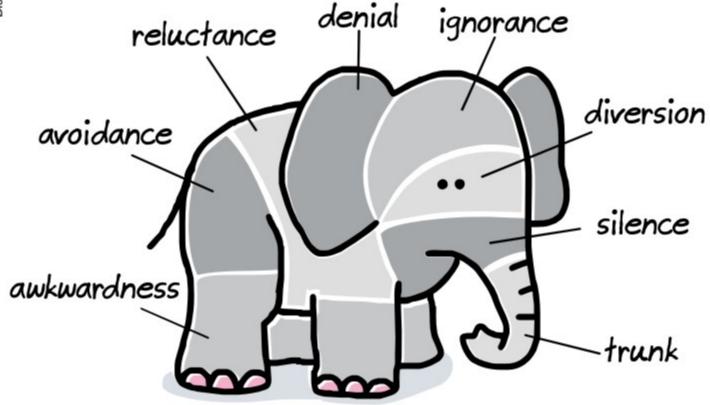
 Take action that considers race praxis and social determinants

Thomas et al. Annu Rev Pub Health, 2011.

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### PARTS OF THE ELEPHANT IN THE ROOM

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#### Racism defined

Racism is an organized and dynamic system in which the dominant racial group, based on a hierarchical ideology, develops and sustains structures and behaviors that privilege the dominant group, while simultaneously disempowering and removing resources from racial groups deemed inferior. (Gee, AJPH 2019)

- Institutionalized or Structural
- Personally Mediated
- Individual/Internalized (Camara Jones)

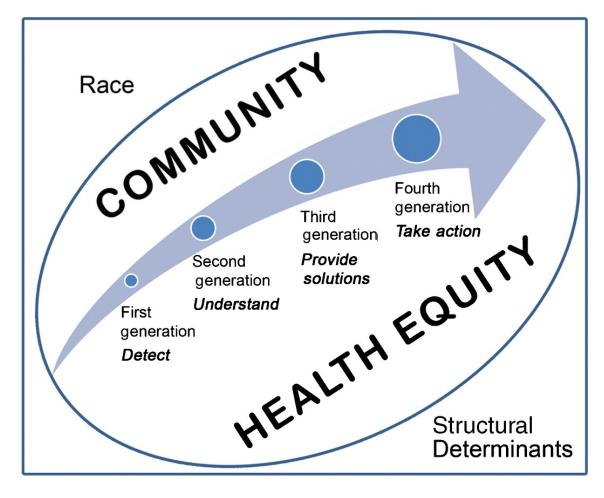
# Implementation Science and Health Equity

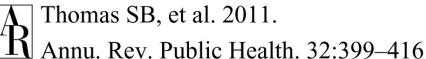
- IS conceptual frameworks consider systemic and ecological contributors to intervention uptake & so may offer insight into understanding and reducing health disparities
- Stakeholder engagement is a component of many IS approaches
- Still largely asking 2<sup>nd</sup> and 3<sup>rd</sup> generation questions
- Presumption of race-neutrality may obscure the influences of racism-related factors

# 4 Generations of Health Equity Implementation Research Questions?

- Does evidence based intervention implementation result in improved health for all or contribute to health disparities?
  - What characteristics of an intervention predict better success at reducing disparities?
  - Does structuring interventions with prior impactful characteristics reduce inequitable outcomes?
  - How does racism function as a barrier or facilitator to intervention uptake?

#### Fourth Generation Health Equity Research



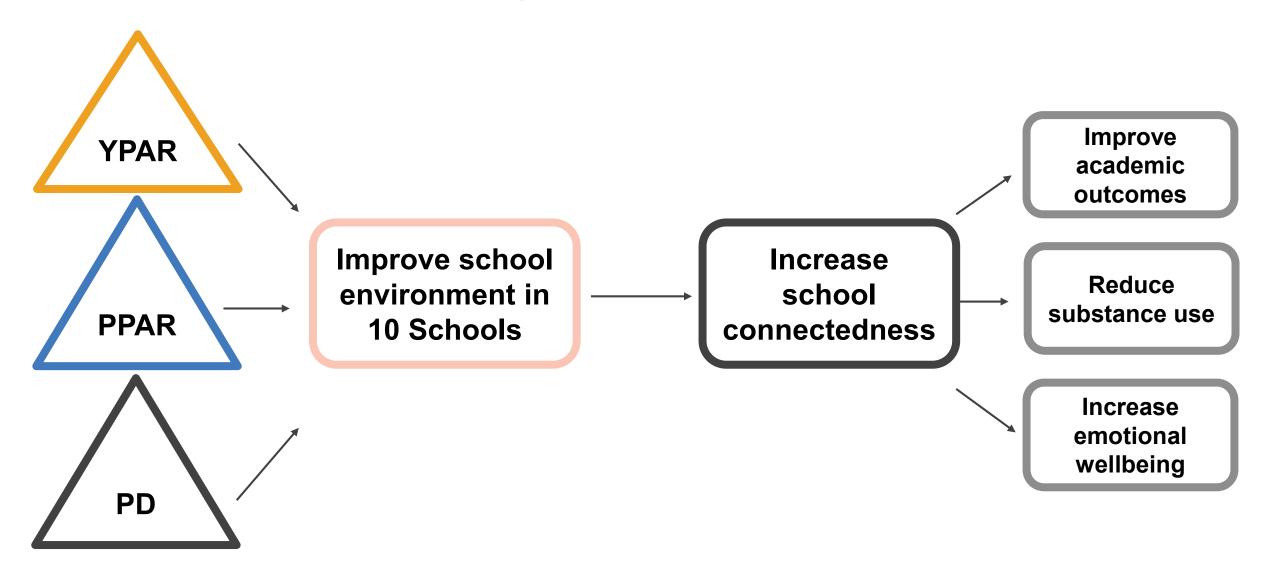




# Project TRUST (Training for Resilience in Urban Students and Teachers)

- NIMHD funded R01
- Goal: Assess effectiveness of a school-based multicomponent intervention on school connectedness, school engagement, and developmental assets for middle and high school youth (BIPOC youth - Somali, Latino, Hmong, and African heritage youth in particular) through a participatory trial.

### **Project TRUST**



#### Wave 1 TRUST YPAR and PPAR

2016-17

 Recruited and prepared 10 youth and 9 parents to do research

2016-17

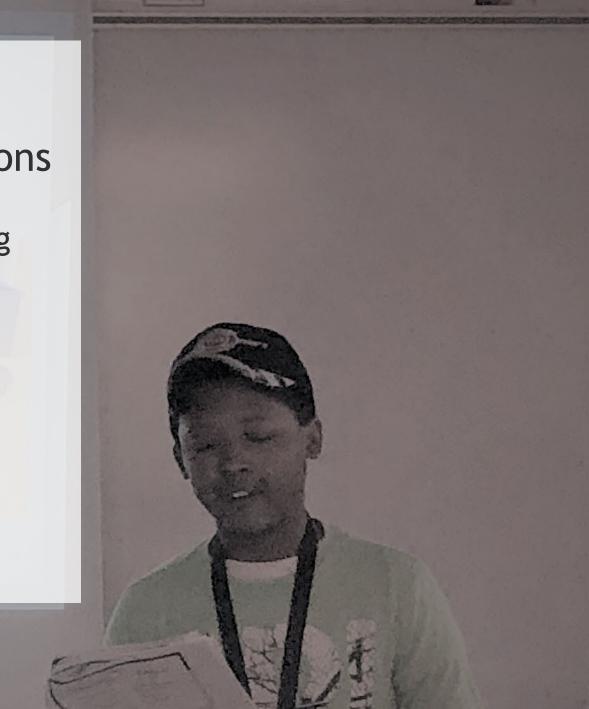
- Implemented research in each school
- Completed participatory data analysis
- Developed policy/practice recommendations

2017-18

- Framed and supported implementation
- Participatory evaluation of implementation

### Sample Student Intervention Recommendations

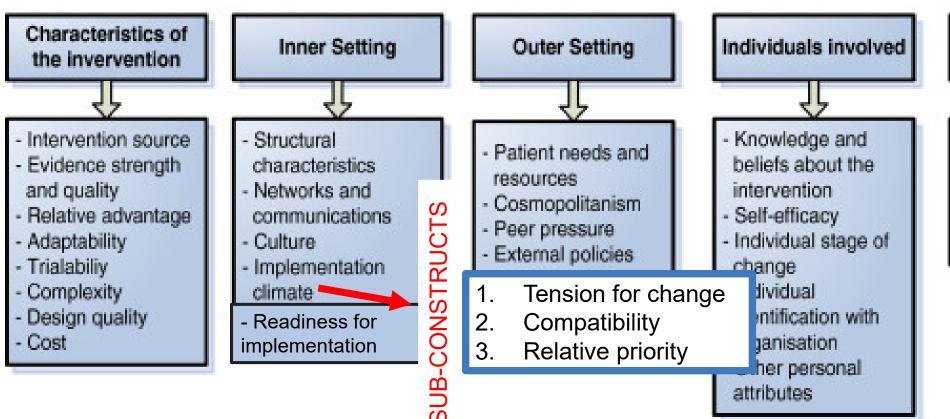
- Teacher-student trust & relationship building
- Improve teacher understanding of race(ism)
- Transform disciplinary practices around drama/fights/bullying
- Transform in-school suspension spaces
- Better support ELL students





## Initial CFIR Analysis

# The Consolidated Framework for Implementation Research (CFIR)



- Planning
- Engaging
- Executing
- Reflecting and evaluating

#### Participants & data collection

#### **Participants:**

- 6 community-academic researchers
- 4 school administrators

#### **Data collection:**

- Observation notes from weekly team meetings
- Periodic semi-structured interviews
  - Weekly to monthly
  - Assessing barriers & facilitators to implementation

### Data analysis

- Deductive coding using adapted CFIR & directed content analysis
- 2. Development of summary memos for 5 schools
- 3. Scoring of intervention components in each school
  - Implementation effectiveness score (high, intermediate, low)
- 4. Rating assignments for each construct by school

### Construct rating assignment criteria

Rating	Criteria
-2	<ul> <li>The construct (or its absence) is a negative influence in the school generally, an impeding influence on work processes, and/or an impeding influence on implementation efforts.</li> <li>2 or more interviewees described explicit examples of how aspects of the construct manifested negatively.</li> </ul>
-1	<ul> <li>The construct (or its absence) is a negative influence in the school generally, an impeding influence on work processes, and/or an impeding influence on implementation efforts.</li> <li>Interviewees made general statements of how the construct manifested negatively without concrete examples.</li> </ul>
0	<ul> <li>The construct has a neutral effect in the school, on work processes, and/or on implementation efforts if:</li> <li>Interviewees provided purely descriptive or generic data without evidence of positive or negative influence; and/or</li> <li>Positive and negative influences at different levels in the school balance each other out. We defined this last category as 0 (mixed).</li> </ul>

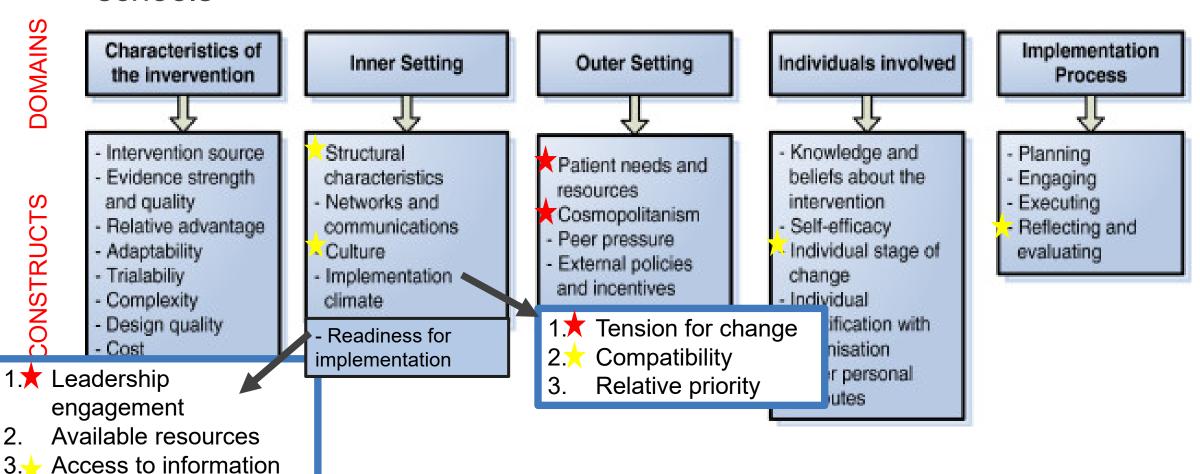
Damschroder et al. Implementation Science, 2013

#### Data analysis

- 1. Deductive coding using CFIR & directed content analysis
- 2. Development of summary memos for 5 schools
- 3. Scoring of intervention components in each school
  - Implementation effectiveness score (high, intermediate, low)
- 4. Rating assignments for each construct by school
- 5. Cross-case comparison of constructs across high and low implementation schools

### Results: Distinguishing constructs

10 of 30 constructs distinguished between high and low implementation schools



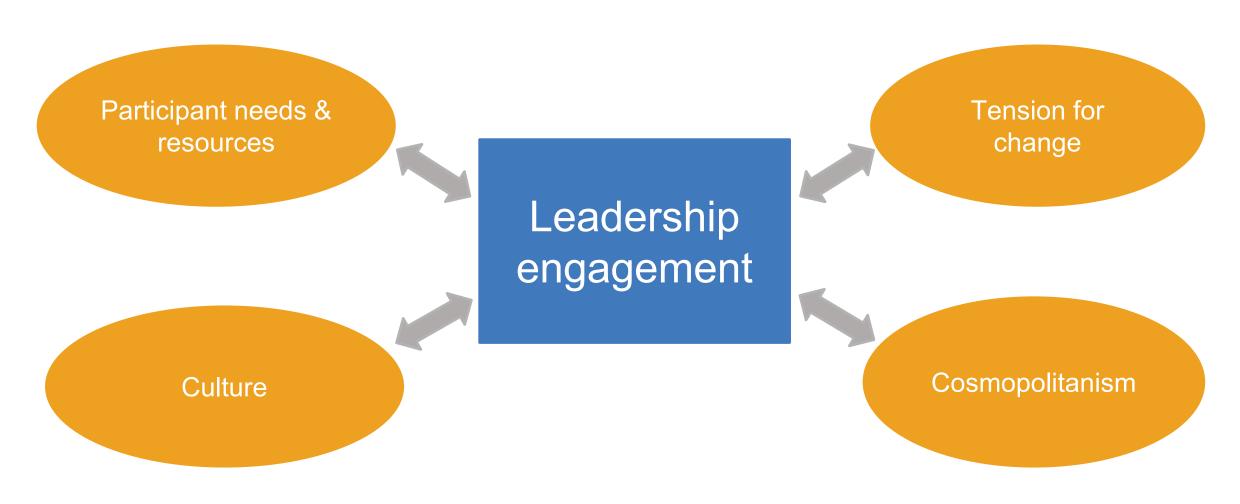
and knowledge

### Results: Overarching themes

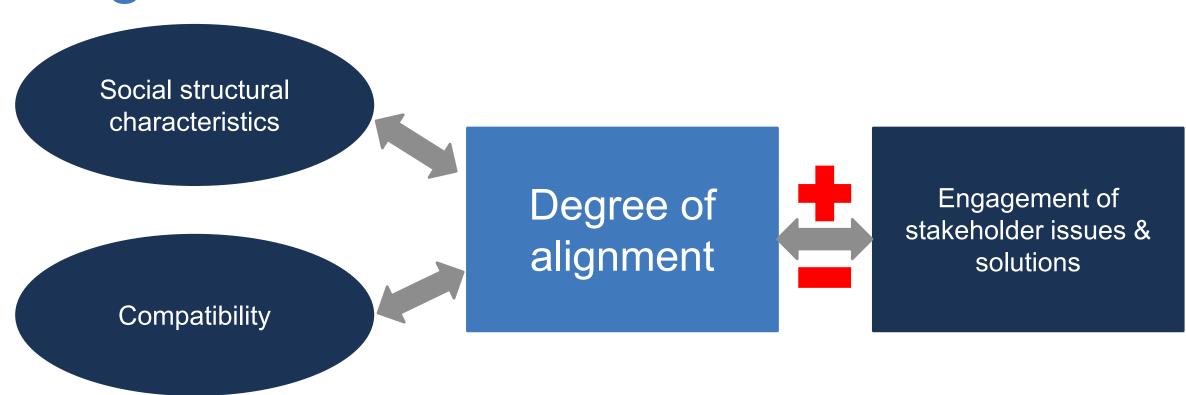
Distinguishing constructs fell into 2 broad themes

Level of leadership engagement	Degree of intervention- institutional alignment
<ul> <li>Leadership engagement</li> <li>Culture</li> <li>Tension for change</li> <li>Access to information &amp; knowledge</li> <li>Individual stage of change</li> <li>Participant needs and resources</li> <li>Cosmopolitanism</li> </ul>	<ul> <li>Social structural characteristics</li> <li>Compatibility</li> </ul>

### Level of leadership engagement



# Degree of intervention-institutional alignment



#### Initial Results

- 10 of 30 constructs distinguished between Project TRUST schools with high and low implementation levels
- Distinguishing constructs fell into 2 broad themes
  - Level of leadership engagement
  - Degree of intervention-institutional alignment
- Results raised additional questions

# Initial CFIR Analysis

Reflection

# Race(ism) Conscious CFIR Analysis

#### Public Health Critical Race Praxis



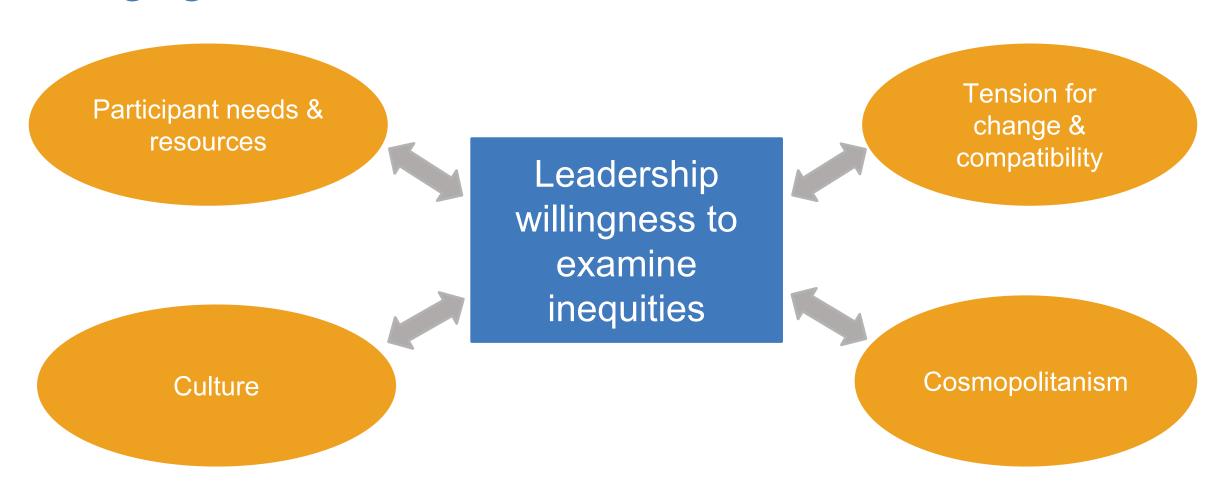
- 1. Race is a social construct
- 2. PHCRP "digs beneath the surface"
- 3. Positionality of researchers is key
- 4. Presumptions of race(ism) neutrality uphold the status quo

Ford CL, Airhihenbuwa CO. Critical Race Theory, race equity, and public health: toward antiracism praxis. *Am J Public Health*, 2010.

### Race(ism) conscious analysis

- 1. Community-academic team
- 2. From distinguishing constructs chose 23 (constructs and subconstructs) that were likely sensitive to racialized facilitators and barriers.
- 3. Refined four PHCRP presumptions that framed our approach
- 4. Defined PHCRP questions to guide analysis within each of the CFIR constructs
- 5. Iterative process to recode, develop PHCRP interpretations, identify exemplars and overarching themes.

# Race(ism) conscious evaluation of leadership engagement



### Key findings for equity interventions

- Need for a baseline common understanding of racial (in)equities
- Leadership willingness to "go there" in terms of change
  - Race/ethnicity of leaders
  - Community support
  - Culture, communication and facilitating connections
- Leadership understanding of (knowledge and belief) of equity oriented interventions and how they may disrupt the status quo.
- Perception and influence of champions was racialized
- Institutional (school district) policies and broader orientation to equity established back-drop to implementation

#### Conclusions & reflections

- Race(ism) conscious analysis uncovered new facilitators and barriers that are necessary to understand uptake of health equity interventions.
- Importance of institutional preparation and capacity for equitygrounded work.
- Diverse teams are necessary for 4<sup>th</sup> Generation Health Disparities Research

#### Reactions?

- What questions do you have about the PHCRP approach?
- Is it feasible for your projects and studies? Why or why not?
- What might it add to your analyses?
- What are barriers to using this approach?















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