

Application of an Anti-racism Lens in the Field of Implementation Science: Reflections & Recommendations for Reframing Implementation Research with a Focus on Justice and Racial Equity

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A community of reflection and practice

April Oh



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.*

“The problem in America is not race...The problem is not that people look different from each other. The problem is that people are treated differently because of the way they look. The problem is racism.” (Jenkins et al., 2019)



Racism: Science & Tools for
the Public Health Professional

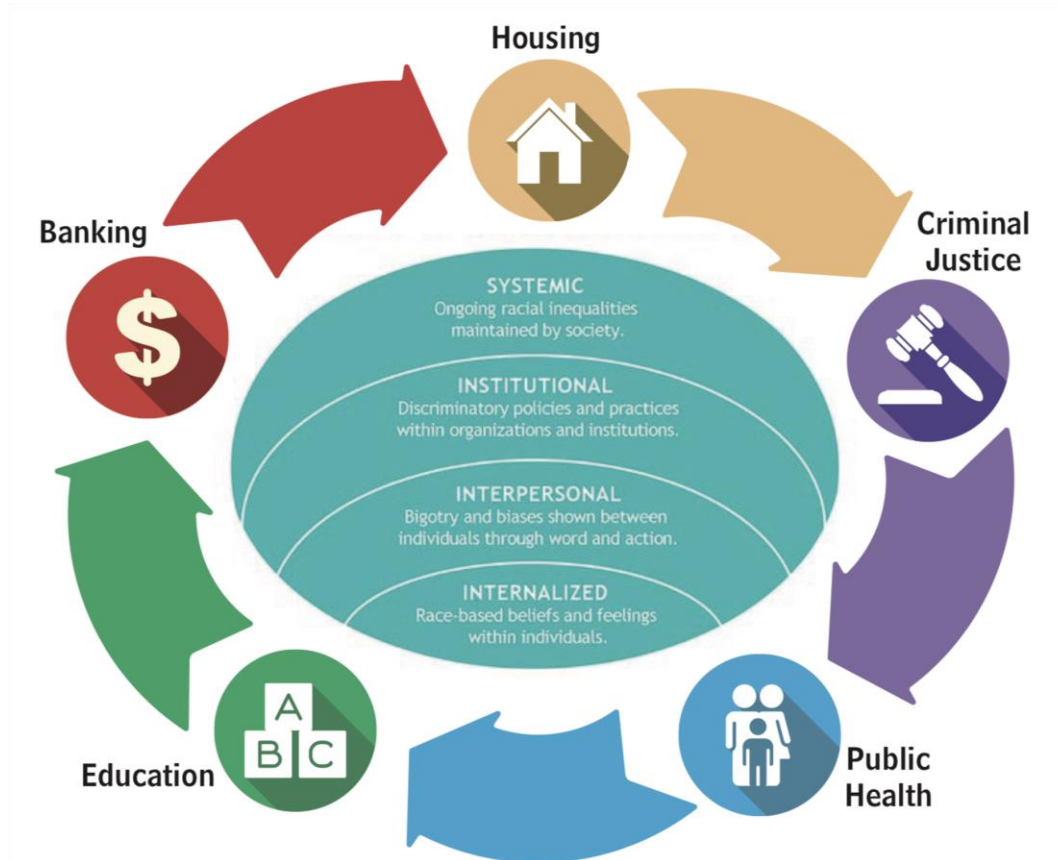
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Addressing Racism to Promote Health Equity

Derek M. Griffith

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; Morgan, 2018)

Why focus on racism in context of implementation?

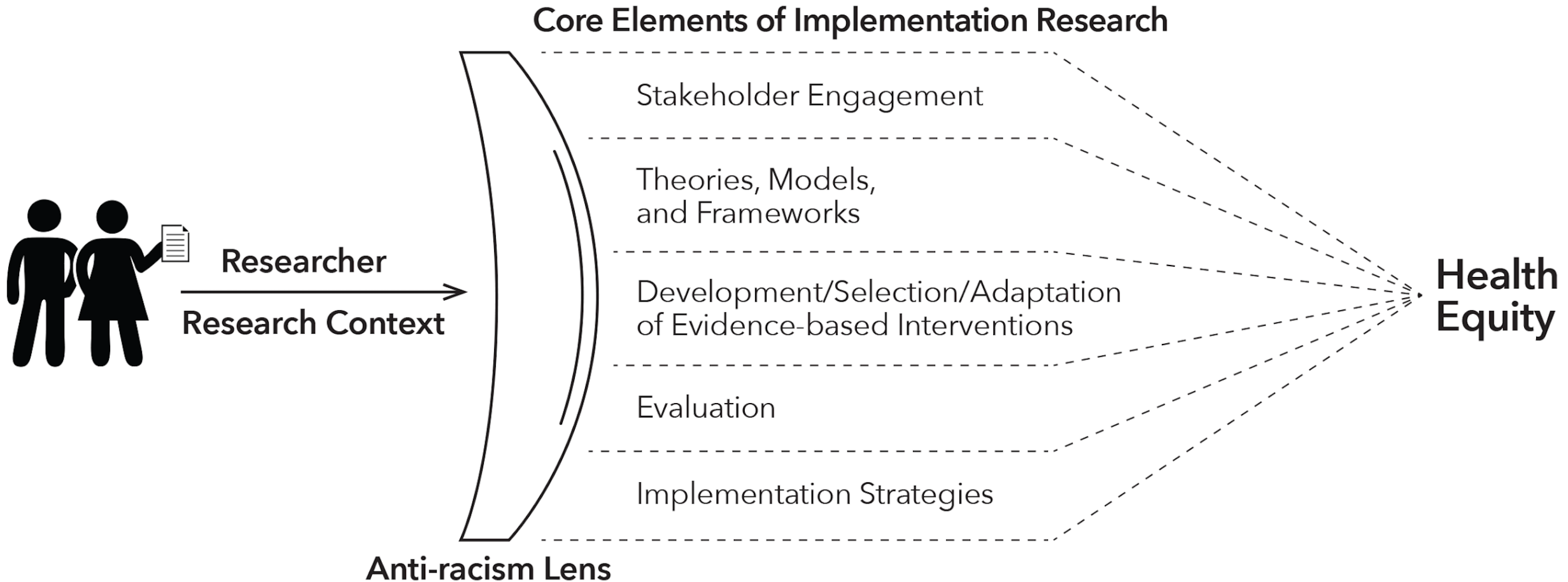
- Racism is fundamental aspect of social context that shapes research institutions and researchers; advantages some and disadvantages others
- Structural racism operates within & across interconnected systems that are adaptive in shaping/reinforcing both health inequities & research-practice gap
- Not 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



Question: How can we focus on racism in implementation science?

Answer: By using an anti-racism as a lens through which to see all aspects of research.

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. 2021, Implementation Research & Practice

Researchers/ Research Context

Health Equity & Anti-Racism Focus

Health Equity and Anti-Racism in Research & Practice

Researchers

**Research Institutions &
Fundors**

Our disciplines & fields

**Community Partnerships
and Agencies**

Our Research

What is anti-racism?

- Anti-racism refers to the conscious decision to make frequent, consistent, equitable choices that require ongoing self-awareness and self-reflection in one's personal conduct, work practices, and sociocultural expressions.
- Well-meaning and committed people define and practice anti-racism differently
- *Often includes a structural analysis* that helps people to recognize that the world is controlled by systems, with traceable historical roots, that harm some and benefit others.

(Friedersdorf, 2020; Jones, 1997) (Bonnett, 2000; Came & Griffith, 2018; LeBrón & Viruell-Fuentes, 2019)

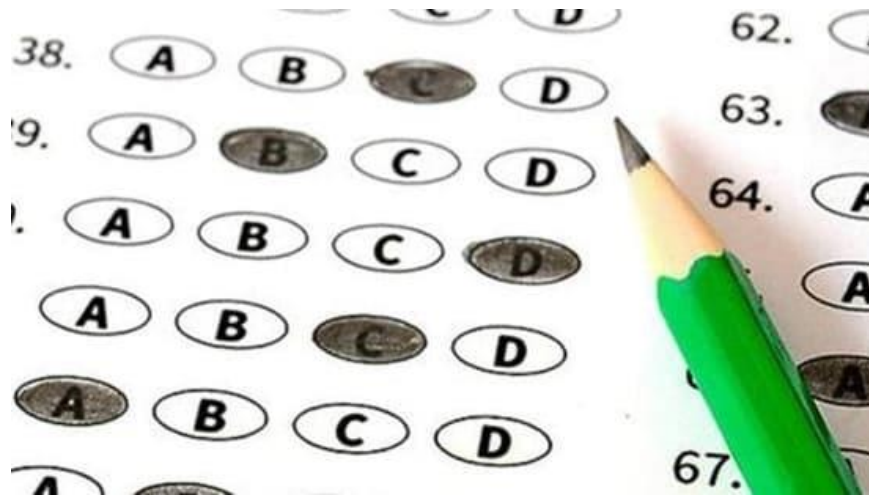
Why use an anti-racism approach (lens)?

- *Helps create a vision of the goals and objectives, not simply the problem.*
- *Presumes, accepts and embraces different views as essential ingredients to facilitate new ways of thinking*
- One of the fundamental challenges of *anti-racism* is to increase individual and collective capacity to look at the world as if it could be otherwise

What are we trying to achieve by using an anti-racism approach?

- ***Mitigate?*** – Help individuals and communities adapt to unhealthy contexts by creating behavior change programs and better understand the health and social effects of racism
- ***Resist?*** – Build capacity of autonomous organizations (e.g., faith-based organizations; community-based organizations) to sustain health promotion interventions and services; build on strengths
- ***Undo?*** – Change the inequitable policies and institutions that create and perpetuate inequity in opportunities and outcomes

What are we aiming to help researchers do by using an anti-racism approach?



- Unlearn limited and inaccurate frameworks, assumptions and approaches
- Create alternative problem identification approaches that are congruent with the perspectives and experiences of the populations of interest
- Develop new approaches, skills, values, and strategies that build on rigorous and sound scholarly principles and methods

(Griffith & Came, 2022; Griffith & Semlow, 2020; Shelton, et al., 2022)

Individual Researcher and Research Context: Recommendations

To conduct IS research on health equity, self-reflection and attention to racial equity, justice, and race and racism consciousness should be foundational and ongoing grounding for implementation scientists.

Applying an antiracism lens requires accountability and ongoing self-reflection and to actively acknowledge one's own racial, economic, cultural biases and privilege as well as to actively combat systems of oppression within our disciplines, our research, and the institutions where we conduct our research.

Consider how application of an antiracism lens includes an analysis of power and access to and ability to leverage power varies by race/ethnicity.

An antiracism lens focuses on understanding the history and ongoing experiences of racism in broader societal contexts and in specific contexts in which we live and conduct research.

Researchers would benefit from training and application of Public Health Critical Race Praxis and other related antiracism frameworks to facilitate a race consciousness to consider how racial context and asymmetrical power distributions influence research and the contexts where we conduct research.



Ten simple rules for building an antiracist lab

From Chaudhary and Berhe 2020

1. Lead informed discussions about antiracism in your lab regularly
2. Address racism in your lab and field safety guidelines
3. Publish papers and write grants with BIPOC colleagues
4. Evaluate your lab's mentoring practices
5. Amplify voices of BIPOC scientists in your field
6. Support BIPOC in their efforts to organize
7. Intentionally recruit BIPOC students and staff
8. Adopt a dynamic research agenda
9. Advocate for racially diverse leadership in science
10. Hold the powerful accountable and don't expect gratitude

HSR

Health Services Research

DEBATE-COMMENTARY | [Open Access](#) |  

Examining racism in health services research: A disciplinary self-critique

Rachel R. Hardeman PhD, MPH , J'Mag Karbeah MPH

On Racism: A New Standard For Publishing On Racial Health Inequities

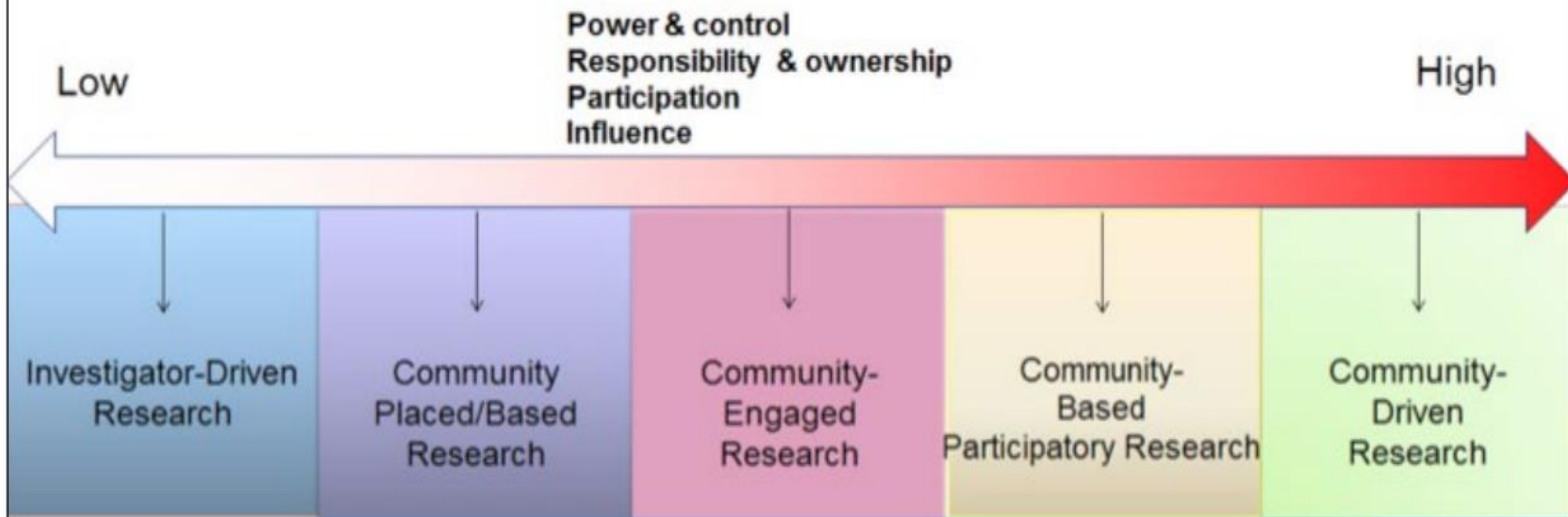
Rhea W. Boyd, Edwin G. Lindo, Lachelle D. Weeks, Monica R. McLemore

Community Engagement

Health Equity & Anti-Racism Focus

Prajakta Adsul

Community Involvement in Research



CBPR Principles (Israel; Duran & Wallerstein; Minkler)

- 1** CBPR recognizes community as a *unit of identity*
- 2** CBPR builds on strengths and resources within the community
- 3** CBPR facilitates collaborative, equitable partnership in all research phases and involves an empowering and power-sharing process that attends to social inequalities.
- 4** CBPR promotes co-learning and capacity building among all partners
- 5** CBPR integrates and achieves a balance between research and action for the mutual benefit of all partners.
- 6** CBPR emphasized public health problems of local relevance and also ecological perspectives that recognize and attend to the multiple determinant of health and disease
- 7** CBPR involves system development through a cyclical and iterative process
- 8** CBPR disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process.
- 9** CBPR requires a long-term process and commitment to sustainability

Community Engagement in Implementation

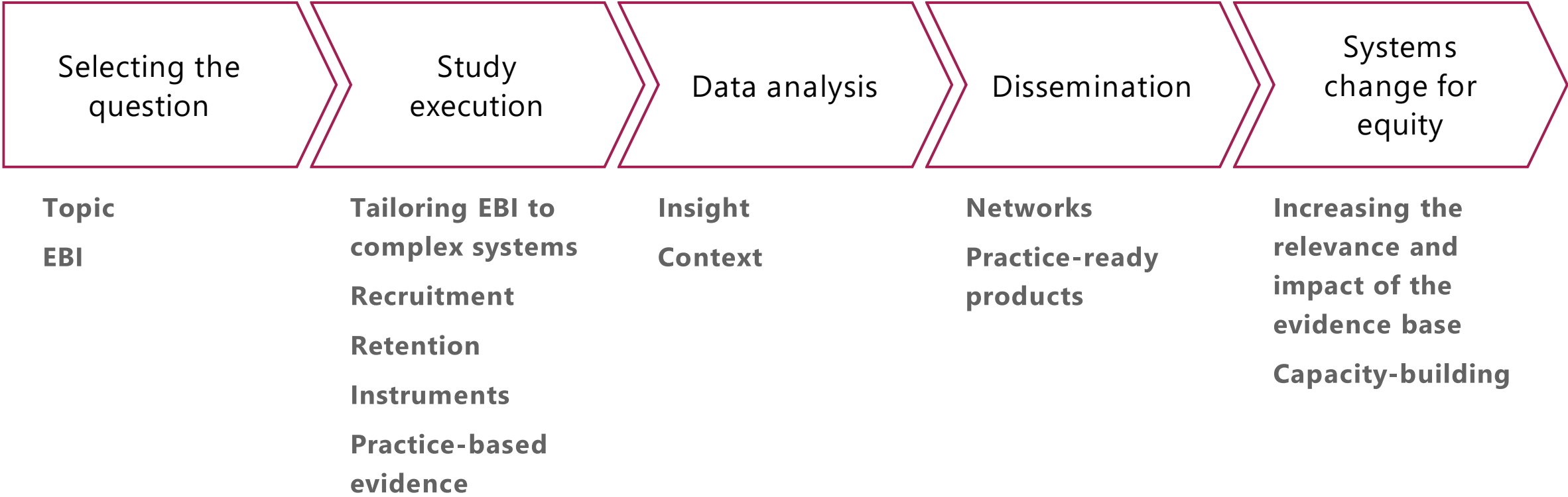


- Foundation for creating **structural change/promoting equity**
- **Engagement** throughout research/decision-making; early, often
- Improves **relevance, feasibility, acceptability** of solutions/strategies
- Commitment to **action & capacity-building** as part of the research
- Increases likelihood of results being **disseminated and translated**
- Focus on building **trust** and **sustainability**; strengths-based
- **Creates structures/processes** for incorporating community priorities
- Considerations of **power dynamics**, sharing of resources, respect

Ramanadhan, S., Davis, M. M., Armstrong, R., Baquero, B., Ko, L. K., Leng, J. C., ... & Brownson, R. C. (2018). Participatory implementation science to increase the impact of evidence-based cancer prevention and control. *Cancer Causes & Control*, 29(3), 363-369.

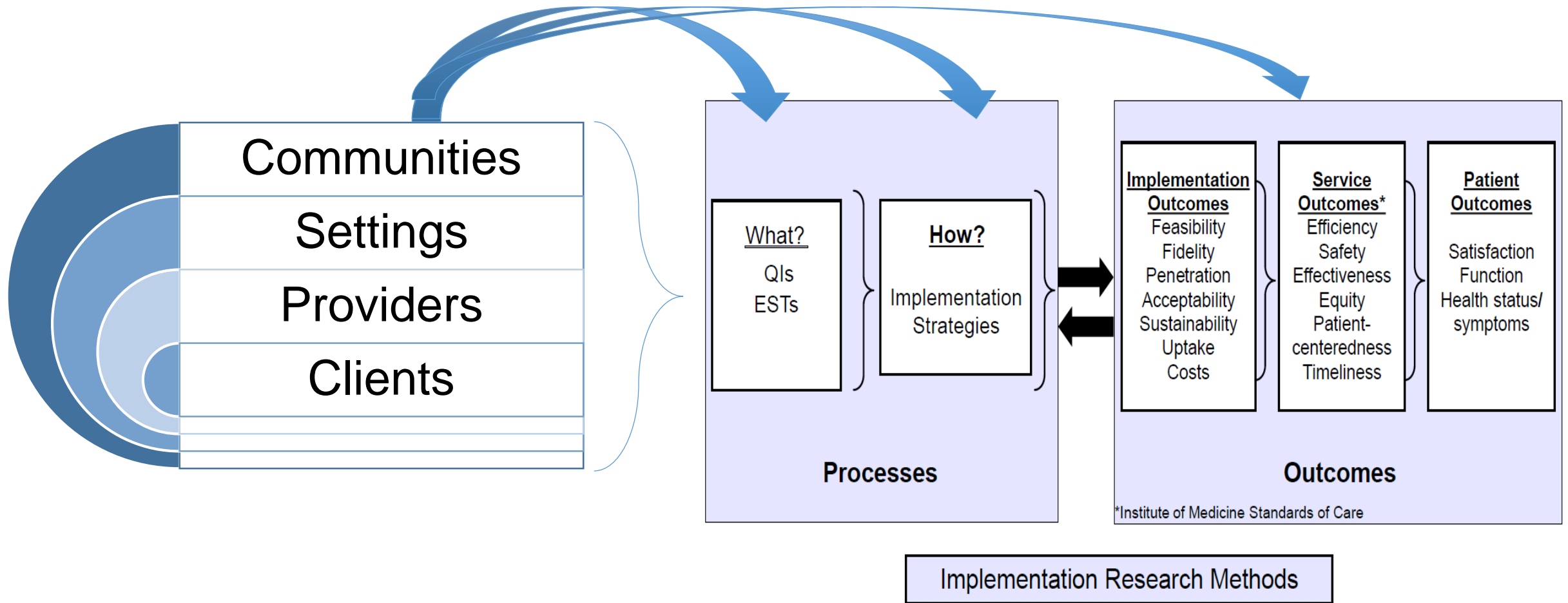
Yonas, M. A., Jones, N., Eng, E., Vines, A. I., Aronson, R., Griffith, D. M., White, B., & DuBose, M. (2006). The art and science of integrating undoing racism with CBPR: Challenges of pursuing NIH funding to investigate cancer care and racial equity. *Journal of Urban Health*, 83(6), 1004-1012. <https://doi.org/10.1007/s11524-006-9114-x>

A RANGE OF BENEFITS & PARTNERS (S. Ramanadhan)



Wallerstein, N., & Duran, B. (2010). American Journal of Public Health, 100(Suppl 1), S40-S46;
Ramanadhan, S. et al. Cancer Causes and Control, 29(3), 363-369.

Focus On Reach From The Beginning



Using a Community Partnered Participatory Research Approach to Implement a Randomized Controlled Trial: Planning the Design of Community Partners in Care

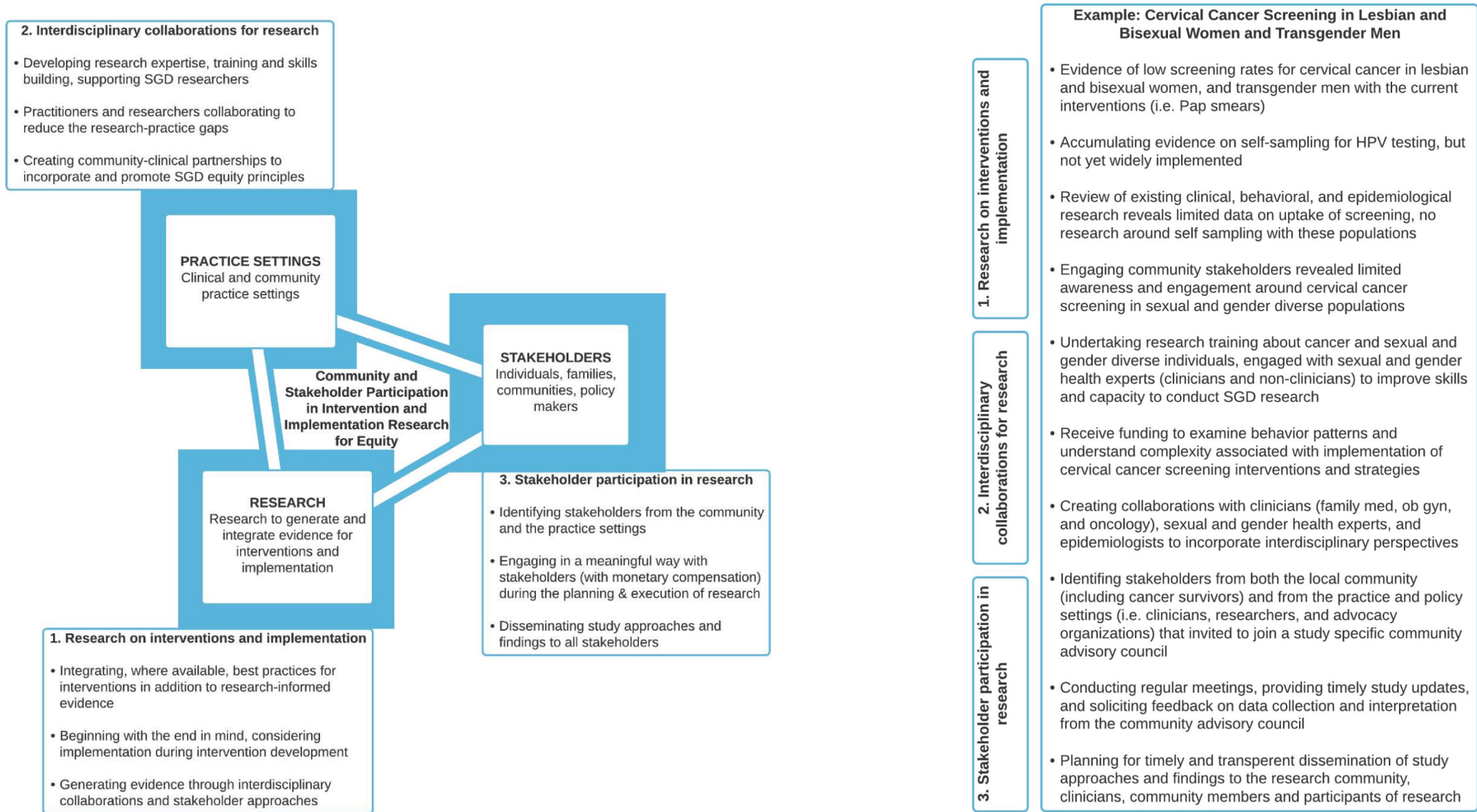
[Bowen Chung](#), MD, MSHS, [Loretta Jones](#), MA, [Elizabeth L. Dixon](#), RN, PhD, [Jeanne Miranda](#), PhD, [Kenneth Wells](#), MD, MPH, and Community Partners in Care Steering Council



Community Partners in Care



Community Partners in Care (CPIC)
Community Engagement and Planning Framework



Considerations for Equitable Stakeholder Engagement



- How, how often, how early in the process am I **engaging? Who is and isn't at the table** when implementation decisions are made? Diversity of teams
- **How do community partners benefit** from the knowledge/solutions generated from implementation research?
- How are **power, resources, data** distributed within imp sci research/efforts?
- Reflection on **how power, racism, privilege** affecting community partnerships, including historical & ongoing experiences of racism in broader social contexts in which we live & conduct work

While not sufficient to eliminate structural racism, we see community engagement and co-creation as central to implementation research efforts using an antiracism approach to pursue health equity, by creating structures and processes for incorporating community perspectives and priorities.

Community engagement approaches are not inherently antiracist, but can be applied as an antiracism approach if they include reflection on racism and power, confronting hard truths, and openness to shifting how we conduct research ([Came & Griffith, 2018](#)).

Community Engagement: Recommendations

Applying an Antiracism Lens in Implementation Research Necessitates Early and Ongoing Inclusion and Engagement of Communities

Foundational grounding in community engagement and inclusion of racially/ethnically diverse communities as equitable decision-makers throughout increases likelihood strategies/EBIs are acceptable/sustained; builds capacity and power.

Explicit orientation towards acknowledging and including community perspectives on how racial injustices and structural racism have shaped health to inform implementation research and evaluation.

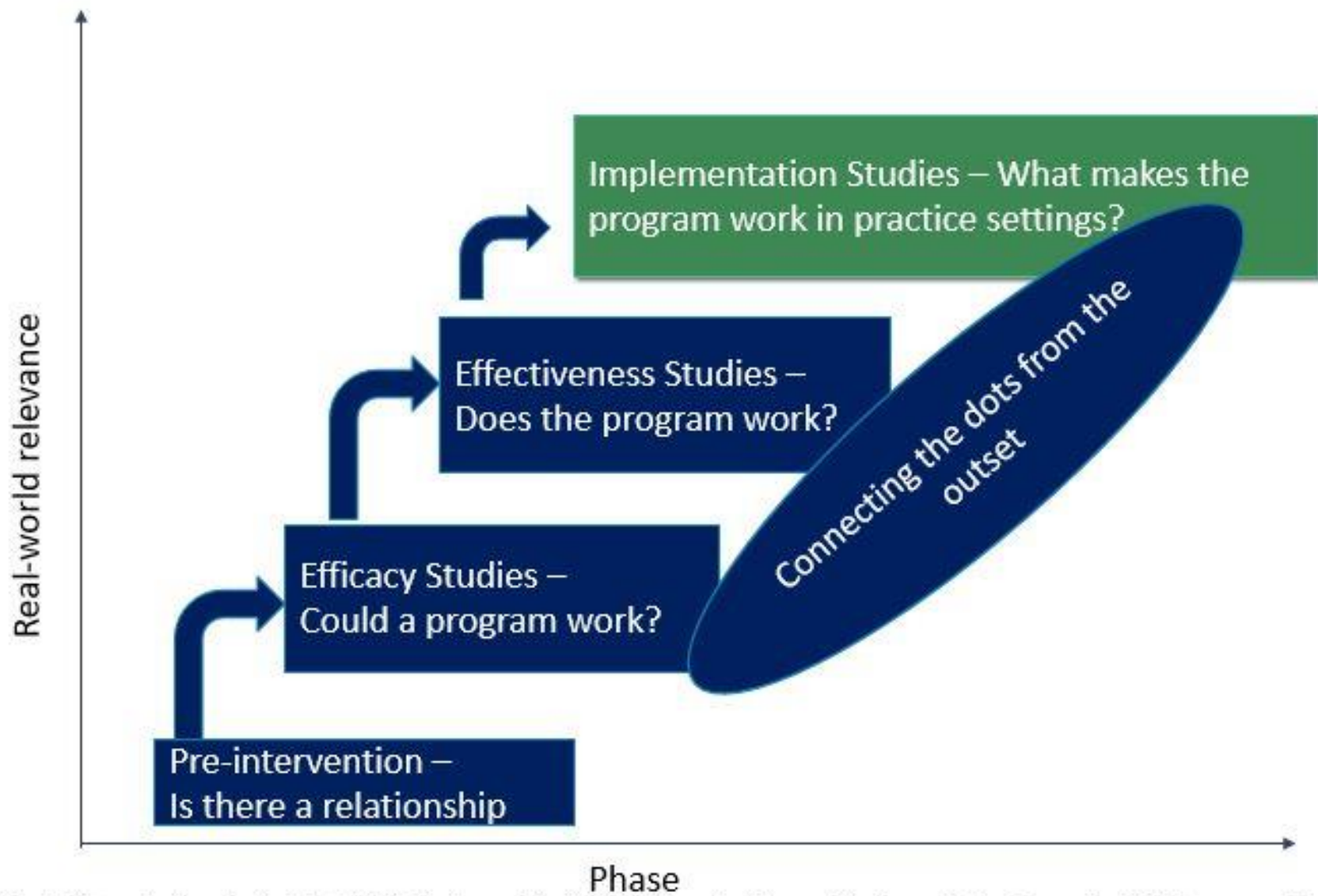
Values transparency, consideration of power dynamics, equitable sharing of resources, respect of community values, and meaningful inclusion.

Application of social justice-oriented tools based in CBPR and community engagement to structure partnerships to equalize power and language.

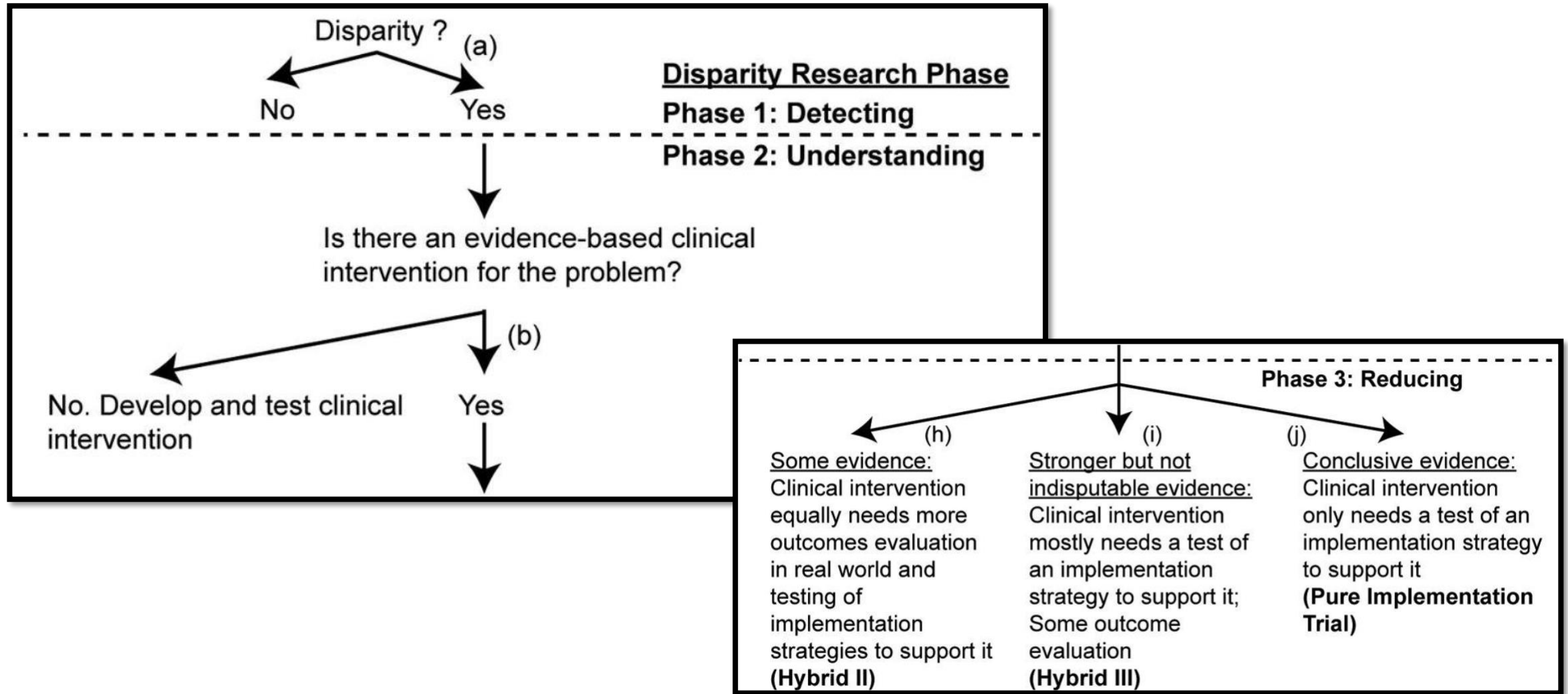
Funding, resources, and infrastructure changes that require grant budgets compensate community partners.

Selecting and Developing Evidence-Based Interventions

Health Equity & Anti-Racism Focus



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.



Chinman M, Woodward EN, Curran GM, Hausmann LRM. Harnessing Implementation Science to Increase the Impact of Health Equity Research. *Med Care*. 2017 Sep;55 Suppl 9 Suppl 2(Suppl 9 2):S16-S23. doi: 10.1097/MLR.0000000000000769. PMID: 28806362; PMCID: PMC5639697.

Considerations for Evidence-based Interventions...

- What have you considered as **evidence**? What **'counts'** as evidence? For whom is an intervention **'evidence-based'**?
- **Whose perspective** have you considered and was involved in the development, selection, adaptation of the intervention?
 - Community engagement from beginning to determine feasibility/acceptability
 - Community-defined evidence across range of social/community settings
 - Expand notions of evidence beyond traditional EBIs to target upstream factors



Evidence-Based Cancer Control Programs (EBCCP)

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](#)  

Design & selection of interventions

- Conduct intervention development process *with, for, and in partnership with* the community
- **CBPR:** 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**

CLINICAL PSYCHOLOGY
SCIENCE AND PRACTICE

User-Centered Design for Psychosocial Intervention
Development and Implementation

Aaron R. Lyon, University of Washington
Kelly Koerner, Evidence-Based Practice Institute, LLC

Cabassa et al. *Implementation Science* 2014, 9:178
<http://www.implementationscience.com/content/9/1/178>

IMPLEMENTATION SCIENCE

RESEARCH Open Access

Using the collaborative intervention planning framework to adapt a health-care manager intervention to a new population and provider group to improve the health of people with serious mental illness

Leopoldo J Cabassa^{1,2*}, Arminda P Gomes¹, Quisqueya Meyreles², Lucia Capitelli², Richard Younge³, Dianna Dragatsi², Juana Alvarez², Yamira Manrique¹ and Roberto Lewis-Fernández^{2,3}

RESEARCH ARTICLE

Community-based participatory design of a community health worker breast cancer training intervention for South Florida Latinx farmworkers

Natalia M. Rodriguez^{1*}, Felicia Casanova^{2,3}, Gabriela Pages³, Layla Claire³, Marian Pedreira³, Michael Touchton³, Felicia Knaul³

¹ Department of Public Health, College of Health and Human Sciences, Purdue University, West Lafayette, Indiana, United States of America, ² Department of Sociology, College of Arts and Sciences, University of Miami, Miami, Florida, United States of America, ³ Institute for Advanced Study of the Americas, University of Miami, Miami, Florida, United States of America

Disability & Society

ISSN: 0968-7599 (Print) 1360-0508 (Online) Journal homepage: <https://www.tandfonline.com/loi/cdso20>

'Whose agenda? Who knows best? Whose voice?'
Co-creating a technology research roadmap with autism stakeholders

Sarah Parsons, Nicola Yuill, Judith Good & Mark Brosnan

In some cases, may need to adapt

- **Transcreation Framework:** Uses community engagement to develop, implement, sustain intervention, with focus on addressing health inequities
- **User-centered or human-centered design** (Dopp, Lyon)
- **Intervention Mapping** for adapting interventions

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

Anna María Nápoles and Anita L. Stewart

CLINICAL PSYCHOLOGY SCIENCE AND PRACTICE

Literature Review

User-Centered Design for Psychosocial Intervention Development and Implementation

Aaron R. Lyon , Kelly Koerner

[Biomed Res Int.](#) 2015; 2015: 160103.

Published online 2015 Oct 26. doi: [10.1155/2015/160103](https://doi.org/10.1155/2015/160103)

PMCID: PMC4637430

PMID: [26587531](https://pubmed.ncbi.nlm.nih.gov/26587531/)

Intervention Mapping to Adapt Evidence-Based Interventions for Use in Practice: Increasing Mammography among African American Women

[Linda Highfield](#), ^{1,*} [Marieke A. Hartman](#), ² [Patricia Dolan Mullen](#), ² [Serena A. Rodriguez](#), ² [Maria E. Fernandez](#), ² and [L. Kay Bartholomew](#) ²

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



- 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”

- Much of current intervention adaptation literature follows the existing research hierarchy, often led by researchers (not practitioners, or community organizations), low value on methods that emphasize local context such as case studies and the analysis of practice based evidence

Development, Selection, Adaptation of EBIs: Recommendations

Applying an Antiracism Lens includes consideration of the development, selection and/or testing of multilevel and structural interventions that include a focus on promoting health equity and addressing racism, as well as the de-implementation and dismantling of harmful or inequitable policies, practices, programs.

Consider inequitable power dynamics if communities were not involved with the generation of that evidence; directly involve racially/ethnically diverse communities and populations in development, selection, adaptation of EBIs.

Expand our evidence base to include “community-defined evidence” or “practice-based evidence” when defining and identifying EBIs for addressing structural racism.

Requires trans-disciplinary thinking and focus on multilevel and multisector interventions that include sectors and systems beyond healthcare, building off of a growing evidence base for programs/policies to address racism.

Consider multilevel approaches and include structural and policy-level interventions to address racism and prioritize the D&I of EBIs that target root causes of racial/ethnic inequities, including racism.

Contribute to advancing and application of de-implementation science to remove harmful practices/programs and policies.

Partner with health equity researchers from the beginning of the research process to embed IS questions in early research stages and inform the development and testing of new interventions explicitly focused on dismantling racism and mitigating its health effects.

Theories, Models, Frameworks

Health Equity & Anti-Racism Focus

Rachel C. Shelton

Context Matters for Health Equity & Equitable Implementation



Figure 1. Socio-ecological model: framework for prevention, centers for disease control. Available from the Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>.⁴

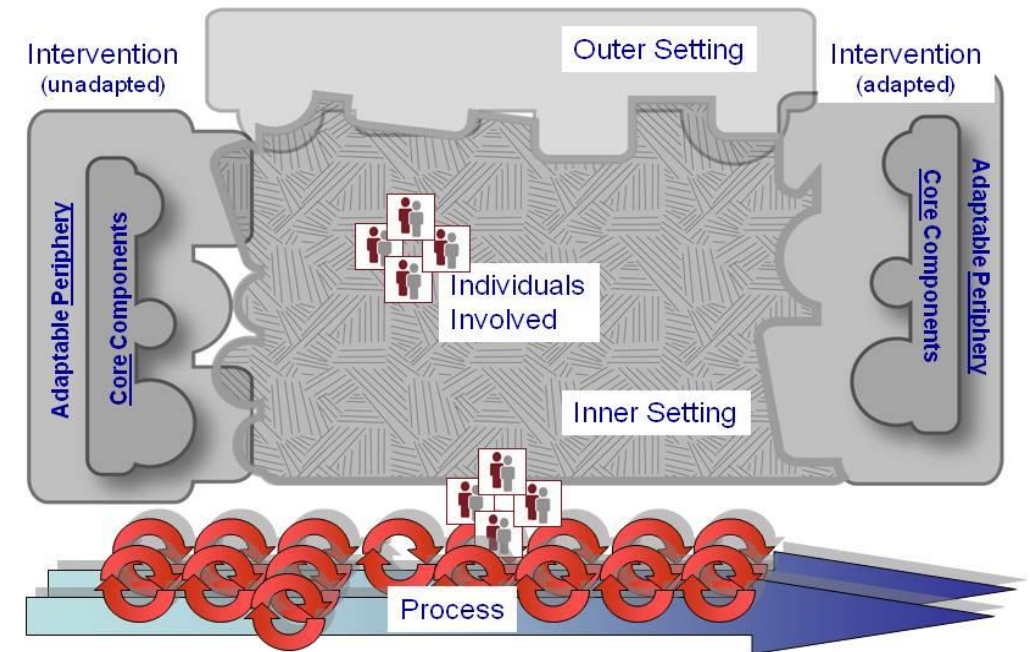


Figure 2. The Consolidated Framework for Implementation Research (CFIR) (Damschroder et al. 2009)

Equity Considerations for Frameworks



- Are we **considering & measuring equity-related contextual factors or determinants** (e.g. structural racism, stigma, discrimination, mistrust) in our frameworks (e.g. in our contextual assessment or consideration of barriers/facilitators to implementation)?
- Are we considering the **mechanisms and processes** through which structural racism is embedded in policies/structures/norms that create & maintain health advantages for some & disadvantages for others?
- An anti-racist approach would **consider & assess role of structural racism in shaping health inequities & implementation**, even if not intervening upon

Health Equity in Implementation Science Frameworks

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}



A typology of power in implementation: Building on the exploration, preparation, implementation, sustainment (EPIS) framework to advance mental health and HIV health equity

Megan C. Stanton^{id}, Samira B. Ali, the SUSTAIN Center Team

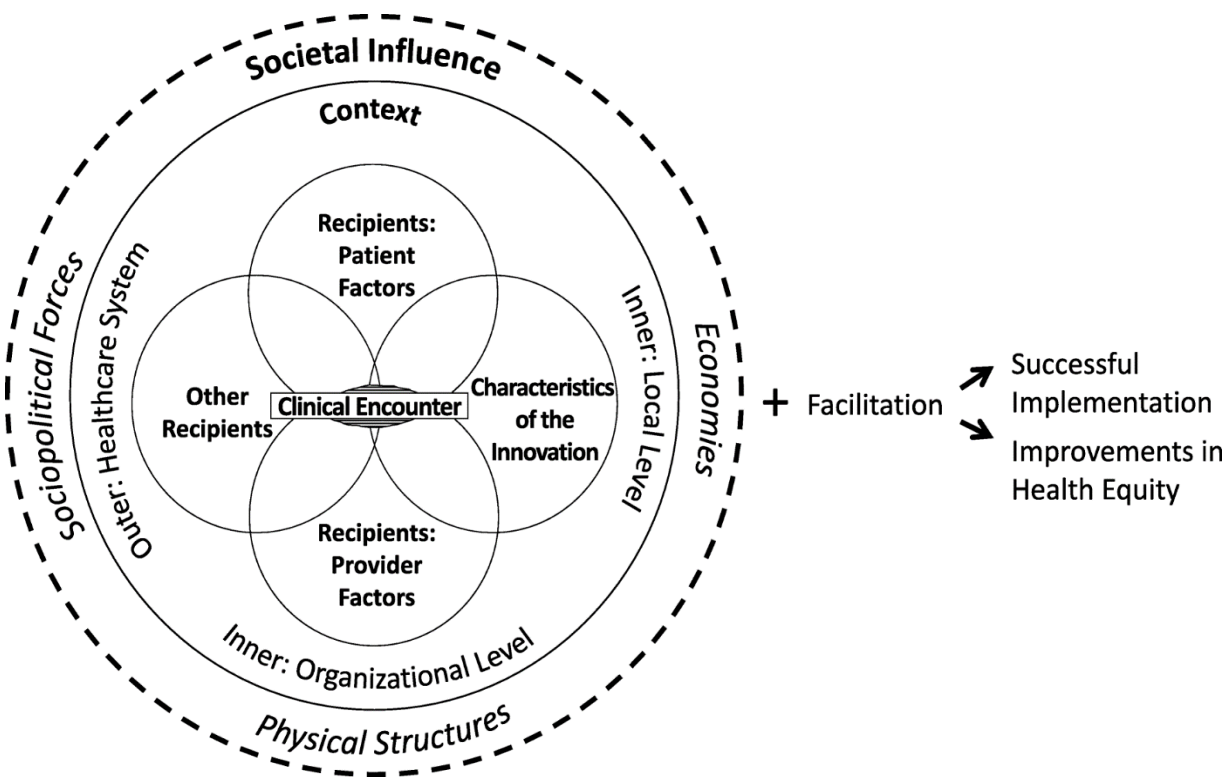
> *Ethn Dis.* 2021 May 20;31(Suppl 1):375-388. doi: 10.18865/ed.31.S1.375. eCollection 2021.

Applying a Race(ism)-Conscious Adaptation of the CFIR Framework to Understand Implementation of a School-Based Equity-Oriented Intervention

Michele Allen¹, April Wilhelm¹, Luis Enrique Ortega², Shannon Pergament², Nicole Bates³, Brooke Cunningham¹

Applying an intersectionality lens to the theoretical domains framework: a tool for thinking about how intersecting social identities and structures of power influence behaviour

Nicole Etherington^{1*}, Isabel Braganca Rodrigues², Lora Giangregorio^{2,3}, Ian D. Graham^{1,4}, Alison M. Hoens^{5,6,7}, Danielle Kasperavicius⁸, Christine Kelly⁹, Julia E. Moore¹⁰, Matteo Ponzano², Justin Presseau^{1,4}, Kathryn M. Sibley^{9,11} and Sharon Straus^{8,12}

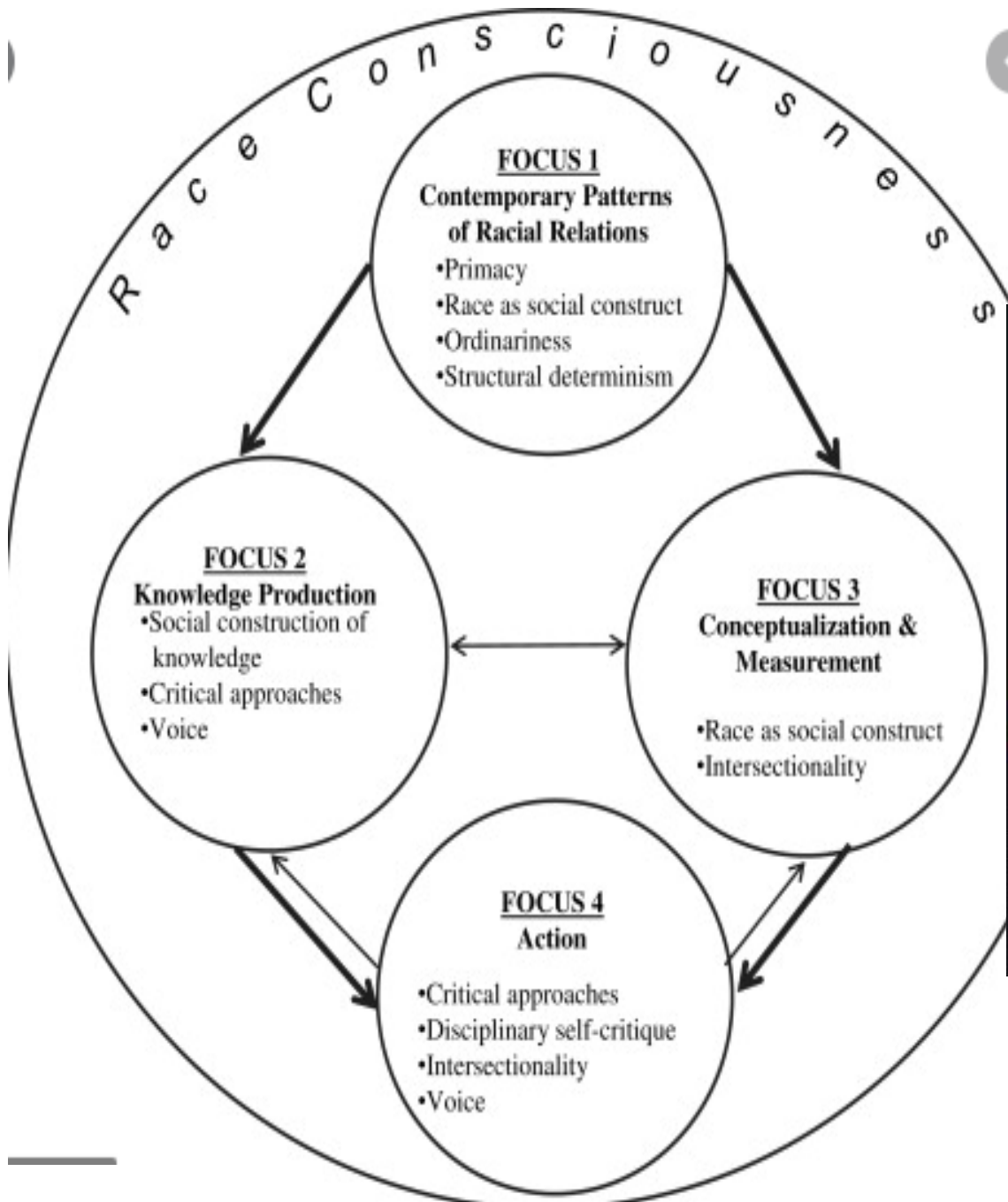


Race(ism)–Conscious Adaptation of CFIR Framework to Inform Implementation of a School-based Intervention (Allen et al 2021)

- *Applied Public Health Critical Race Praxis (PHCRP) to adapt the CFIR to elucidate how structural racism impact intervention implementation/use*
 - 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
 - Highly networked implementation champions enhanced commitment to intervention uptake; however, perceptions of these individuals and the degree to which they were networked was highly racialized.

Critical Race Theory, Race Equity, and Public Health: Toward Antiracism Praxis

Chandra L. Ford, PhD, and Collins O. Airhihenbuwa, PhD



Racism:
Science &
Tools for the
Public Health
Professional



RATIONALE FOR THE DESIGN AND IMPLEMENTATION OF INTERVENTIONS ADDRESSING INSTITUTIONAL RACISM AT A LOCAL PUBLIC HEALTH DEPARTMENT

Public Health Critical Race Praxis

Ryan Duerme, MPH¹; Alan Dorsinville, MPH¹;
Natasha McIntosh-Beckles, BS²;
Stacey Wright-Woolcock, MPH, MSW²

Conceptual Frameworks and Models: Recommendations

An Antiracism Lens Considers Racism as a Determinant and Key Aspect of Context in Implementation Frameworks, Theories, Models

Consider or directly examine structural racism and discrimination as contextual factors that influence adoption, implementation, and sustainability of EBIs at multiple levels.

Prioritize assessment of structural racism and its impact as part of formative work and contextual inquiry in understanding historical and current factors shaping implementation, and barriers/facilitators to equitable implementation.

Learn from and integrate health equity-focused frameworks and theories that have included equity and relevant constructs (e.g., discrimination, racism, stigma, medical mistrust) and related SDOH in IS and other disciplines as guiding examples.

Consider equity-focused IS frameworks or adaptations to IS frameworks that provide insight into how racism affects implementation and health.

Implementation Strategies

Health Equity & Anti-Racism Focus

Implementation Strategies: ERIC Taxonomy

1. EVALUATION & INTERACTIVE STRATEGIES <ul style="list-style-type: none">• Assess for readiness• Identify barriers & facilitators• Audit & feedback	2. INTERACTIVE ASSISTANCE <ul style="list-style-type: none">• Facilitation• Technical assistance• Clinical supervision	3. ADAPTING & TAILORING CONTENT <ul style="list-style-type: none">• Tailor strategies• Promote adaptability• Use data experts
4. DEVELOP STAKEHOLDER RELATIONSHIPS <ul style="list-style-type: none">• Identify & prepare champions• Inform local opinion leaders• Build coalitions	5. TRAIN/ EDUCATE STAKEHOLDERS <ul style="list-style-type: none">• Conduct ongoing training• Develop educational materials• Create learning collaborative	6. SUPPORT CLINICIANS <ul style="list-style-type: none">• Remind clinicians• Develop resource sharing agreements• Revise professional roles
7. ENGAGE CONSUMERS <ul style="list-style-type: none">• Involve consumers & family members• Intervene to enhance uptake & adherence• Use mass media	8. USE FINANCIAL STRATEGIES <ul style="list-style-type: none">• Access new funding• Alter incentive/ allowance structures• Develop disincentives	9. CHANGE INFRASTRUCTURE <ul style="list-style-type: none">• Mandate change• Change physical structures• Start dissemination organization

Bringing Health Equity Lens to Implementation Strategies

HOW?

Implementation Strategies: ERIC Taxonomy



Strategies that increase trust, partnerships, ownership, capacity

Organizational, institutional, policy changes that address inequities within systems

Anti-racism training & building diverse & equitable teams

Example: The Accountability for Cancer Care through Undoing Racism & Equity (Cykert et al)



Journal of the National Medical Association

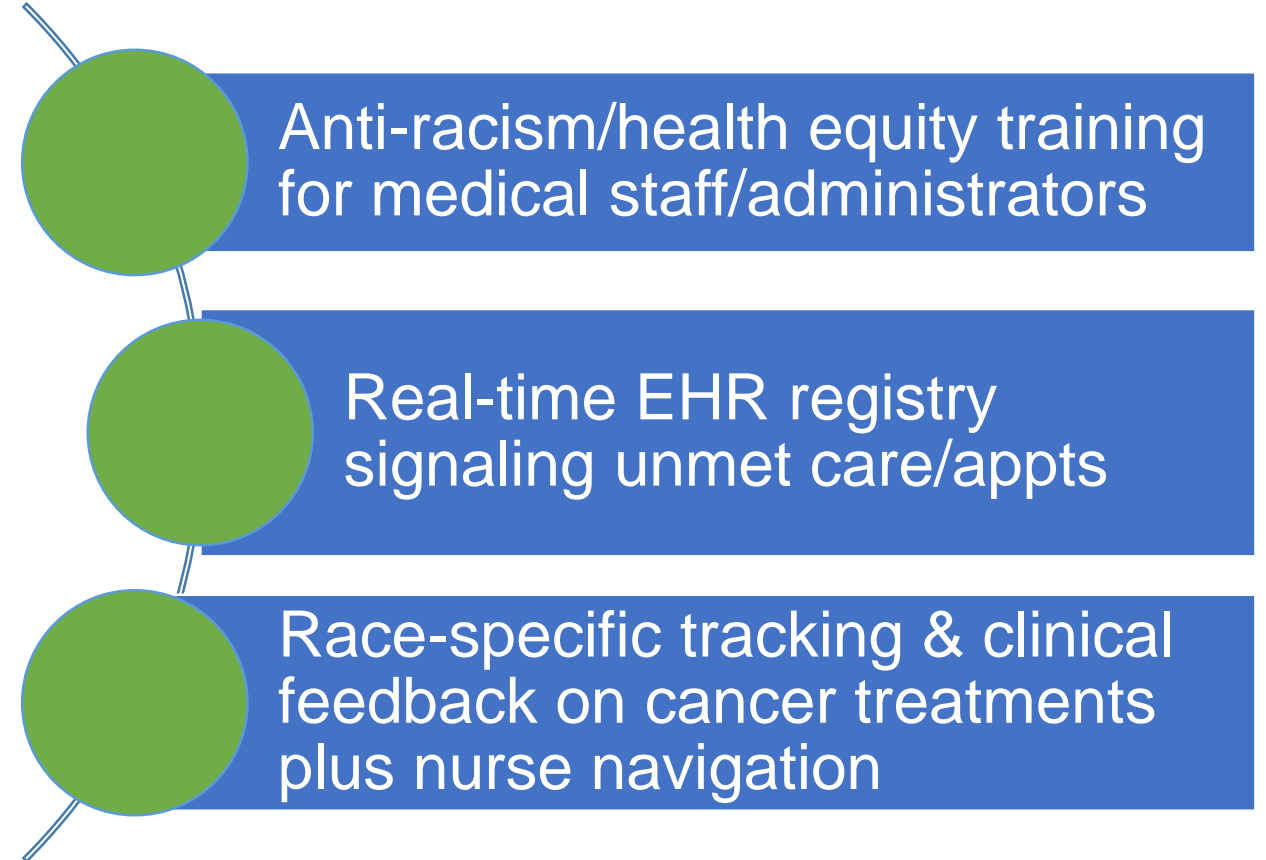
Volume 112, Issue 5, October 2020, Pages 468-477



Article

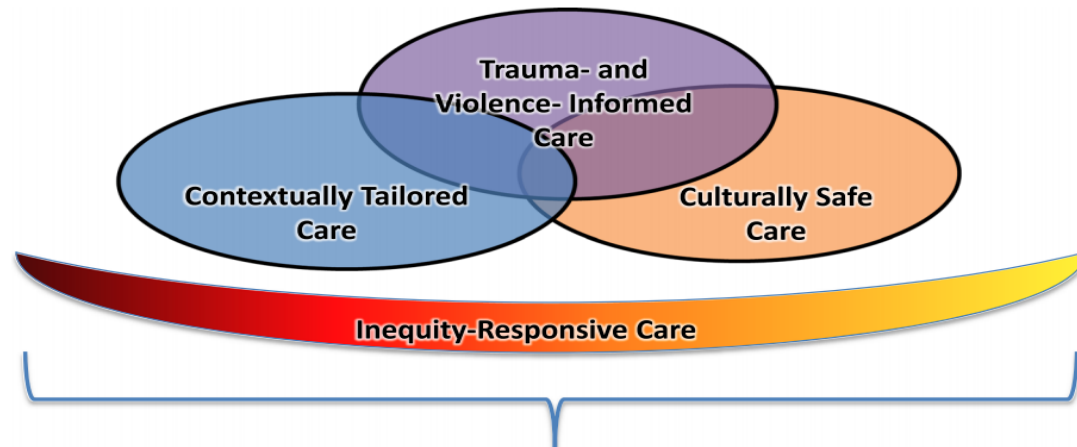
A Multi-faceted Intervention Aimed at Black-White Disparities in the Treatment of Early Stage Cancers: The ACCURE Pragmatic Quality Improvement trial

Samuel Cykert M.D. ^a✉, Eugenia Eng Dr.P.H. ^b, Matthew A. Manning M.D. ^c, Linda B. Robertson Ph.D. ^d, Dwight E. Heron M.D. ^e, Nora S. Jones M.A. ^f, Jennifer C. Schaal M.D. ^f, Alexandra Lightfoot Ed.D. ^g, Haibo Zhou Ph.D. ^h, Christina Yongue M.P.H. ⁱ, Ziya Gizlice Ph.D. ^j



EQUIP Healthcare: An overview of a multi-component intervention to enhance equity-oriented care in primary health care settings

Annette J. Browne^{1*}, Colleen Varcoe¹, Marilyn Ford-Gilboe², C. Nadine Wathen³ on behalf of the EQUIP Research Team



- 10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Services:**
- Make an explicit commitment to equity
 - Develop supportive structures, policies, and processes
 - Attend to power differentials
 - Tailor to context
 - Counteract discrimination
 - Promote community + patient participatory engagement
 - Tailor to histories
 - Enhance access to social determinants of health
 - Optimize use of place and space
 - Re-vision use of time

Adapting strategies to promote implementation reach and equity (ASPIRE) in school mental health services

Larissa M. Gaias¹ | Kimberly T. Arnold² | Freda F. Liu^{3,4} | Michael D. Pullmann⁴ | Mylien T. Duong⁵ | Aaron R. Lyon⁴



Review

Implementing Anti-Racism Interventions in Healthcare Settings: A Scoping Review

Nadha Hassen¹, Aisha Lofters^{2,3}, Sinit Michael⁴, Amita Mall⁵, Andrew D. Pinto^{3,6,7,8} and Julia Rackal^{3,8,*}



Social Science & Medicine
Volume 199, February 2018, Pages 181-188



Tackling racism as a “wicked” public health problem: Enabling allies in anti-racism praxis

Heather Came^a ✉, Derek Griffith^b ✉

Fig. 1 Key dimensions of equity-oriented PHC services

Implementation Strategies: Recommendations

Applying an Antiracism Lens in Implementation Research Requires Application and Testing of Implementation Strategies to Advance Spread and Scale of Antiracist, Equity-focused Solutions

Need for more explicit testing of antiracist and equity-focused implementation strategies, and assessment of their impact on health equity and implementation outcomes.

IS researchers should consider explicitly testing antiracist strategies and frameworks in the context of their own research.

Training is an important component of multilevel antiracism strategies, and may improve uptake of EBIs that dismantle racism if it explicitly considers structural racism and helps professionals apply an antiracism lens in their work.

Evaluation of strategies that address more covert forms of institutional racism underlying racial inequities and outer contextual/policy factors that reinforce inequities are imperative.

Evaluation & Study Design

Health Equity & Anti-Racism Focus

Measuring Structural Racism

- **Recognizing complexity & interconnected:** Domains of housing, social institutions, political participation, criminal justice, economic, workplace, immigration
- **Instances of economic injustice,** lack of economic opportunities and social deprivation (e.g. unstable living conditions, limited access to quality schooling/health); racial disparities in poverty rates and employment
- **Residential Segregation;** Structural Racism within **criminal justice system** (e.g. racial disparities in incarceration rates)
- **Racist policies,** such as redlining and racial profiling by immigration officials

Measuring inequity: a systematic review of methods used to quantify structural racism

Maya Groos, Tulane University School of Public Health and Tropical Medicine

Maeve Wallace, Tulane University School of Public Health and Tropical Medicine

Rachel Hardeman, University of Minnesota

Katherine P. Theall, Tulane University

Incorporating Measures of Structural Racism into Population Studies of Reproductive Health in the United States: A Narrative Review

Julianna G. Alson,¹ Whitney R. Robinson,²⁻⁴ LaShawnDa Pittman,⁵ and Kemi M. Doll¹

> *Am J Epidemiol.* 2021 Sep 25;kwab239. doi: 10.1093/aje/kwab239. Online ahead of print.

Measuring Structural Racism: A guide for epidemiologists and other health researchers

Paris B Adkins-Jackson¹, Tongtan Chantarat², Zinzi D Bailey³, Ninez A Ponce⁴

By Rachel R. Hardeman, Patricia A. Homan, Tongtan Chantarat, Brigette A. Davis, and Tyson H. Brown

OVERVIEW

Improving The Measurement Of Structural Racism To Achieve Antiracist Health Policy

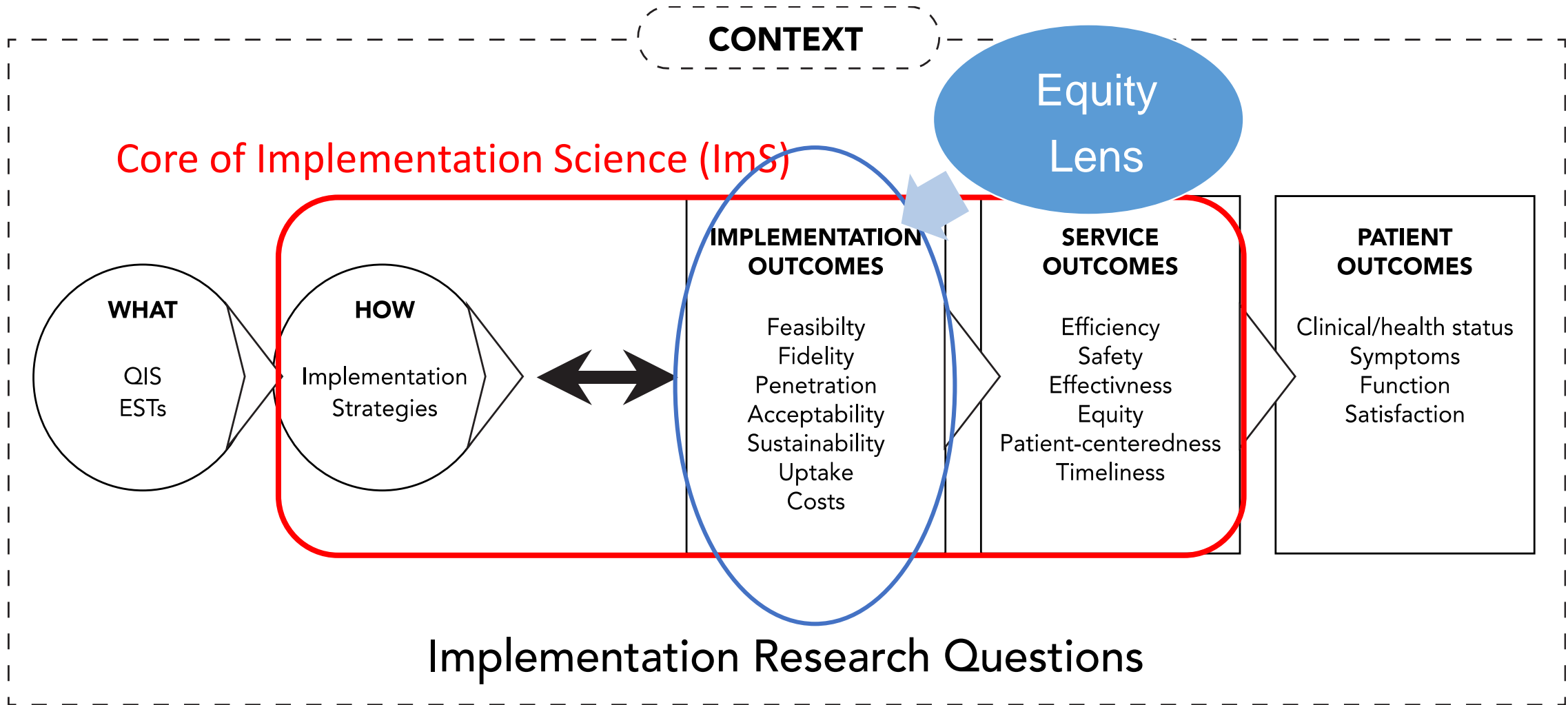
ABSTRACT Antiracist health policy research requires methodological innovation that creates equity-centered and antiracist solutions to health inequities by centering the complexities and insidiousness of structural racism. The development of effective health policy and health equity interventions requires sound empirical characterization of the nature of structural racism and its impact on public health. However, there is a disconnect between the conceptualization and measurement of structural racism in the public health literature. **Given that structural racism is a system of interconnected institutions that operates with a set of racialized rules that maintain White supremacy, how can anyone accurately measure its insidiousness? This article highlights methodological approaches that will move the field forward in its ability to validly measure structural racism for the purposes of achieving health equity. We identify three key areas that require scholarly attention to advance antiracist health policy research: historical context, geographical context, and theory-based novel quantitative and qualitative methods that capture the multifaceted and systemic properties of structural racism as well as other systems of oppression.**

> [Science](#). 2019 Oct 25;366(6464):447-453. doi: 10.1126/science.aax2342.

Dissecting racial bias in an algorithm used to manage the health of populations

Ziad Obermeyer^{1 2}, Brian Powers³, Christine Vogeli⁴, Sendhil Mullainathan⁵

Prioritize Outcomes that are Meaningful



Equity Lens for RE-AIM Framework (Accountability in tracking equity)

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?

Equity Lens for RE-AIM Framework (D&I Indicators/Outcomes)

IMPLEMENTATION

Continued initial delivery of EBI at staff/setting levels; cost; adaptations

MAINTENANCE

Continued health impact and continued delivery of EBI over time

Equity Considerations

IMPLEMENTATION

Were EBI/strategies equitably delivered across settings & staff? Why? Adaptations to strategies to promote equity?

Equity Considerations

MAINTENANCE

What populations & settings are/aren't reached & receive health benefits over time? Why? How can low-resource settings sustain?

Important Methodological Approaches for Understanding & Addressing Racism in Implementation

**Systems Thinking &
Systems Science**



**Policies & Policy
Implementation**

**Qualitative &
Mixed-Methods**

Essential to also focus on
De-implementation of harmful
unequitable policies, programs,
institutional practices

Qualitative Research Key Tool for Health Equity

- Understand **social context**, complexity, intersectionality
- Explore new phenomena from multiple perspectives; **gives voice**
- Generate, refine, inform **theory/frameworks**
- Illuminate **root causes** (how racism operates)
- **Centers** perspectives of diverse stakeholders
- **Unpack** unintended consequences
- Identify community strengths, assets, solutions
- Helps us understand: **How? Why?**

The Promise of Qualitative Research to Inform Theory to Address Health Equity

Rachel C. Shelton, ScD, MPH, Derek M. Griffith, PhD, Michelle C. Kegler, DrPH, MPH

First Published September 19, 2017 | Research Article | [Find in PubMed](#) | 

Advancing the Science of Qualitative Research to Promote Health Equity

Derek M. Griffith, PhD¹, Rachel C. Shelton, ScD, MPH²,
and Michelle C. Kegler, DrPH, MPH³

Annual Review of Public Health

Qualitative Research Methods in Chronic Disease: Introduction and Opportunities to Promote Health Equity

Rachel C. Shelton,¹ Morgan M. Philbin,¹
and Shoba Ramanadhan²

Addressing Systemic Racism Through Clinical Preventive Service Recommendations From the US Preventive Services Task Force

Chyke A. Doubeni, MD, MPH¹; Melissa Simon, MD²; Alex H. Krist, MD, MPH³

“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”

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



Evaluation Approaches (Measures & Methods): Recommendations

An Antiracism Lens Explicitly Includes Measures and Study Designs to Assess Racism and Health Equity.

Include measures that align with the inclusion of racism as a determinant in conceptual frameworks, in understanding health inequities and inequitable implementation.

Transparent metrics and data sharing or open access to track improvements towards health equity outcomes (e.g., effectiveness outcomes and IS outcomes), founded in anti-racism principles.

Mixed-methods and qualitative research approaches needed for dismantling racism, advancing understanding of intersectionality, amplifying voices of those experiencing harm of racism.

Engaging stakeholders in identifying metrics of importance and value and communicating evaluation findings back to stakeholders.

Prioritization of policy implementation research and natural experiments to understand the impact of policies and policy changes that promote or hinder racial equity.

For today's discussion

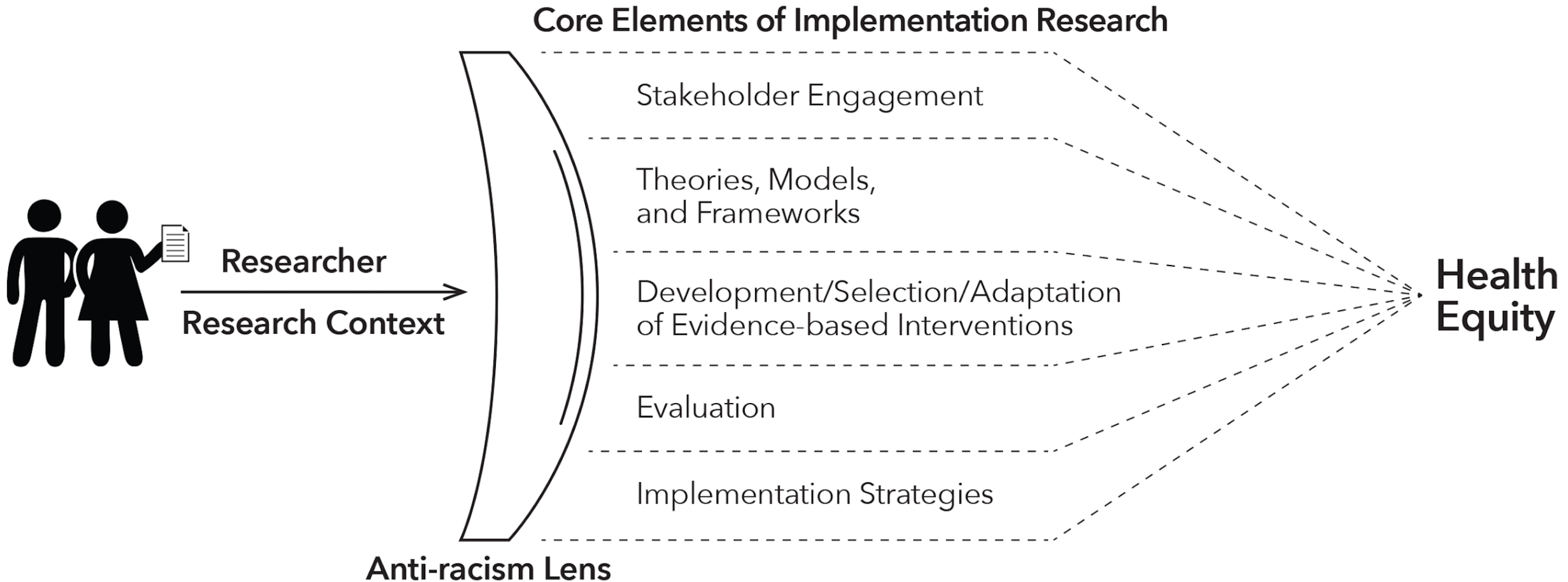
Health Equity & Anti-Racism Focus

Addressing Racism through Implementation Science



- Health Equity is foundational for field of Imp Sci but not always explicit
 - Requires reflection, accountability, & focus on health equity & racism
- Critical to consider structural racism as part of implementation context & root cause of inequities; Prioritize EBIs address racism/mitigate its effects
- Long history of work in anti-racism, structural racism, community engagement; elevate this work & reframe focus on social justice & equity
- Making sure we're not reinforcing health inequities through implementation in our disciplines & research (e.g. selection of settings/frameworks); may inadvertently reinforce racist practices and unequal power dynamics

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. 2021, Implementation Research & Practice

Community Engagement: Reflection Questions

Who are the community members, researchers, and stakeholders that would benefit from or be influenced by the proposed research?

What are the benefits, harms, and unintended consequences of the research?

How do we (researcher and their teams) engage with racially/ethnically diverse communities?

How are communities defined (e.g., geography, racial identity, sexual and gender identity)?

How often and early in the process are we engaging with communities?

Who is included and who is excluded when important decisions are made?

How are power and resources distributed among researchers and communities?

What unintentional biases do researchers bring to the research with community partnerships?

Development, Selection, Adaptation of EBIs: Reflection Questions

What counts as evidence?

How do we select and prioritize EBIs?

Who was involved in the development and selection of the intervention or EBI?

Has the intervention or policy been found to be effective among populations experiencing inequities?

Is the intervention or policy effective at reducing inequities and promoting health equity?

Does the intervention or policy address structural racism directly or indirectly? Or other related SDOH?

If not, can the intervention or policy be adapted to address racism or lessen the effects of racism on health?

Does the intervention address multiple levels of change?

How does the intervention consider systems, structural or policy levels?

Does the intervention implementation exacerbate disparities or biases?

Does the intervention include recognition of local culture, history, and strengths/assets of the community?

Does the intervention create supportive systems and environments where communities experiencing inequities can thrive and be healthy?

Does implementation of the EBI impact trust or mistrust between research and community?

Conceptual Frameworks and Models: Reflection Questions

In our conceptual frameworks, theories and models, are we considering structural racism and other contextual factors and determinants that are central for health equity (e.g., stigma, mistrust, SDOH)?

As part of our contextual assessment, are we considering the role of racism and power in shaping barriers and facilitators to adoption, implementation, and sustainability?

Are we considering the role of racism, community context, institutional processes and norms, and overlapping systems that shape and reinforce health inequities?

How does race and racism intersect with other social dimensions (e.g., age, gender, immigration, geography) to shape implementation and health inequities?

Are we considering the mechanisms and processes through which structural racism creates and maintains health advantages for some and disadvantages for others?

Evaluation Approaches (Measures & Methods): Reflection Questions

Are we clear and explicit about how we are hypothesizing what racial differences mean?

Are we measuring racism and other contextual factors that have implications for adoption, implementation, sustainability?

How are we operationalizing and tracking equity in our health outcomes and implementation indicators?

How are operationalizing racism and its effect on health?

What methods are we using to capture and center the voices of populations experiencing racism?

How are methods selected so that they do not exacerbate uneven power dynamics or ownership over data, findings, and dissemination?

Implementation Strategies: Reflection Questions

What implementation strategies might be effective in promoting equity and addressing racism?

What implementation strategies are perceived as feasible, acceptable, appropriate among populations experiencing inequities?

Are there adaptations that can be made to strategies to address racism or racism's effects on health?

What are the mechanisms through which strategies reinforce or reduce racism or health inequities?

Individual Researcher and Research Context: Reflection Questions

In considering positionality and reflexivity, how are racism, power, and privilege operating here on my research team, in my research, within my research institution, and within funding institutions?

How are racist policies and processes operating in the context of my research and research environment?

How has racism influenced the research questions that I ask or not?

How has racism influenced the solutions and interventions that I select, and the methods I prioritize?

How are we framing and explaining health inequities (their causes and solutions)?

How are we being accountable to communities experiencing racism?

Am I using my voice and privilege to address racism? If so, how am I doing so?

How can research findings be used to inform collective action?

How can research and knowledge be shared with communities? And have I done this equitably?

What is the extent to which we are prioritizing the inclusion of populations and settings experiencing inequities and what are the impacts of structural racism in these contexts?

To be a part of the solution in helping to achieve racial/ethnic justice, we encourage implementation researchers and practitioners to reflect critically and with care on their efforts around equity, invest in the implementation of policies, practices, and systems that are justice-centered, and consistently seize the opportunity to be more explicitly antiracist.

Thank you!

Core Readings on Anti-Racism, Implementation Science, & Health Equity
<https://www.irvinginstitute.columbia.edu/implementation-science>

Inequality

Unequal access to opportunities



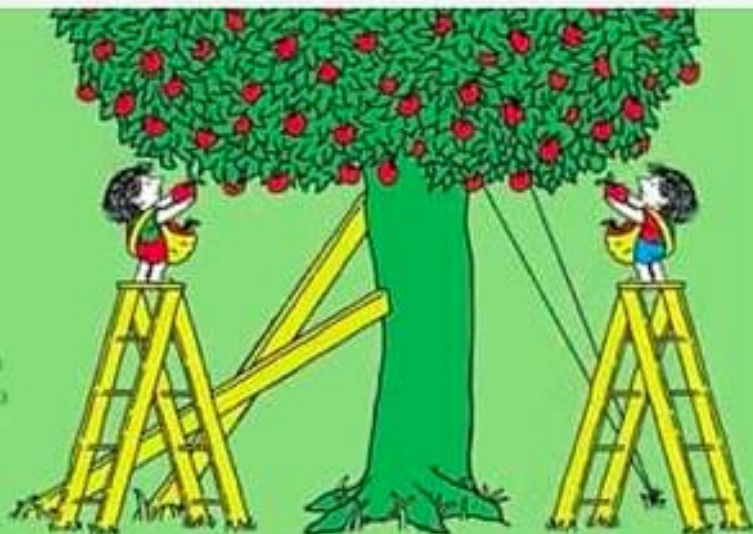
Equality?

Evenly distributed tools and assistance



Justice

Fixing the system to offer equal access to both tools and opportunities



Equity

Custom tools that identify and address inequality

