

Stanford SOCIAL INNOVATION^{Review}

Bringing Equity to Implementation Supplement
Equitable Implementation at Work
By Allison Metz, Beadsie Woo & Audrey Loper

Stanford Social Innovation Review
Summer 2021

Copyright © 2021 by Leland Stanford Jr. University
All Rights Reserved

Stanford Social Innovation Review
www.ssir.org
Email: editor@ssir.org

CIRCL-Chicago seeks to comprehensively evaluate the implementation of the Kaiser intervention bundle.¹⁹ To determine whether the implementation is successful, we will track the proportion of eligible adults in the community that experience blood pressure control (i.e., <130/80 mm Hg) from the intervention. We will also dig deeply into these data to understand the representativeness of the participants that are referred to and receive the Kaiser intervention bundle, and those that experience blood pressure control.²⁰ CIRCL-Chicago will be implemented in neighborhoods that are predominantly African American, and we will focus on patient age, gender, insurance status, and health-care system variables that could lead to inequity within this population. Any differences that emerge signal the need for deeper exploration to understand the nature and cause of variable impact.

CIRCL-Chicago's community-driven approach shows that neighborhoods like the South Side, and indeed many other communities across the United States, need investment in different implementation strategies and resources than those used to support implementation in other populations. Neglecting this reality has the potential to exacerbate disparities through inequitable implementation.

The premium often placed on generalizable findings in implementation research runs the risk of assuming equality is the answer. But real solutions are only possible with equitable strategies that recognize the contribution of historical and contemporary policies, economics, and health-care access, among other factors—the consequences of which are repeatedly underscored in health disparities. Community-driven, equitable implementation approaches hold the key to unlocking sustainable solutions to eliminate health disparities that are embraced by the community. A key driver of sustaining this intervention hinges on fostering co-leadership, co-ownership, and equal decision-making among all partners and stakeholders. ●

NOTES

- 1 Leslie Proctor, "Editor's Notebook: A Quotation with a Life of Its Own," *Patient Safety and Quality Healthcare*, July 1, 2008.
- 2 Sheri Cohen, et al., *Healthy Chicago 2.0 Community Health Assessment: Informing Efforts to Achieve Health Equity*, Chicago Department of Public Health, February 2016.
- 3 Bijou R. Hunt, Deepa Deot, and Steven Whitman, "Stroke Mortality Rates Vary in Local Communities in a Metropolitan Area," *Stroke*, vol. 45, no. 7, 2014. Bijou Hunt and Steven Whitman, "Black: White Health Disparities in the United States and Chicago: 1990-2010," *Journal of Racial and Ethnic Health Disparities*, vol. 2, no. 1, 2015.
- 4 J. Nadine Gracia, "COVID-19's Disproportionate Impact on Communities of Color Spotlights the Nation's Systemic Inequities," *Journal of Public Health Management and Practice*, vol. 26, no. 6, 2020.
- 5 Jessica Jaiswal and Perry N. Halkitis, "Towards a More Inclusive and Dynamic Understanding of Medical Mistrust Informed by Science," *Behavioral Medicine*, vol. 45, no. 2, 2019.
- 6 Ernest Moy, Elizabeth Dayton, and Carolyn M. Clancy, "Compiling the Evidence: The National Healthcare Disparities Reports," *Health Affairs*, vol. 24, no. 2, 2005.
- 7 Mark S. Bauer and JoAnn Kirchner, "Implementation Science: What Is It and Why Should I Care?," *Psychiatry Research*, vol. 283, 2020. Justin D. Smith, Dennis H. Li, and Miriam R. Rafferty, "The Implementation Research Logic Model: A Method for Planning, Executing, Reporting, and Synthesizing Implementation Projects," *Implementation Science*, vol. 15, no. 1, 2020.
- 8 US Institute of Medicine Committee on Crossing the Quality Chasm Adaptation to Mental Health Addictive Disorders, *Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series*, Washington, DC: National Academy Press, 2006.
- 9 David A. Chambers and Susan T. Azrin, "Research and Services Partnerships: Partnership: A Fundamental Component of Dissemination and Implementation Research," *Psychiatric Services*, vol. 64, no. 6, 2013.
- 10 Rebecca Johnson, et al., "Community-Initiated Research Engagement: Equitable Partnership Delivering Research-Ready Faith-Based Ambassadors," *Progress in Community Health Partnerships: Research, Education, and Action*, vol. 14, no. 2, 2020.
- 11 Antoinette M. Schoenthaler, et al., "Cluster Randomized Clinical Trial of FAITH (Faith-Based Approaches in the Treatment of Hypertension) in Blacks," *Circulation: Cardiovascular Quality and Outcomes*, vol. 11, no. 10, 2018.
- 12 Stephen B. Thomas, et al., "The Characteristics of Northern Black Churches with Community Health Outreach Programs," *American Journal of Public Health*, vol. 84, no. 4, 1994.
- 13 Rebecca Johnson, et al., "Community-Initiated Research Engagement: Equitable Partnership Delivering Research-Ready Faith-Based Ambassadors," *Progress in Community Health Partnerships: Research, Education, and Action*, vol. 14, no. 2, 2020.

ships: Research, Education, and Action, vol. 14, no. 2, 2020.

- 14 City Tech Collaborative and the Chicago Department of Public Health, "Hypertension: Adults Diagnosed with High Blood Pressure," *Chicago Health Atlas*, 2018. Dariush Mozaffarian, et al., "Heart Disease and Stroke Statistics—2015 Update: A Report from the American Heart Association," *Circulation*, vol. 131, no. 4, 2015.
- 15 Marc G. Jaffe, et al., "Improved Blood Pressure Control Associated With a Large-Scale Hypertension Program," *JAMA*, vol. 310, no. 7, 2013.
- 16 Winston Wong, et al., "Community Implementation and Translation of Kaiser Permanente's Cardiovascular Disease Risk-Reduction Strategy," *The Permanente Journal*, vol. 15, no. 1, 2011.
- 17 Gregory A. Aarons, et al., "Dynamic Adaptation Process to Implement an Evidence-Based Child Maltreatment Intervention," *Implementation Science*, vol. 7, no. 1, 2012.
- 18 Dariush Mozaffarian, et al., "Heart Disease and Stroke Statistics—2015 Update: A Report from the American Heart Association," *Circulation*, vol. 131, no. 4, 2015.
- 19 Russell E. Glasgow, et al., "RE-AIM Planning and Evaluation Framework: Adapting to New Science and Practice With a 20-Year Review," *Frontiers in Public Health*, vol. 7, no. 64, 2019.
- 20 Russell E. Glasgow, et al., "Use of RE-AIM to Address Health Inequities: Application in a Low-Income Community Health Center-Based Weight Loss and Hypertension Self-Management Program," *Translational Behavioral Medicine*, vol. 3, no. 2, 2013.

Equitable Implementation at Work

Equity must be integrated into implementation research and practice. Here are 10 recommendations for putting equitable implementation into action.

BY ALLISON METZ, BEADSIE WOO & AUDREY LOPER

The field of implementation science needs to prioritize evidence-informed interventions that fit the daily lives of the communities in which they will be delivered. Early prevention and intervention efforts have the potential to achieve goals related to service access and outcomes, but without an explicit focus on equity, most fail to do so. Equitable implementation occurs when strong equity components—including explicit attention to the culture, history, values, assets, and needs of the community—are integrated into the principles, strategies, frameworks, and tools of implementation science. While implementation science includes many frameworks, theories, and models, a blueprint for equitable implementation does not yet exist.

This supplement addresses critical aspects of equitable implementation and attempts to define concrete strategies for advancing equity in implementation and in efforts to scale it. The core elements for equitable implementation include building trusting relationships, dismantling power structures, making investments and decisions that advance equity, developing community-defined evidence, making cultural adaptations, and reflecting critically about how current implementation science theories, models, and frameworks do (or do not) advance equity. (See "Elements of Equitable Implementation" on page 4.) Case

ALLISON METZ is director of the National Implementation Research Network and research professor at the School of Social Work at the University of North Carolina at Chapel Hill. She uses best practices from implementation science to advance improved and equitable outcomes for children and families engaged in child welfare, early childhood, and human service systems.

BEADSIE WOO is a senior associate in the Evidence-Based Practice Group at the Annie E. Casey Foundation. She specializes in developing implementation science tools for the foundation's initiatives.

AUDREY LOPER is an implementation specialist with the National Implementation Research Network. She provides technical assistance and coaching on implementation science in public health and human services contexts.

examples described in this supplement demonstrate how specific activities across these core implementation elements can address cultural, systemic, and structural norms that have embedded specific barriers against Black, Indigenous, and other communities of color.

We wanted two types of articles for this supplement: case examples from the field of implementation science that explicitly focus on equity, and case examples from community-driven implementation efforts to inform implementation science in the future. We required that community members serve as co-authors with implementation scientists and funders. The range of perspectives and experiences shared in these articles provides us with an important vantage point for exploring equitable implementation. In response to questions about the process of writing for this supplement, several authors stressed the necessary challenge of balancing the different stakeholder perspectives and voices to write concise and compelling articles.

We attempt to summarize what we've learned about equitable implementation over the course of working on this supplement and in our own research. Here are 10 recommendations we have for putting equitable implementation into action.

BUILD TRUSTING RELATIONSHIPS

Implementation relies on collaborative learning, risk-taking, and openness to failure. At the center of this dynamic is vulnerability and trust. Trust engenders faith that partners can rely on each other to deliver on agreements and to understand—and even anticipate—each others' interests and needs.¹ A recommendation for building trusting relationships is:

1. Take the time to build trust through small, frequent interactions.

Trust is not built through sweeping gestures, but through everyday interactions where people feel seen and heard. Trust requires long-term commitment, clear and comprehensive communication, and time. As described in the article about the partnership between ArchCity Defenders and Amplify Fund, implementation moves at the speed of trust, and that can take longer than we think. Funders need to provide the time and resources to build trust between themselves, other leaders, and community members and to support trust-building among stakeholders in the community.

DISMANTLE POWER STRUCTURES

Power differentials exist in implementation efforts where specific individuals or groups have greater authority, agency, or influence over others. Implementation strategies should be chosen to address power differentials and position community members at the center of decision-making and implementation activities. Recommendations for dismantling power structures include:

2. Shed the solo leader model of implementation. Implementation science should promote collaborative leadership rather than rely on the charisma and energy of a single individual or organization. When leaders engage with community members and diverse stakeholder groups in meaningful activities that are ongoing, they develop a shared understanding of problems and potential solutions, develop strategies that address community needs and assets, and create a sense of mutual accountability for building the system of supports needed to sustain change and advance equitable outcomes.²

3. Distribute information and decision-making authority to those whose lives are most affected by the implementation. Empowering

community members to make decisions about what is implemented and what strategies are used to carry out the work is critical for implementation to be relevant, successful, and sustainable. By recognizing the knowledge and experience that community stakeholders have and using that expertise to make decisions, public officials, funders, and practitioners create an environment of mutual comfort and respect. The central role that young people play in the development of Youth Thrive illustrates how an organization deliberately changed its work in order to ensure that nothing about young people was done without them having a collaborative role in shaping and delivering the curriculum.

INVEST AND MAKE DECISIONS TO ADVANCE EQUITY

Successful implementation is the product of dozens of shared decisions. In all implementation efforts, opportunities exist for critical decision-making that can either increase or decrease the likelihood that implementation will result in equitable outcomes. Recommendations include:

4. Engage in deliberate and transparent decision-making.

Implementation decisions should be conscious, reflective, well thought through, and paced in a way that unintended consequences can be assessed. By taking the time to reflect, we can make course corrections for decisions that yield any unexpected results. Decision-making should also be transparently communicated with stakeholders at all levels of implementation.

5. Engage community members in interpreting and using data to support implementation. As described in this supplement, the success and sustainability of implementation are related to the alignment with and deep understanding of the needs of a community as defined by the community members themselves. The Children and Youth Cabinet in Rhode Island developed a resident advisory board and offered community members regular data review sessions. At these sessions, community members shared relevant context for findings and applied their experience to quality improvement.

DEVELOP COMMUNITY-DEFINED EVIDENCE

Equitable implementation starts with how the evidence we seek to implement is developed. Research evidence often demonstrates different levels of effectiveness for different groups of people when replicated or scaled widely, leading to inequitable outcomes. As interventions are developed, it is critical to consider diversity in all its forms—including geographical, racial and ethnic, socioeconomic, cultural, and access—and to do this through the involvement of local communities. A recommendation for developing community-defined evidence is:

6. Co-design interventions with community members. This ensures interventions are relevant, desired by communities, and feasible to implement. Village of Wisdom created workshops by and for Black parents to share their parenting insights. These workshops became the foundation for developing culturally affirming instruction and for formulating tools and strategies that could create environments to encourage the intellectual curiosity and racial identity of Black children. By using the experiences and knowledge of Black parents to develop learning environments that nurture well-being, Village of Wisdom asserts the value of growing up Black and parenting Black children. To develop the Bienvenido Program, staff recruited leaders across the community as cocreators of a mental health needs

assessment and the knowledge developed from it. The program was designed in response to Latinx residents' experiences and the challenges they face in accessing mental health services. In both of these examples, community members' experiences and perspectives were used to develop interventions that were aligned with community needs as *they* described them.

MAKE ADAPTATIONS

In order to reduce disparities in outcomes and advance equitable implementation, interventions and services must reach specific groups of people and demonstrate effectiveness in improving outcomes for them.³ Adaptations, especially cultural adaptations, must be made for both interventions and for implementation strategies to ensure the reach and relevance needed for equitable implementation. Recommendations for making adaptations include:

7. Seek locally based service delivery platforms. Implementation often relies on traditional institutions (e.g., hospitals) and systems of care (e.g., public health departments) that may limit or even impede access for specific groups of people. Two articles in this supplement discuss the importance of local, faith-based groups for supporting implementation—the parenting program in Travis County, Texas, and the cardiovascular health initiative in Chicago. Both case examples elevate the importance of adapting service delivery mechanisms to trusted community organizations to increase access for and uptake by local residents.

8. Address issues of social justice. Specific groups of people face significant stressors and barriers to care that are rooted in systemic and structural racism. Authors in this supplement emphasize the importance of adaptations that address issues related to these stressors. As noted in the article on culturally adapting a parenting intervention, parents may not be able to access and benefit from a parenting program if they are dealing with immigration policies and fear of deportation. In this case, adaptations to the program would need to include immigration counseling to support equitable implementation.

CRITICAL PERSPECTIVES ON IMPLEMENTATION SCIENCE

While implementation science is undergirded by theories, models, and frameworks, notably missing in the field are critical perspectives. The article on critical perspectives seeks to address this gap by discussing the methods used in implementation science and how they might perpetuate or exacerbate inequities. The authors also raise the importance of context and how it is addressed in implementation research and practice.

In the field of implementation science, context includes three levels: macro, organizational, and local.⁴ Macro context refers to socio-political and economic forces that either facilitate or hinder implementation efforts. Organizational context refers to organizational culture and climate that influence the behavior of staff. Local context refers to the community activities and relationships that influence implementation and behavior. Implementation strategies at the local or organizational level are limited in their impact on systemic and structural issues. In several articles of the supplement, authors advocate for doing more than describing the macro context. Implementation science needs to develop strategies that can address macro issues that foster or perpetuate disparities in outcomes. Recommendations include:

9. Develop implementation strategies that address the contextual factors that contribute to disparities in outcomes. Advocacy and policy implementation strategies focused on the macro context are more likely to advance equity than implementation strategies at organizational or local levels. Articles in this supplement describe the importance of building the capacity of community leaders to create advocacy networks for policies and funding that will help to sustain local programming. The example from ArchCity Defenders and Amplify Fund describes the critical role of funders in supporting changes to the social, political, and economic environments that grantees operate within to advance equity and promote sustainability. To cite another example, training community members to facilitate local programs and deliver interventions (as demonstrated in the Bienvenido Program and the cardiovascular health project in Chicago) ensures that implementation is tailored to the culture, history, and values of the local community; that interventions are delivered by trusted individuals; and that communities will be able to sustain the interventions.

10. Seek long-term outcomes that advance equity. The selection of interventions should include an assessment of the interventions' likely influence on outcomes beyond near-term changes. Selecting programs that have the potential of a spillover effect in outcomes is a mechanism for equitable implementation. As described in a case example in this supplement, participants in the Bienvenido Program developed confidence and knowledge about participating in community meetings and engaging with locally elected officials and pursued careers in the mental health field. In the critical perspectives article, authors explained that some parenting programs demonstrate evidence for outcomes beyond strengthening parenting practices, such as reduction in substance abuse or increases in employment and stable housing.

The purpose of implementation science is to integrate research and practice in ways that will improve outcomes for people and communities. However, implementation frameworks, theories, and models have not explicitly focused on how implementation can and should advance equity. The recommendations that emerged across the diverse case examples in this supplement provide a starting point for changing and improving the methods and strategies used in implementation to ensure that equity is at the center of the work. As Ana A. Baumann and Pamela Denise Long argue in "Equity in Implementation Science Is Long Overdue," implementation scientists must engage in critical reflection on the gaps between the intentions and the results of their work. We hope this supplement sparks reflection in funders, researchers, and practitioners involved in supporting implementation efforts with the hope of making people's lives better and inspires their resolve and courage to shift toward learning from those who have the greatest stake in successful and equitable outcomes. ●

NOTES

- 1 Vivian Tseng, et al., "Research-Practice Partnerships: Building Two-Way Streets of Engagement," *Social Policy Report*, vol. 30, no. 4, 2017.
- 2 Allison Metz and Leah J. Bartley, "Implementation Teams: A Stakeholder View of Leading and Sustaining Change," *Implementation Science* 3.0, New York: Springer, 2020.
- 3 Manuel Barrera, Jr., et al., "Cultural Adaptations of Behavioral Health Interventions: A Progress Report," *Journal of Consulting and Clinical Psychology*, vol. 81, no. 2, 2013.
- 4 Shelly-Anne Li, et al., "Organizational Contextual Features that Influence the Implementation of Evidence-Based Practices Across Healthcare Settings: a Systematic Integrative Review," *Systematic Reviews*, vol. 7, no. 1, 2018. Laura J. Damschroder, et al., "Fostering Implementation of Health Services Research Findings into Practice: a Consolidated Framework for Advancing Implementation Science," *Implementation Science*, vol. 4, no. 1, 2009.