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ACCORDS is a ‘one-stop shop’ for pragmatic research:

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• Strong methodological cores and programs, led by national experts
• Consultations & team-building for grant proposals
• Mentorship, training & support for junior faculty
• Extensive educational offerings, both locally and nationally
## ACCORDS Upcoming Events

| June 5-6, 2023 | COPRH Con 2023  
Reassessing the Evidence: What is Needed for Real World Research and Practice  
Featured Speakers:  
Ross Brownson, PhD | Washington University in St. Louis  
Faith Kares, PhD | Beloved Community  
Maria Fernandez, PhD | University of Texas Health Sciences Center at Houston  
Ned Calonge, MD | Colorado School of Public Health  
Register now at [www.COPRHCon.com](http://www.COPRHCon.com) |

10:00 -3:30 PM MT  
AHSB Conference Center

*all times 12-1pm MT unless otherwise noted*
Advancing Health Equity in Cancer Prevention and Control through Implementation Science

Presented by:
April Oh, PhD, MPH
Advancing Health Equity in Cancer Prevention and Control through Implementation Science:
Moving Our Evidence Base into Action for All

ACCORDS Methods and Challenges in Conducting Health Equity Research

April Oh, PhD, MPH
Senior Advisor for Implementation Science and Health Equity
Division of Cancer Control and Population Science, National Cancer Institute, USA

May 15, 2023
Views are my own and do not reflect my employer, the National Cancer Institute, NIH.
Figure 1. Application of an Anti-Racism Lens in Implementation Science
KEY CROSS-CUTTING AREAS OF FOCUS

Health Equity
Data Strategies
Modifiable Risk Factors
Climate Change
Evidence-based Policy
Digital Health
Agenda

Defining Cancer Control Equity

Social Determinants of Health and Multilevel Approaches

Organizational Mindset & Engagement

Communication and Impact Assessment

Open Access Actionable Research tools and data
Why is an Equity lens important in Implementation Science?

- Our Evidence-Based Interventions (EBIs) may be inequitably applied to those with more resources.
- Pragmatic approaches require an understanding of the “real-world” including history, local resources, and recognize local capacity that can impact disparities and sustainability.
- Community (or “Stakeholder”) engagement is an essential component of implementation models and frameworks.
- Emphasis on context, multilevel approaches and intersecting systems which may be barriers or facilitators to implementation.
Equitable Implementation

“Equitable implementation occurs when strong equity components (including explicit attention to the culture, history, values, and needs of the community) are integrated into the principles and tools of implementation science to facilitate quality implementation of effective programs for a specific community or group of communities.”

Are innovations addressing or exacerbating disparities?

Are there inequalities that are part of the context creating barriers?

Are there opportunities to engage key Community Partners?

What are culturally, historically, and contextually appropriate strategies for people/places do the thing?

How much and how well was the innovation implemented? Who benefits?

Evaluation of Disparities and Equity based on common definitions
Six Considerations for Advancing Equity through Implementation Science

1. Defining Cancer Control Equity
2. Social Determinants of Health and Multilevel Approaches
3. Organizational Mindset & Engagement
4. Open Access Actionable Research tools and data
5. Communication and Impact Assessment
1. Conceptualizing Cancer Control Equity

Cancer control equity: Everyone has a fair and just opportunity to prevent, detect, receive quality care, and survive cancer with optimal quality of life.

Practitioner Delphi Study, US Cancer Control (2021-22)

In Research & Practice Application:
- Health Equity as an Outcome
- Health Equity as a Process

The way in which practitioners define health equity may not be the way the community defines health equity.

That is, part of the process of achieving health equity is letting the community define it.

Oh and Adjei, 2022; Korn, Oh, et al (in progress)
2. Social Determinants of Health and Multilevel Approaches


NACCHO, 2022

CDC, 2023
Social Determinants, Social Risk, and Health Related Social Needs

1. Contextual & Multilevel impacts on implementation outcomes and equity
2. Implementation of SDOH, Social Risk and Health Related Social Needs interventions

Addressing Health-Related Social Needs in Medicaid

Redesigning Care Around the Social Determinants of Health:
A resource guide and introduction to the CMLN Social Determinants of Health Affinity Group

https://www.medicaid.gov/health-related-social-needs/index.html
3. Organizational “Equity Mindset”… or Foundation for Cancer Control Equity in three parts

“Mindset”: refer to the awareness, set of beliefs, and expectations individuals and communities hold around equity; their understanding of what it is and the importance of it; and their own and their institution’s responsibility in promoting it, to include aspects of accountability

How can you apply an equity lens in the actual groundwork of cancer prevention and control?

- A systemic approach is needed to shift the current mindset: increased ownership, prioritization, and accountability
- Build capacity in practitioners’ and leadership knowledge, resources, and skills for advancing and achieving equity in practice
- Broadening the scope of equity beyond race/ethnicity
Organizational policies and strategies for fostering equity in implementation.

- Organizations need to implement equitable practices internally.
- Promote incentives and/or processes for holding organizations accountable.
- Broaden equitable access to health related data, resources, and tools.

The Health Equity Research and DEIA in Research Organizations are Hand in Hand
Partnering with Communities

- **Context of Community partnerships**
  - COVID-19 pandemic highlighted value
  - Fostering trust and transparency
  - Build, do not manufacture
  - Systems accountability for fostering community partnerships

- **Partnership Process**
  - Partnerships need be beneficial to community organizations and community members in tangible ways.
  - Structures for community partnerships and what works can vary.
  - More efforts need to be made to engage community members and to reimburse them.

*Areas for growth - advance power sharing, extends reach beyond cancer care, need for best practices*
### Continuum of Community Engagement

<table>
<thead>
<tr>
<th>Community Perspective/Experience</th>
<th>No Community Involvement</th>
<th>Community Informed</th>
<th>Community Consultation</th>
<th>Community Participation</th>
<th>Community Initiated</th>
<th>Community Based Participatory Research</th>
<th>Community Driven/Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>We do not know about this project</td>
<td>We had no contact with the community</td>
<td>We sat in on a meeting and learned a great deal</td>
<td>We met with several community organizations, they shared their concerns and gave us suggestions</td>
<td>We have a defined role(s) for community to participate in the research</td>
<td>We created the research in response to community identified issue(s)/question(s)</td>
<td>We developed the project together with community partners</td>
<td>The community is in charge and we support their efforts when asked</td>
</tr>
<tr>
<td>We may or may not be aware of this project but our information informed it</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Researchers met with us to present the project and asked for our input</td>
<td></td>
<td></td>
<td>Researchers provided opportunities for us to participate (e.g., recruitment, community advisory board)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We told researchers what questions we need answers for</td>
<td></td>
<td></td>
<td></td>
<td>We participated in all aspects, equitably</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>We fully own the research</td>
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</tr>
</tbody>
</table>

**Figure 3. The Continuum of Community Engagement in Research: Perspective and Experience**

4. Open Access Actionable Research tools and data

Implementation science

Opportunities for the IS field (Public Goods) that build on implementation science and health equity research

- Articulate an explicit focus on health equity for conducting and reviewing implementation science
- Promote an explicit focus on health equity in theories, models, and frameworks guiding implementation science
- Identify methods for understanding and documenting influences on the context of implementation that incorporate a focus on equity

Health equity research

Action group recommendations to promote a focus on health equity in implementation science

1. Build capacity among researchers and research institutions for health equity-focused and community-engaged implementation science
2. Incorporating health equity considerations across all key implementation focus areas (e.g., adaptations, implementation strategies, study design, determinants, and outcomes)
3. Continuing a focus on cross-disciplinary opportunities in health equity and implementation science

Data Sharing as a tool for equity, inclusion, and engagement

- Harmonization without Marginalization
- Designing for Data Sharing
- Value Proposition and Incentives
- Ownership and Context

Community Voice, Access, and Implications for Data Sharing
- James DuBois, DSc, PhD, Washington University School of Medicine in St. Louis
- Nina Wallerstein, DrPH, MPH, University of New Mexico
- Sarah Kastelic, PhD, National Indian Child Welfare Association
- Cinia Estela Vasquez Guzman, PhD, Oregon Health & Science University
- Dulce A. Medina Bustillos, LMSW, MBA, Centro Savila
- Danielle Parker, MS Ed, University of New Mexico
- Al Richmond, MSW, Community-Campus Partnerships for Health

Deborah Cohen, PhD, Oregon Health & Science University
Emily Dressler, PhD, Wake Forest School of Medicine
Melody Goodman, PhD, New York University School of Global Public Health
Rebekka Lee, ScD, Harvard T.H. Chan School of Public Health
Borsika Rabin, PhD, MPH, PharmD, University of California San Diego
JD Smith, PhD, Spencer Fox Eccles School of Medicine at the University of Utah

https://events.cancer.gov/dccps/ISdataSharing
Open Access Tools

Capacity Building Database

The Implementation Science Centers in Cancer Control (ISC3) Capacity Building Database includes a variety of resources for researchers, practitioners, trainees, and anyone else interested in learning or using implementation science.

Use the ISC3 Database below to find resources for:

- Learning the basics of implementation science
- Advancing your implementation science skillset
- Using implementation science in your studies or office

If you have a resource you think should be included in the ISC3 Database, please send details including the resource name and description to isc3@icf.com.

ISC3 Health Equity Tool Kit

Brief Orientation to Health Equity and Implementation Science

Key Health Equity Language and Concepts

Annotated List of Key Literature on Health-Equity Focused Implementation Science

Overview and Key Considerations in Community and Partner Engagement in the Research Process for Integrating Health Equity in Implementation Science

Researcher Reflection on Research Partners, Perspectives of Community, Processes, Decision Making, and Biases in the Work

Framing Health Equity in Implementation Research: Determinants, Process, and Outcomes

Addressing, Measuring, and Evaluating Health Equity in Implementation Research

Key Considerations Data Collection and Analysis for Health Equity Implementation Science

Approaches to Implementation Trials Addressing Health Equity

5. Communication Science and Impact Assessment

- Patient & Provider level: Knowledge and Innovation = Empowerment, Ownership, and Health Literacy for all
- Organizational Level: Perceived value of equity agendas
- Community level: Communication Science driven strategies for implementation (culture, engagement, literacy, acceptability)
- Communication and Information Inequalities

N? Considerations for Advancing Equity through Implementation Science

Defining Cancer Control Equity

Open Access Actionable Research tools and data

Communication and Impact Assessment

Dialogue and Exchange
Notice of Intent to Publish a Funding Opportunity Announcement for Advancing Cancer Control Equity Research Through Transformative Solutions Coordination Center (U24 Clinical Trial Optional)

Notice Number:
NOT-CA-23-068

Notice of Intent to Publish a Funding Opportunity Announcement for Advancing Cancer Control Equity Research Through Transformative Solutions (U19 Clinical Trial Optional)

Notice Number:
NOT-CA-23-066

partners to implement interventions that incorporate the lived experiences of those who face cancer inequities
Questions?

**Contact us!** To contact the IS team, email us: NCIdccpsISteam@mail.nih.gov or visit our staff directory: https://cancercontrol.cancer.gov/is/about/staff.

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Ms. Clarita Reed
1922-2017

Dr. Richard Warnecke
1937-2022