



Advancing Health Justice through Equity-Centered Implementation Science

Megan Stanton (she/her), MSW, PhD
Director of Evaluation, SUSTAIN COMPASS Coordinating Center
Assistant Professor of Social Work
Eastern Connecticut State University
stantonmeg@easternct.edu

Samira Ali, MSW, PhD
Center Director, SUSTAIN COMPASS Coordinating Center
Associate Professor of Social Work
Graduate College of Social Work
University of Houston
sbali3@central.uh.edu



Introductions



Megan Stanton, MSW, PhD



Samira Ali, MSW, PhD



Why are we here?

- To think critically about the relationship between implementation science and health equity
- To learn about the ways implementation processes generate and are impacted by power
- To examine how we can purposefully attend to power through implementation research and practice to advance health justice
- To build a collective vision of justice and equity-centered implementation

How did we get here?





An Organisation of Sex Workers Fighting for Rights and Dignity



Durbar
Durbar Mahila Samanwaya Committee



The SUSTAIN Center



Activities:

Grant Funding
Training/Coaching
Capacity Building
Research

Approaches⁵:

Trauma Informed Care
Harm Reduction
Healing Justice



Intersectionality, Emphasizing Racial and Social Justice

In our commitment to applying race, culture, gender, sexuality, language, class, age, and ability analyses throughout the different community investments, we recognize that social privilege and oppression influence access to and allocation of resources/services. For example, we recognize that racism, in both interpersonal and structural forms, needs to be addressed directly to achieve equity. Therefore, we affirm the importance of advancing justice by increasing access to resources/services among groups disproportionately affected by HIV.



Meaningful Involvement of People Living with HIV/AIDS (MIPA)

We recognize the meaningful involvement of people living with HIV in all levels of the initiative and aim to ensure that people living with and most affected by HIV are involved in every level of decision making.



Collaboration and Commitment

We base our collaborative efforts on mutual respect and mutual support, both internally and externally. In our commitment to developing trusting relationships, we aspire to treat everyone who works with us with respect and understanding. We are also committed to collaborating with and serving communities and areas with the greatest needs.



Openness, Transparency and Learning

We strive to demonstrate and promote a culture of integrity. Our commitments to openness, transparency, and learning jointly express values that are vital to our work. Our work—both internal and external—is situated in complex institutional and cultural environments. We achieve our goals by being adaptive, learning organizations that are open and transparent.

Implementation Science Centers in Cancer Control



An Implementation Scientist's Toolkit for Getting Started with Health Equity-Focused Implementation Research

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It's an exciting time...

Let's get into it!

Core Definitions

Health Disparity¹²

“Differences in outcomes or disease burden between groups. With a health disparity, there is a higher burden of illness, injury, disability, or mortality in one group relative to another.”

p.6

Health Equity/ Inequity¹²

Inequity- differences in health (or health care) that are systemic, avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions.

Equity- the absence of avoidable, unfair, or remediable differences in health among population groups defined socially, economically, demographically, or geographically or by other means of stratification. Health equity is a principle underlying a commitment to reduce, and ultimately eliminate, a health disparity and its determinants, including social determinants.” p. 5

Health Justice¹³

“Health justice is both a community-led movement for power building and transformational change and a community-oriented framework for health law scholarship.

As a movement, health justice seeks to recognize and build the power of individuals and communities affected by health inequities to create and sustain conditions that support health and justice.”

p.636

HOW IMPLEMENTATION IMPACTS HEALTH EQUITY



Equity-Centered Implementation: An implementation approach with intentional and specific attention paid to issues that may contribute to equitable or inequitable outcomes for marginalized groups.

Understanding **power** is critical to this process. Equity-centered implementation prioritizes reorganizing power structures so that those who have been disempowered have meaningful power to enact change.

Why power?



- **Power is relational**
 - It requires us think about actual agents and their dynamics
 - Specific strategies (e.g. community engagement) may or may not promote health equity depending on agent's actions and intentions.
 - Equity promotion not inherent to the strategy but rather how power is shaped by the strategy
- **Power is generated through implementation research and practice**
 - Profoundly impacts research and practical outcomes
 - Whether you measure/ are aware of it or not
- **Power can be generative**
 - Often focus on repressive power rather than liberatory power

Types of Implementation Power¹⁴



Narrative/ Storytelling (Discursive) Power

Ways in which dominant perspectives ascend to their position as reality and shape the actions and capabilities of others

- Defining health problem to be addressed
- Development of health narratives

Knowledge (Epistemic) Power

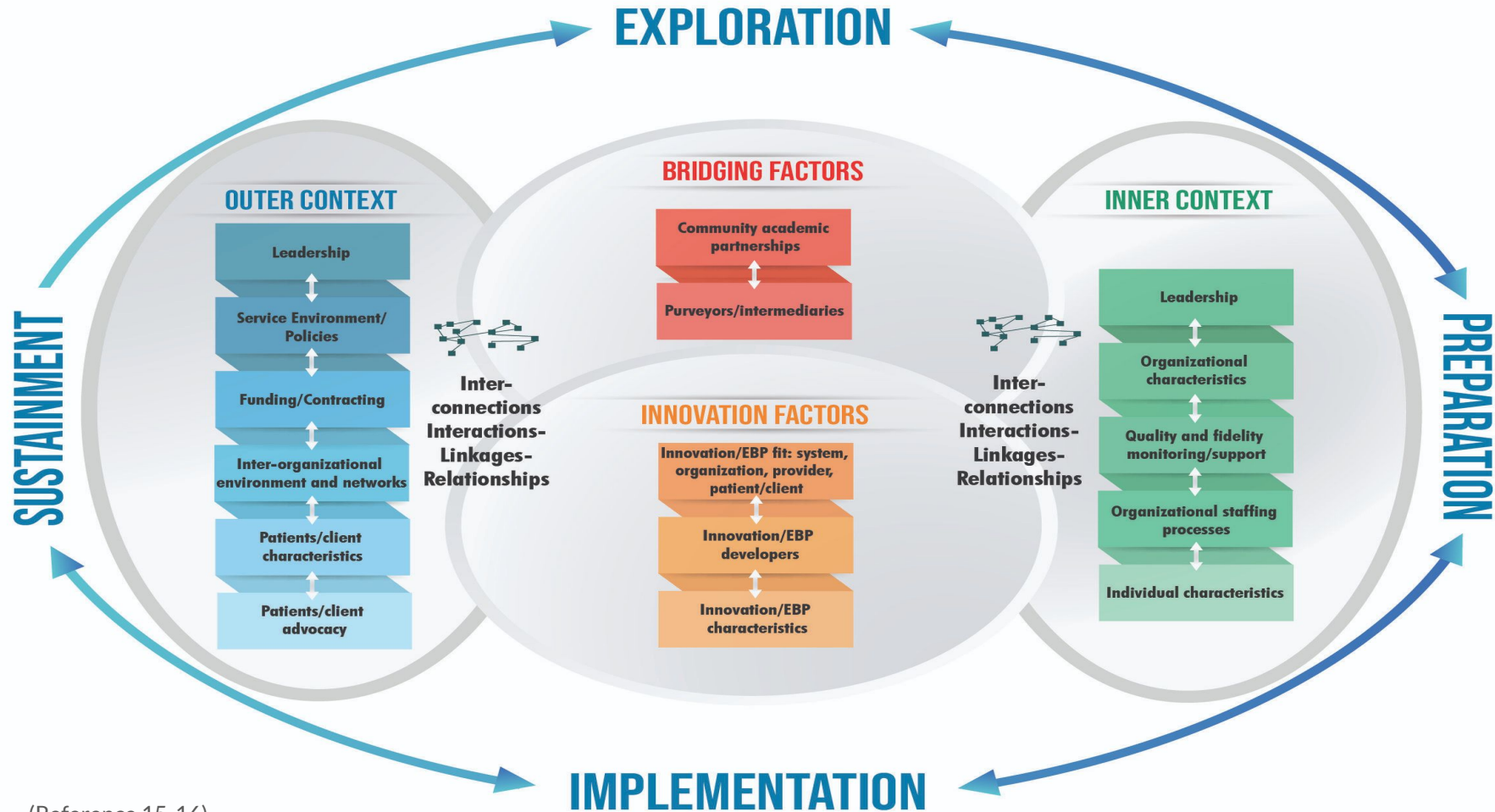
The ability to assert one's knowledge as integral to a collective set of beliefs or truths

- Whose knowledge is valued throughout the implementation process
- What data is collected and how it is used

Resource (Material) Power

Control over and distribution of critical resources

- Distribution of resources related to intervention implementation
- Access to/ distribution of intervention benefits



(Reference 15-16)

Core Critical Questions About Power in Implementation

Exploration

Preparation

Implementation

Sustainment

Storytelling Power	How is the health problem to be addressed defined?	What are organizational narratives related to the health problem? How might unconscious bias or stigma, for example, impact implementation?	What narratives are being generated through intervention implementation? How and with whom are they being shared?	What equity-related insights resulted from implementation? How might they contribute to broader organizational narrative shifts?
Knowledge Power	Whose knowledge is valued in problem conceptualization and intervention/ innovation selection? Why?	Was the intervention developed with community knowledge? What knowledge can be brought in to adapt the intervention to meet community need?	Do data structures exist to elicit candid community and staff feedback regarding intervention experience? What data is collected and whose goals does it serve?	What intervention-specific knowledge structures can be sustained and potentially expanded (to spur epistemic power shift in organization)?
Resource Power	What organizations, communities and individuals are being invested in and why?	How will structural inequity be addressed to maximize access to intervention benefits?	Who is benefitting from intervention implementation? Who is not? Why?	On whom is the intervention dependent for funding? How does this impact ongoing implementation?

Power in Exploration



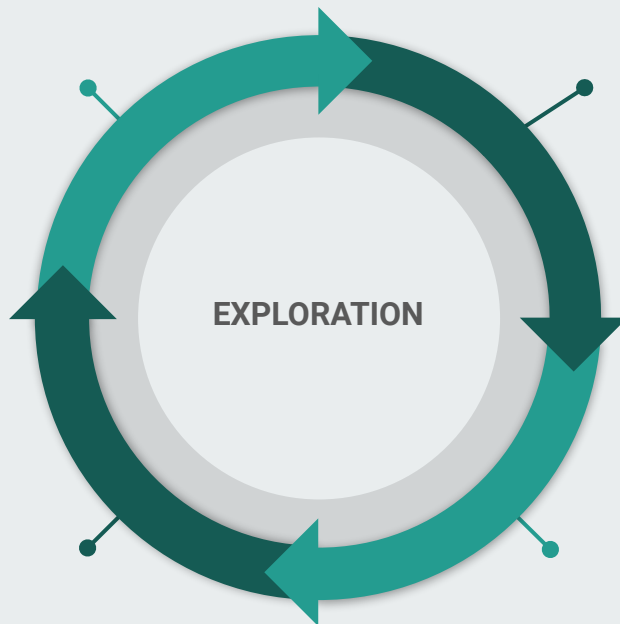
Inner Context Factors

How does your organization define and talk about the issue you will be addressing?

Do these narratives include explicit or implicit stigmatization of community or evidence of unconscious bias?

Who holds decision making power/ leadership for the initiative?

Are individuals impacted by the health issue of focus meaningfully involved?



Outer Context Factors

How does the policy environment influence the identified issue? The intervention/ innovation options?

How might the built environment, socio-political and cultural environments impact intervention selection/ program development? (Ex: Stigma; Racism; Accessibility)

Is a multilevel intervention feasible? (is there a need/ role for advocacy and/or structural change in your intervention plan?)

Power in Exploration

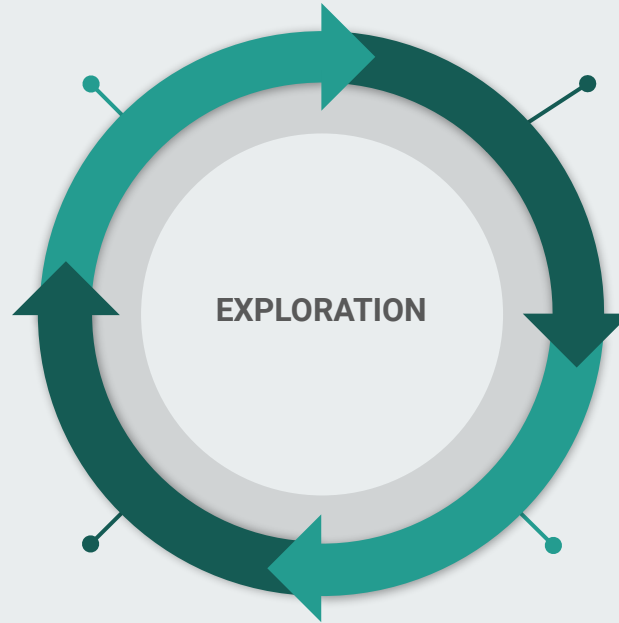


Innovation Factors

What is the range of interventions/innovations/actions available to address the selected issue?

Have any of them been developed in similar contexts, with similar populations as yours? With community input?

Do any of them intentionally integrate relevant issues of power related to the selected issue? (e.g., racism, gender-based violence, homophobia, transphobia, unconscious bias)



Bridging Factors

What is the perspective of those you are partnering with (academic institutions, IPOs, Trainers and Consultants)?

Do they integrate a multi-level approach or perspective?

Do they have experience working in partnership with the community?

Are their goals aligned with yours and the community's?

What other organizations in the region may be doing similar or intersecting work?

How will your organizations' intervention decisions impact this larger landscape?



Application to Practice and Research

Practical Examples



Practical Examples

Case One: Unexpected Push Back

Case Two: “Mr. Lived Experience”



Research Examples

Used as qualitative framework to analyze listen in session process¹⁷ and implementation interviews⁵

Embedded into our developing TIOC and HR implementation leadership interventions



Our research

Developing co-creation and participatory approaches in IS¹⁸⁻²⁰

Informing conceptual models/ equity-enhancing strategies²¹⁻²⁵

Further calls to action²⁶⁻²⁸



Other's research

Think about how to integrate analysis of power into implementation and hybrid study research design

- Conceptualization
- Measurement
- Analysis

What are your thoughts?



Future research

What's next



- Implementation leadership and capacity building in justice and equity-centered implementation
- Integrate analysis of power as a rigorous aspect of research
- Advocacy
 - Funder expectations
 - Ex: Grant processes, start-up expectations
 - Systems-level processes
 - Ex. HRSA, SAMHSA
 - Research Institutions
 - Ex: IRBs and economic justice

... The Health Justice Implementation Lab

What's next for you??

Bi-Directional Q&A



Questions for you:

How is power showing up in your research?

How might you integrate analysis of implementation power into your work?

Where should we take this work next?

Questions for us:

What questions do you have for us?

Thank you!

Megan Stanton

stantonmeg@easternct.edu

Samira Ali

sbali3@central.uh.edu

[@collectiveforcommunityaction](#)

Come see us @ SIRC and USCHA

Coming soon...

The Health Justice Implementation Lab

Appendices

Power in Exploration



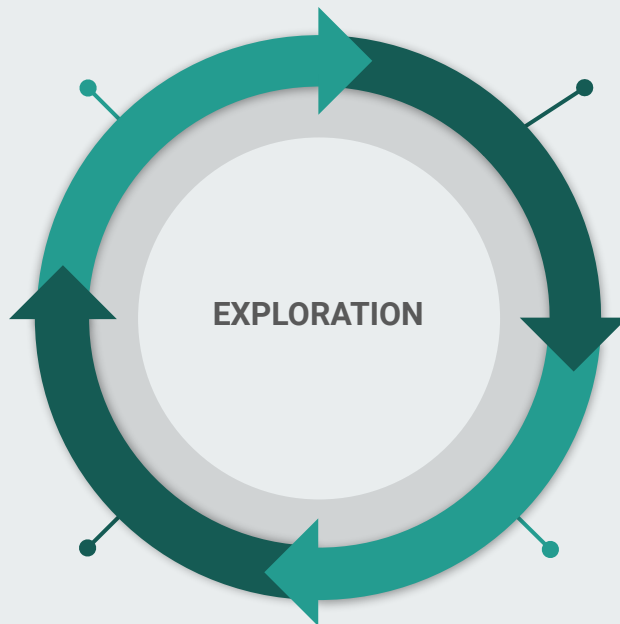
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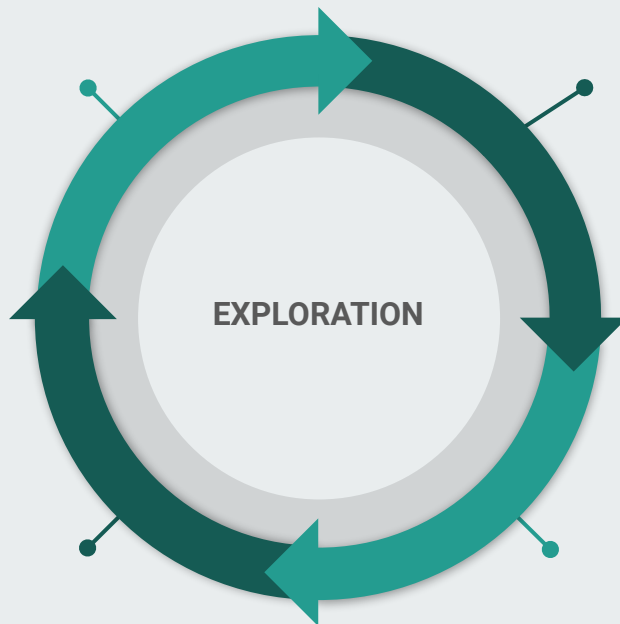


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Power in Preparation



Inner Context Factors

What dynamics exist within your organization that may impact the community's ability to access intervention benefits?

Do community trust and feel welcomed by your organization and staff?

Is the community supported in your space?
Physically through building accessibility?
Emotionally and culturally? Linguistically?

What training might staff need to support each other and the community for an intervention implementation that successfully benefits marginalized groups and individuals?

What structures and systems can be developed to facilitate ongoing support and accountability for staff in implementation? Do these include ways to collect and use community feedback?



Outer Context Factors

How will your organization address structural barriers external to your organization that may impede access to your intervention and/ or obstruct community members from actualizing full intended health benefits of intervention?

How will your organization know if factors outside your organization are changing in ways that may influence implementation?
In other words, do you have a beat on the scene in your community?

Power in Preparation



Bridging Factors

Have you assessed your network of referrals for alignment with the community's values, priorities and preferences?

Are there opportunities to develop networks to explore system-wide change?



Innovation Factors

Does your intervention of choice require adaptation?

Does your adaptation plan meaningfully integrate community knowledge?

Power in Implementation

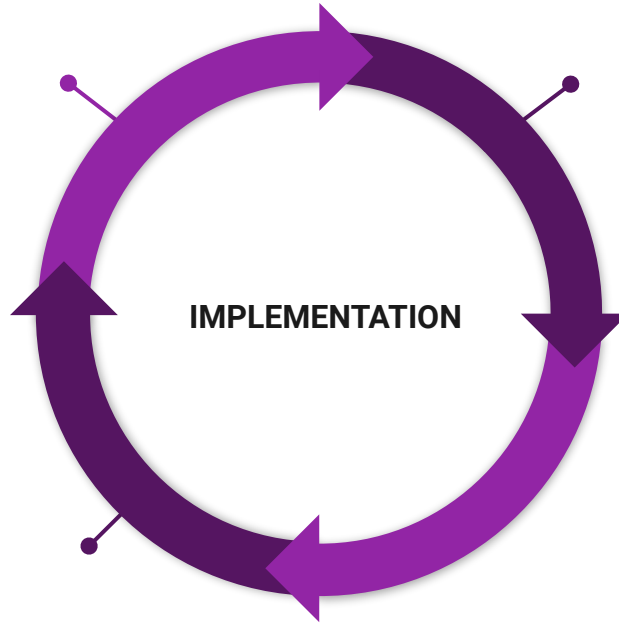


Inner Context Factors

Do you have a plan to support staff in working with marginalized groups and addressing power?

Do you have mechanisms to collect and integrate ongoing feedback from community members participating in the intervention?

Have you established a culture of trust and transparency to receive uncensored feedback from the community and staff without fear of reprisal?



Outer Context

What evolving dynamics at the organizational, neighborhood, regional and national level may impact ongoing implementation?

What new barriers may emerge?

What policy windows may expand possibilities?

Do you have necessary information network channels to access this information as it emerges?

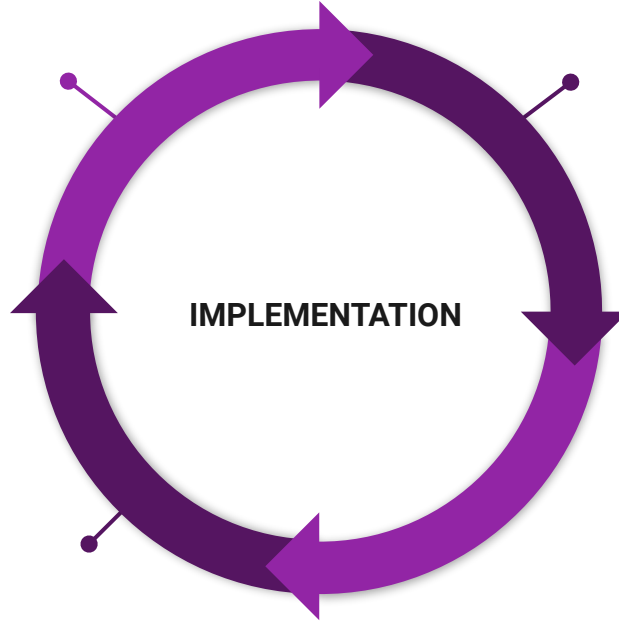
Power in Implementation



Innovation Factors

How might your organization's experience with implementing the intervention impact ongoing intervention development?

What is your organization and community learning from the implementation process that may enhance health equity potential of the intervention if shared with the broader field?



Bridging Context

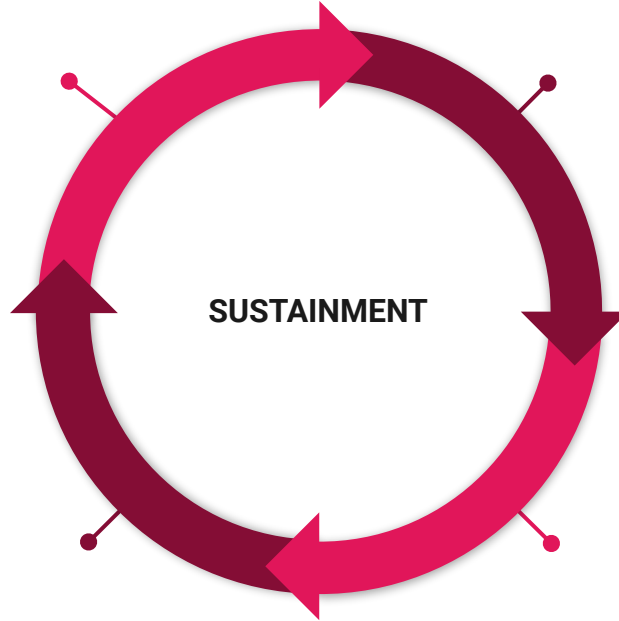
Do you continually reassess your partnerships, their utility and what additional partners may be needed?

Power in Sustainment



Inner Context Factors

What lessons has your organization learned about pursuing health equity through intervention implementation that may have implications for structure and culture of the larger organization?



Outer Context Factors

What are the larger sociopolitical factors impacting the sustainability of the intervention?

What funding sources may support your ongoing, dynamic engagement with intervention implementation?

Have new potentialities for multilevel interventions emerged since project inception?

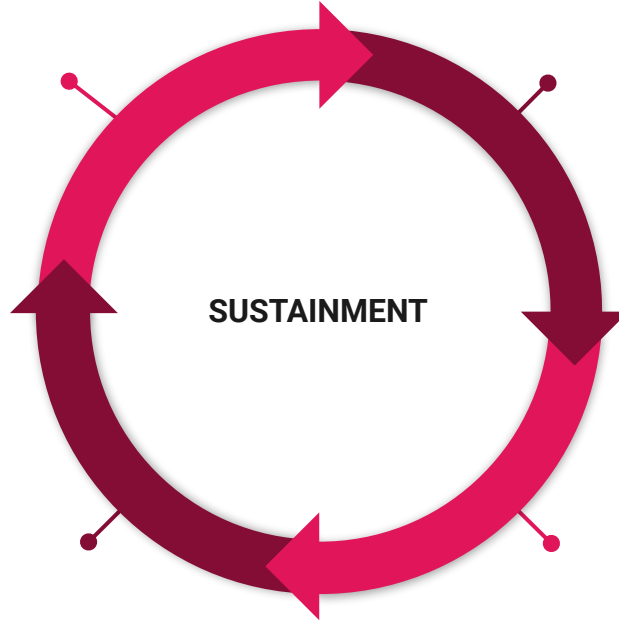
Power in Sustainment



Innovation Factors

What can your role be in the region regarding health equity?

- Can you become a bridging factor for other organizations seeking more equitable intervention outcomes?



Bridging Factors

Do you keep vigilant in measuring health equity outcomes?

- Do you have a plan to assess the need for de-implementation and an ethical de-implementation plan?
- Are you prepared to grow with the developing intervention evidence?

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