

# Promoting equity through implementation science: focus on adaptations

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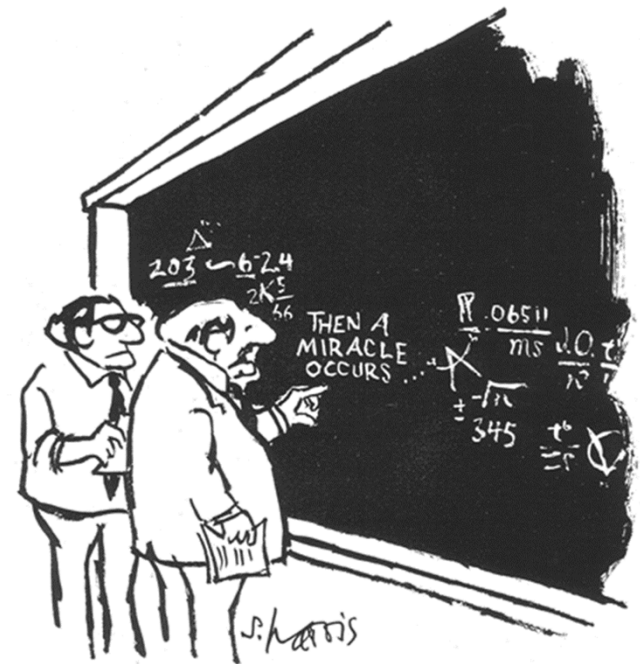
THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES





## Evidence is only as good as how and whether:

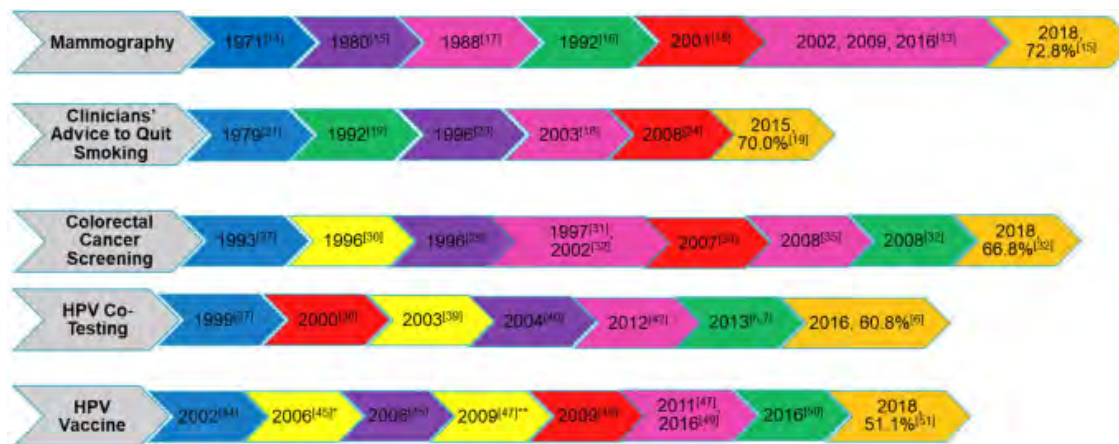
- It is adopted
- Providers are trained to deliver it
- Trained providers actually deliver it
- Eligible patients receive it
- Several patients utilize it



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

# Revisiting time to translation: implementation of evidence-based practices (EBPs) in cancer control

*Years from landmark publication to clinical guideline issuance to implementation, defined as 50% uptake, were measured.*



**It takes  
15 years !**

- Legend**
- ▶ Year of landmark publication
  - ▶ Year FDA approval/clearance obtained
  - ▶ Year of initial guideline/recommendation
  - ▶ Year uptake reached 50% threshold
  - ▶ Year(s) of subsequent guidelines/recommendations
  - ▶ Year of systematic review publication
  - ▶ Date of most recent uptake data available, percent uptake
- \*females only  
\*\* males only

Note: References cited in the figure reflect data sources used to define each step of the translational pathway

# Implementation Science



“study of methods to promote the adoption and integration of evidence-based practices, interventions, and policies into routine health care and public health settings to improve the impact on population health”

## Fundamental concepts to understand IS better, IMO 😊

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- Evidence based interventions a.k.a. EBI
  - Programs, policies, processes, procedures, pills
- Previous research that demonstrates positive change in health outcomes
- Implementation vs. Implementation Research

# Health Equity in the United States and Globally

- Global: socioeconomic status; in the US: often in relation to race and ethnicity
  - opportunities to consider social and structural determinants of health (i.e. disability, sexual orientation, gender identity, socioeconomic status, geographical indicators, others)
  - 2020 was a year of reckoning with regard to social injustices reflected in law enforcement treatment of Black Americans and the racial disparities in the pandemic outcomes
- Recognize the long history of health disparities research and equity research (community-based participatory research, participatory research)
- Harness the synergies in the fields and bring together health equity and implementation science researchers



What the COVID-19 Crisis Tells Us about Structural Racism



## COVID-19 Task Force on Racism & Equity

DRS. BITA AMANI (CHAIR) & CHANDRA FORD (CO-CHAIR)

## Health differences

When differences are noted in health outcomes between two groups, based on a specific characteristic such as race, income (maybe social or structural attributes)<sup>1</sup>

## Health disparity

“Not all health differences are health disparities;” health disparities are concerned with social justice (i.e. justice with respect to treatment of more advantaged vs. less advantaged socioeconomic groups in terms of healthcare)<sup>2</sup>

## Health equity

“Health equity is the principle underlying a commitment to reduce, and ultimately, eliminate disparities in health and in its determinants, including social determinants.”<sup>2</sup>

Solutions oriented <sup>3</sup>

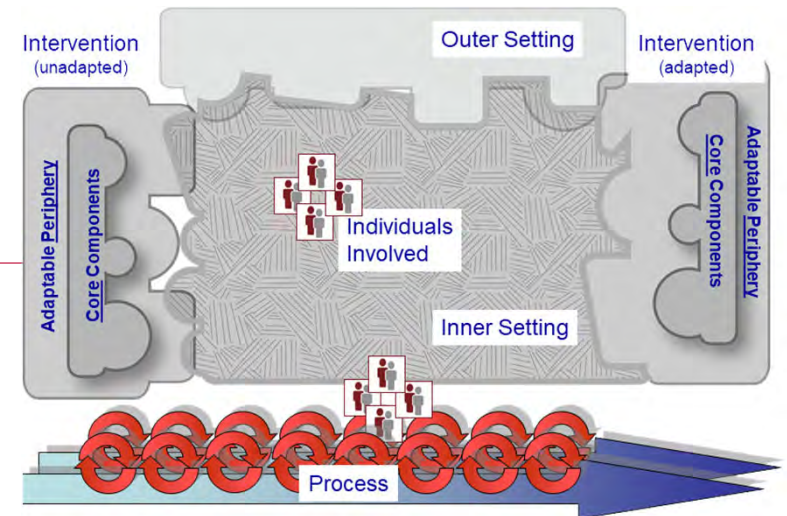
1. [Hebert, P. L. et al, 2008](#); 2. [Braveman, P., 2014](#); 3. [Srinivasan, S. & Williams, S. D., 2014](#)



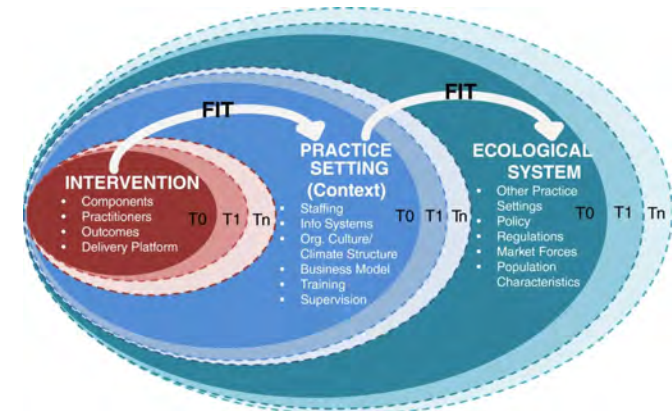
## Focus on Adaptations

- If there is one ground rule in implementation science, it is “Context Matters”
- Context emphasized in theories, models, and frameworks, in implementation science

*Adaptations are changes that happen to the intervention to improve fit with the dynamic context*



Consolidated Framework for Implementation Research (Damschroder, L., et al., 2009)



Dynamic Sustainability Framework (Chambers, D. C., et al., 2009)

# Science of Adaptations

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- Adaptations as inherent or almost crucial to the implementation process
- In public health interventions (Escoffery, C., et al 2018):
  - the most common reason for adaptation –
    - Cultural appropriateness
    - New target populations
    - New setting
  - the most common type of modification –
    - Content of the intervention (i.e. tailoring or adding elements, shortening the intervention)
    - Modifying context (i.e. making changes to original interventions to improve fit)
    - Modifying delivery (i.e. modifying the role of the person delivering it, format or channel of delivery)
- In natural contexts (Moore, J., et al., 2013), most adaptations are made reactively, in response to lack of time, resources, and or difficulty retaining participants

# What we know in health disparities research -

## 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

# Building on this, how do we focus on equity?

- Instead of community-partnered researcher-led intervention adaptation studies, promote community-partnered research to inform practitioner-led adaptations
- Conduct rigorous and systematic analysis of practice based data
- Evaluate the success of community engagement strategies

## **RECOMMENDED RESEARCH AGENDA TO BUILD EVIDENCE BASE FOR PLANNED EVIDENCE-BASED INTERVENTIONS (EBIs) INTERVENTION ADAPTATIONS FOR HEALTH DISPARITY POPULATIONS**

Support systematic analysis of practice-based data to examine

- The incremental benefit of using adapted interventions vs the original EBI
- Effectiveness of different types of adaptations in varied contexts
- Utility of using published adaptation frameworks
- Success of community engagement strategies
- Impact of adapted interventions on health disparities

Conduct intervention studies to inform intervention adaptations by practitioners through

- Ascertaining critical intervention elements
- Cost-benefit analysis of adapted interventions

Build infrastructure needed to achieve this research vision, including

- Prioritization and funding for research
- Platforms housing archival data to inform EBI adaptations
- Training in research, reporting, and analysis related to adaptation of EBIs

Let's connect!

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THE UNIVERSITY OF NEW MEXICO COMPREHENSIVE CANCER CENTER



# FOND DU LAC'S MAMMO A-GO-GO



**Amber Ahonen, Cancer Control Project Manager**

# FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA

- ◉ Federally recognized tribe
- ◉ Sovereign American Indian Nation located in northeastern Minnesota about 25 miles west of Duluth, MN
- ◉ Service population is currently about 5,000



# FOND DU LAC RESERVATION HUMAN SERVICES DIVISION MISSION STATEMENT

- ◉ The mission of the Fond du Lac Human Services Division is to elevate the health and social well-being of Indian people living in the service area through the provision of services, research, education and employment opportunities.





# FOND DU LAC CANCER PROJECT

- ◉ Recipient of National Comprehensive Cancer Control Program (NCCCP) funding under CDC since 2003
- ◉ Located in Community Health Services
- ◉ Current Staff:
  - Cancer Control Project Manager (started 9/2020)
  - Cancer Health Educator (just hired)



# CANCER CONTROL PROJECT MANAGER

- ◉ Minnesota Cancer Alliance (MCA) Steering Committee
- ◉ Cancer Health Equity Network (CHEN)
- ◉ American Indian Cancer Foundation (AICAF) Coalition
- ◉ FDL Wiidookaage Coalition
- ◉ FDL Wiidookaage Evaluation Team
- ◉ Interdepartmental Cancer Work Group (ICWG)
- ◉ Peer2Peer Calls
- ◉ Director Calls
- ◉ CDC calls for Cancer Project
- ◉ Caregivers/Survivorship Collaboration



# WIIDOOKAAGE

- ◉ Wiidookaage is an Ojibwe word meaning, “they help each other.”
- ◉ Wiidookaage Coalition
- ◉ Wiidookaage Cancer Plan 2025
- ◉ Wiidookaage Evaluation Team



# FOND DU LAC CLINICS

- Center for American Indian Resources (CAIR) in service area in Duluth



- Min No Aya Win (MNAW) on reservation in Cloquet



# MAMMOGRAM RECRUITMENT

- Annual reminders are mailed out through medical from our Electronic Health Record (EHR)
- Doctors refer eligible patients
- Post online/social media
- Fond du Lac Newspaper/Radio
- Educational booths at tribal events
- Fond du Lac Media Specialist



**Park Nicollet Foundation**  
14<sup>th</sup> Annual Screening  
at Min No Aya Win

**MAMMO A-GO-GO**  
Community Outreach Program

*Mammograms screen women for signs of breast cancer. They are recommended for women age 40 and older.*

Due to COVID-19, please be aware of the changes in procedures.

- You will need to make appointment, there will be no walk-up appointment available.
- COVID screening before appointment will be done by phone call.
- All patients will be required to wear a mask.

**Tuesday, August 3, 2021**  
**Wednesday, August 4, 2021**  
**Thursday, August 5, 2021**  
8am – 12pm | 1pm – 4pm

**For more information and to schedule an appointment, call Jolene at 218-655-3693.**  
**For transportation call 218-878-7500 by July 29th.**

Must meet program eligibility requirements.  
Fond du Lac Human Services Division | Community Health Services Department



# INCREASING PARTICIPATION

- ◉ Offer Mammograms at both FDL clinics
- ◉ Reminder letters and calls
- ◉ Newspaper articles
- ◉ Mini Health Fair at event
- ◉ Daily Drawing
- ◉ Participant “gift”
- ◉ Get flyers out in community
- ◉ Positive experiences have brought in more community members by word of mouth



# MAMMOGRAM PARTNERS

- ◉ Minnesota Department of Health (MDH) SAGE Screening Program provides coverage if no insurance available
- ◉ American Cancer Society (ACS)
- ◉ Park Nicollet Mammo a-go-go
- ◉ American Indian Cancer Foundation (AICAF) for Evaluation
- ◉ Fond du Lac Human Services Division
  - Community Health Services
  - Medical
  - Maintenance
  - Billing
  - Administration



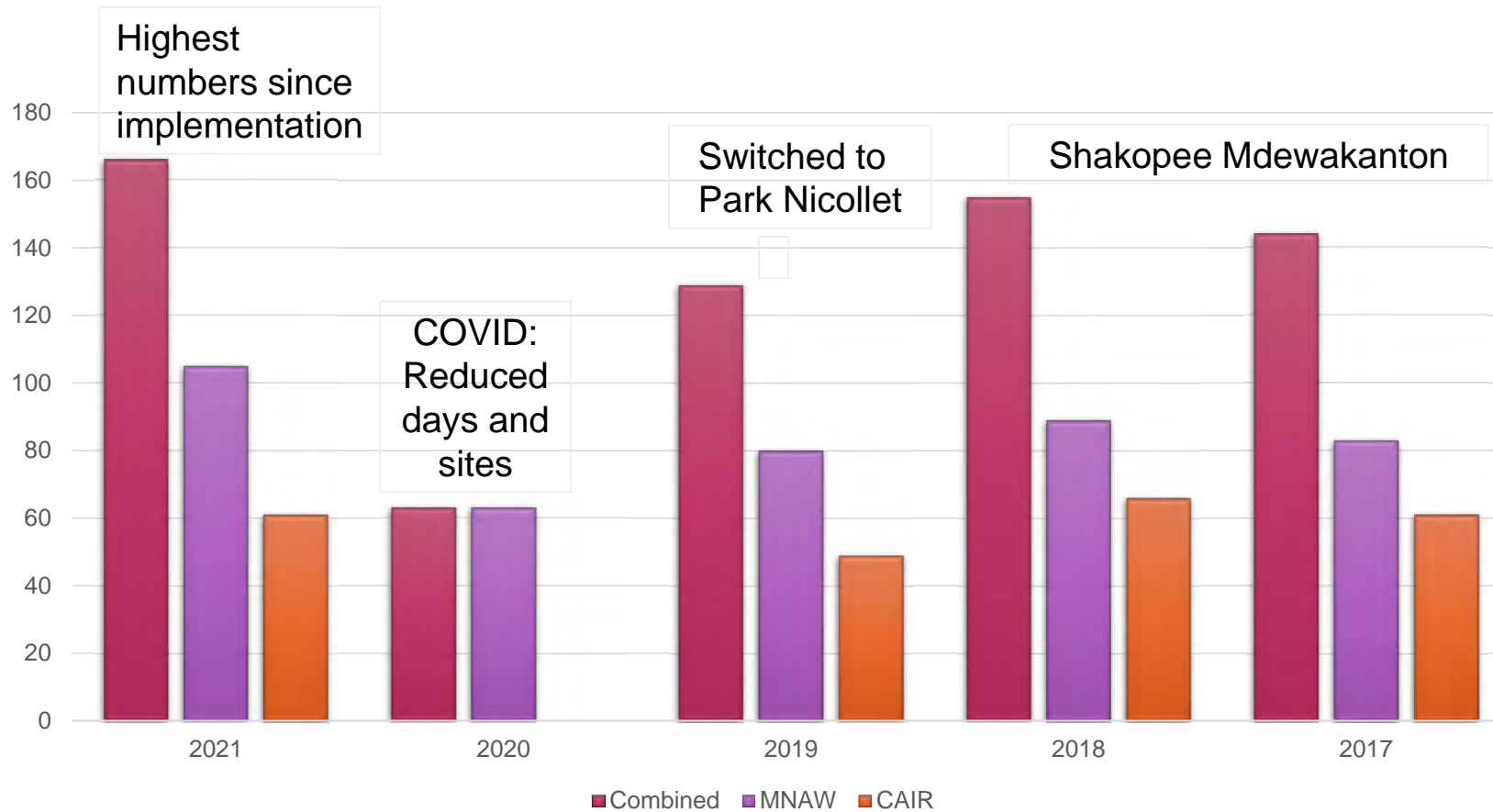
# FOND DU LAC'S MAMMOGRAMS

- ◉ Refer out to 3 area hospitals in Cloquet and Duluth
- ◉ 2008 – 2018 Shakopee Mdewakanton provided Mammograms through their Mobile Medical Unit for FDL
- ◉ 2019 – 2021 Mammo a-go-go through Park Nicollet mobile mammography unit
- ◉ **Fond du Lac Reservation has just approved a mammography unit for their MNAW clinic for 2022**





# MAMMOGRAMS BY MOBILE UNIT



# QUESTIONS?

**Amber Ahonen**

**Cancer Control Project Manager**

**Fond du Lac Human Services Division**

**927 Trettel Lane**

**Cloquet, MN 55720**

**[amberahonen@fdlrez.com](mailto:amberahonen@fdlrez.com)**

**218-878-2125**



# Public Outreach "2020 style"

Presented by: Karel Davis  
Wichita Falls-Wichita County Public Health District





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# Wichita Falls-Wichita County Public Health District & Moncrief Cancer Institute

- **March, 2018:** Wichita Falls-Wichita County Public Health District begins its collaboration with Moncrief Cancer Institute
- Health District staff distributed Moncrief vouchers by placing them in more than 20 pharmacies throughout Wichita County for residents to receive a \*free\* at-home test kit
- Pharmacies are routinely re-stocked
- Health District staff uses Facebook segment called "Colon Cancer Corner" to demonstrate how at-home test kit works and explains voucher criteria and where to pick up a voucher

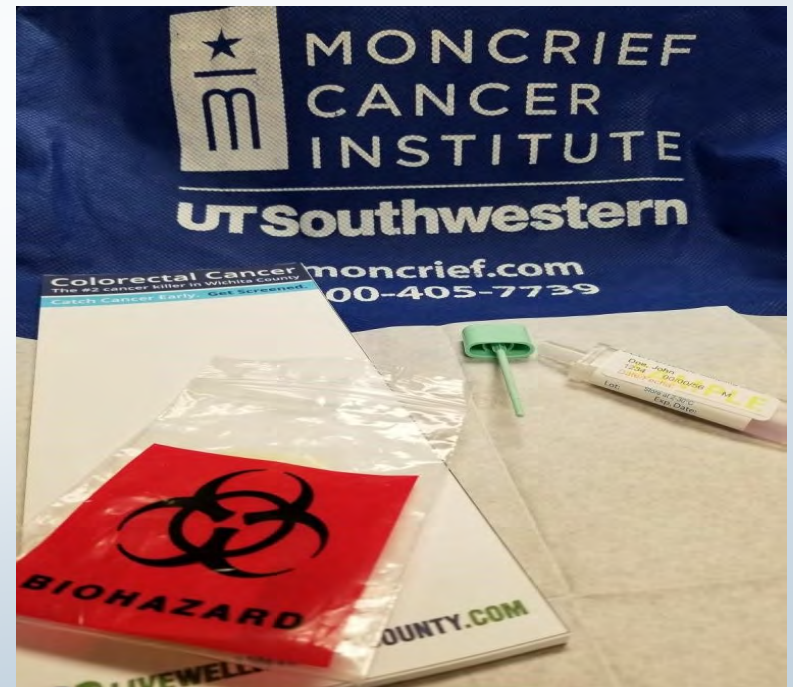


# Moncrief Cancer Institute

The Moncrief Cancer Institute provides vouchers for \*free\* at-home test kits.

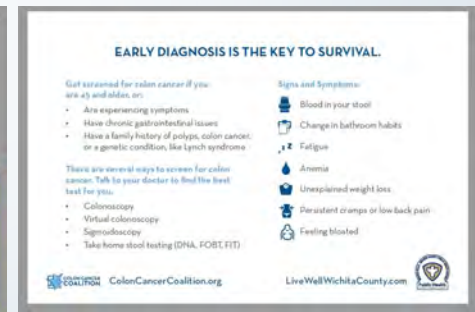
Criteria:

1. Be between the ages of 50-74
2. No personal history of colorectal cancer or colon surgery
3. Not completed stool-based test in the last year or colonoscopy in the last 10 years



# Critical messaging using "Plan B"

- March, 2020: First case of COVID in Wichita County
- We had already utilized more than 20 pharmacies throughout Wichita County to place the Moncrief vouchers
- May, 2020: Formulated idea of conducting a bulk mailing campaign to reach as many people in Wichita County. Ordered envelopes, more rack cards with CRC messaging and an abundance of Moncrief vouchers



# Critical messaging using “Plan B”

- The bulk mailings began on May 21, 2020 initially to the lowest income area, which is the zip code: 76301
- There were at least two zip codes intentionally “left out” and nothing was mailed to residents in the 76302 and 76308 zip codes in Wichita Falls. This was the best way to see if the mail outs were working and a good way to measure who was ordering the at-home test kits.
- Zip code 76302 : There is a pharmacy where we had stocked the Moncrief vouchers and the pharmacist is very conscientious to tell his patients/clients that they need a voucher or to be screened for CRC. This pharmacy is in a mixed area (extremely low income to higher income)
- Zip code 76308: This is a moderate to high income area.



# ZIP Code: 76301 (based on 2010-2014 data)

Median household income: \$30,880

Median house value: \$46,200

Data source: <http://www.usa.com/wichita-county-tx.htm>

Income is \$31,000.00

--or roughly--

\$1,885 per month

- Mortgage/rent = \$450
- Food = \$450
- Electricity = \$250
- Insurance = \$250
- Water = \$75 - \$100
- Gasoline = \$150
- Medical = \$150
- Miscellaneous = \$100

Remaining balance

\$10 per month

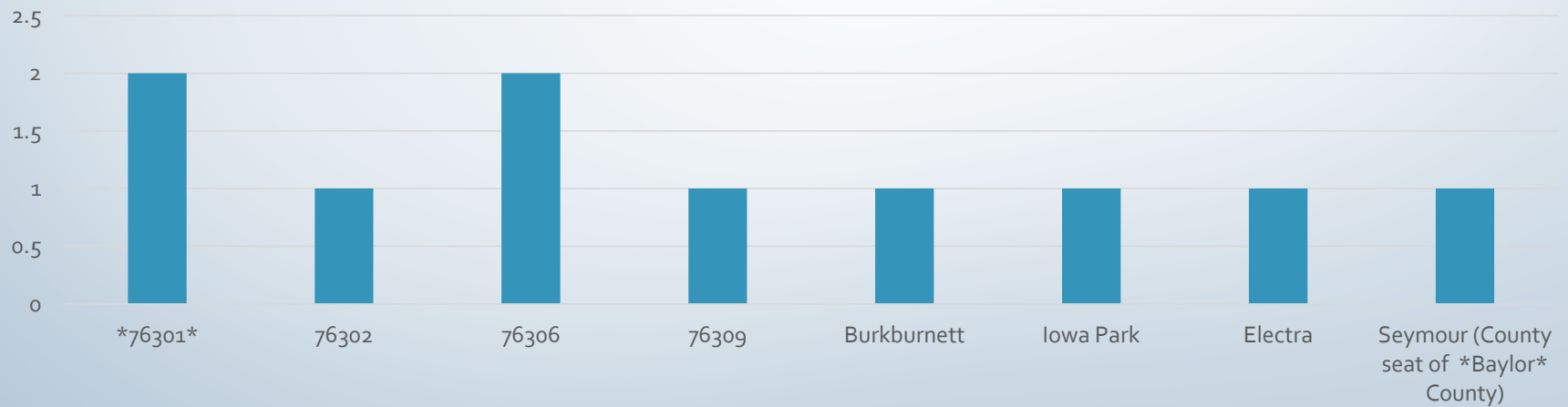
Bulk Mailing Starts:  
ZIP Code: 76301 (May & June)  
Added in June: Iowa Park & Kamay

- May: 826
- June: 585

**TOTAL: 1,411**

# Baseline (will this idea work?)

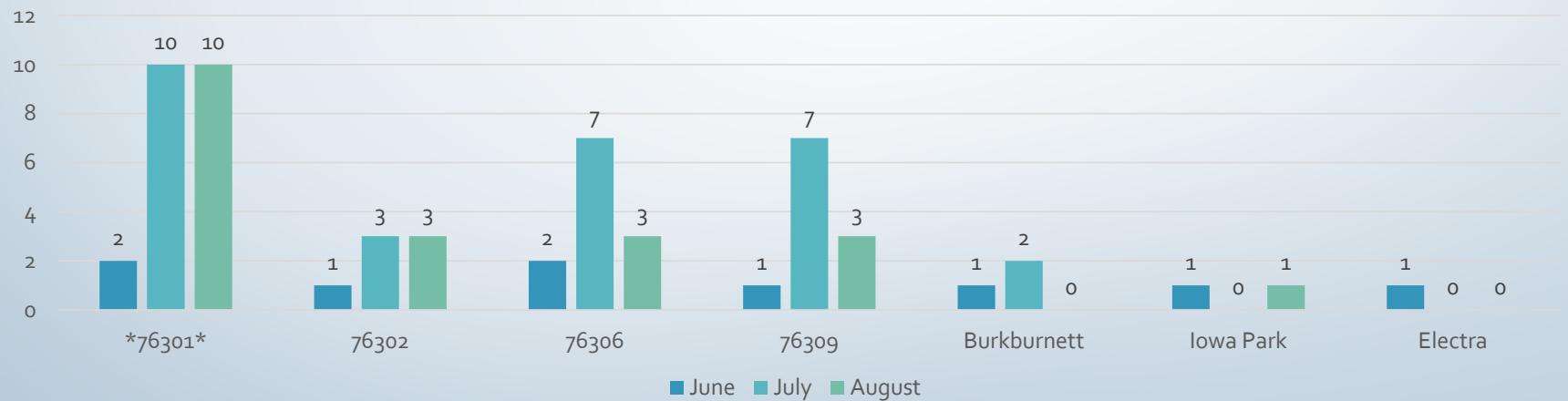
June 2020: At-home test kits requested and mailed by Moncrief



Data source: Moncrief Cancer Institute

# Growth Spurt (utilizing mailouts & pharmacies)

June – August, 2020: At-home test kits requested and mailed by Moncrief



Data source: Moncrief Cancer Institute

## YR- 4 : Mailouts continue throughout Wichita County

- July: 723
- August: 825
- September: 386
- October: 698
- November: 143
- February: 250
- March: 426
- April : 79 (last mail out was April 23, 2021)

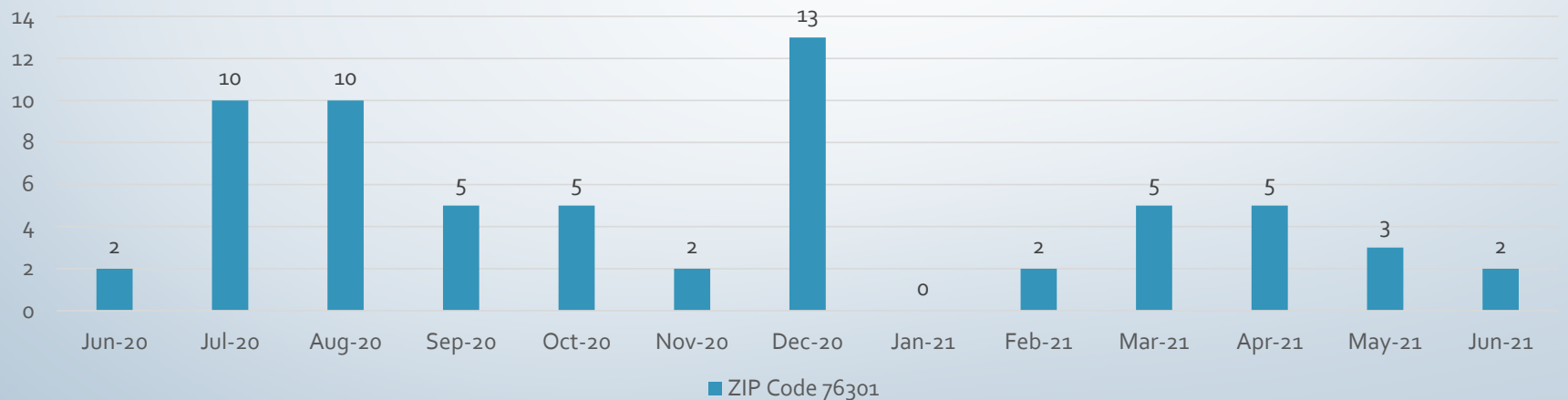
**TOTAL: 3,530**

# Meals On Wheels

- February 5, 2021 --- Reached out to “The Kitchen” which is where “Meals On Wheels” is located in downtown Wichita Falls.
- The week we planned to conduct a virtual meeting or conference call, Wichita County, as did a great portion of Texas, was hit by a blizzard.
- Beginning March 1, 2021: Meals On Wheels shared more than 700 Moncrief vouchers to residents across Wichita Falls.

# One Full Year (was the goal achieved?)

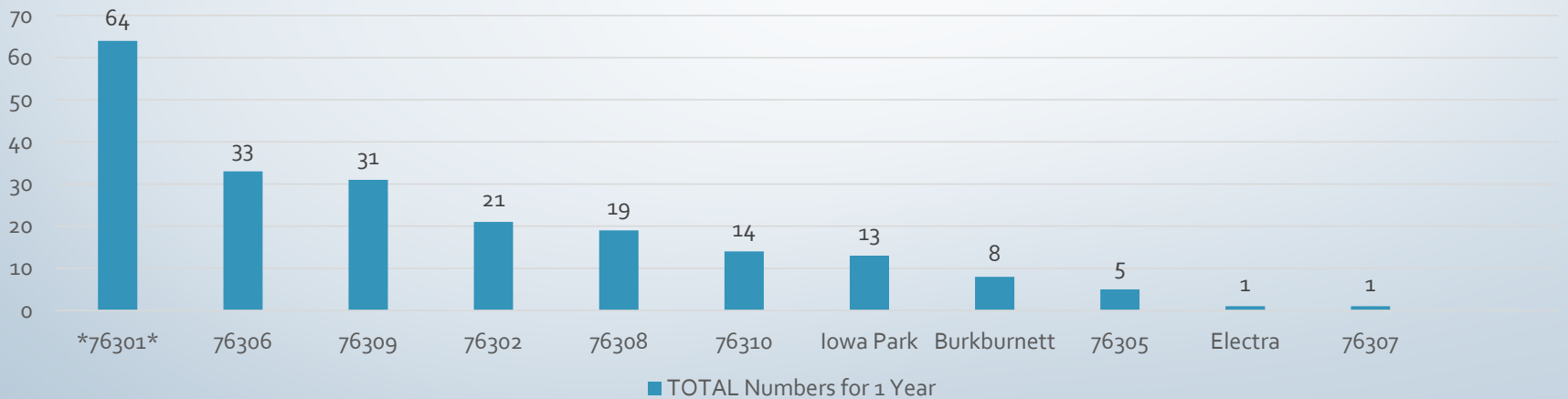
June, 2020 – June, 2021: At-home test kits requested and mailed to 76301



Data source: Moncrief Cancer Institute

# One Full Year (making a difference?)

June, 2020 – June, 2021



Data source: Moncrief Cancer Institute



# Lives Saved

- All the data reflected in this presentation comes from Moncrief's voucher program in Wichita County, Texas
- **Data from March, 2018 – January, 2021:**
  - 501** individuals invited to participate in screening
  - 205** individuals returned a FIT screening
  - 183** had negative results
  - \*20\*** had positive results

Data source: Moncrief Cancer Institute

# Lives Saved

- **\*20\*** had positive results
- **13** of the 20 completed their colonoscopy
- **7** of the 13 had advanced adenomas
- **\*2\* of those \*7\* were diagnosed with cancer**

Data source: Moncrief Cancer Institute



**SCREENING SAVES LIVES !!!!!!!!**

# Contact: Karel Davis Wichita Falls-Wichita County Public Health District

[karel.davis@wichitafallstx.gov](mailto:karel.davis@wichitafallstx.gov)

940-761-7874



Funded by the Texas Department of State Health Services

# Adapting E-Cigarette Prevention Interventions for Latinx Communities with a COE Supplement

Sylvia Lopez, MPH

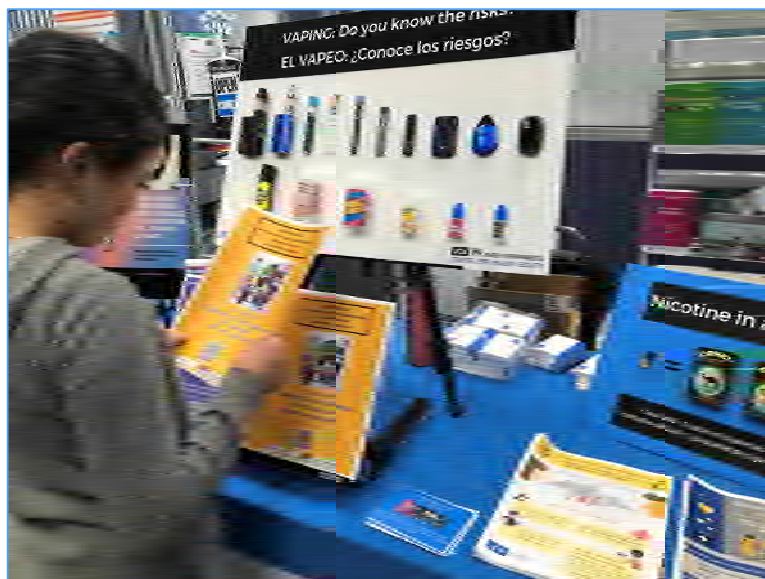
UCLA Center for Cancer Prevention and Control  
Research, UCLA JCCC

UCLA Kaiser Permanente Center for Health  
Equity, UCLA FSPH



# Community Outreach and Engagement

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**CENTER FOR HEALTH EQUITY**



**UCLA**

**Jonsson**  
Comprehensive Cancer Center

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**UCLA** **Jonsson**  
Comprehensive Cancer Center

# Vaping Among Latinx Youth

- **Latinx youth:** highest prevalence of vaping cannabis products
- **Latinx middle schoolers:** highest rates of e-cigarette use



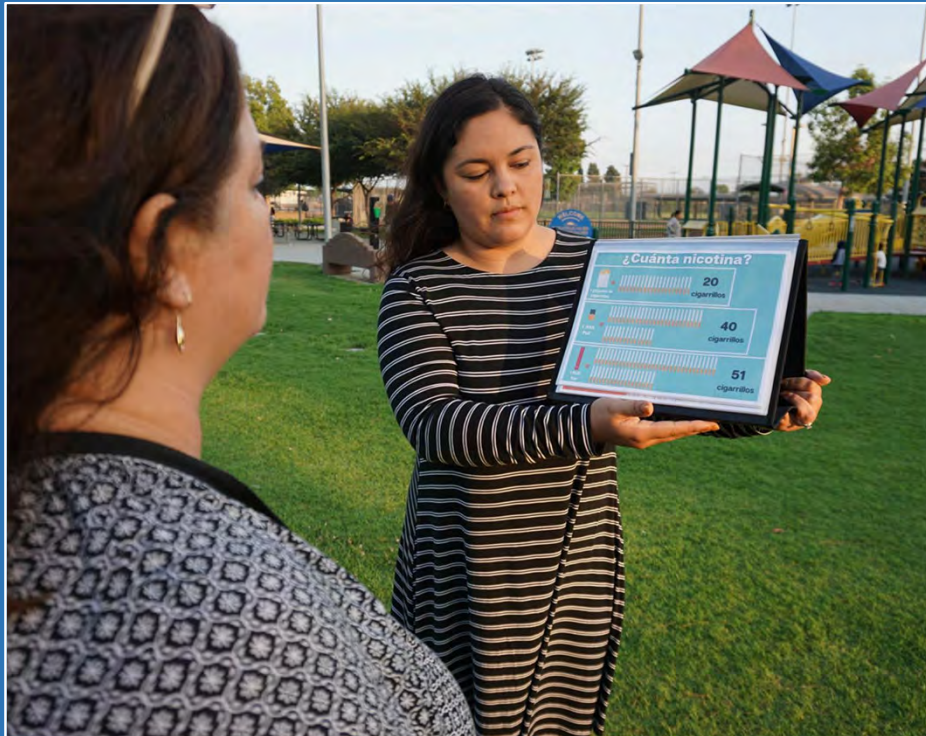
# Our Community Partner



“Promotores are community members who act as natural helpers and liaisons to meaningful information and resources for their neighbors and neighborhoods.” -*Visión y Compromiso*



# Evidence supporting the role of CHWs



## Engaging CHWs:

An evidence-based public health practice (CDC)

Growing evidence supporting the involvement of CHWs in strategies which include:

- Heart disease/stroke prevention
- Diabetes control & prevention
- Cancer prevention & control

# Project Overview

To adapt and implement e-cigarette prevention programming for predominantly low-income Latinx communities in the Antelope Valley and San Fernando Valley regions of LA County

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## **Aim #1**

Identify/adapt evidence-informed e-cigarette education and prevention programming and develop an e-cigarette training curriculum for promotores

## **Aim #2**

Train promotores to deliver the e-cigarette education and prevention programming

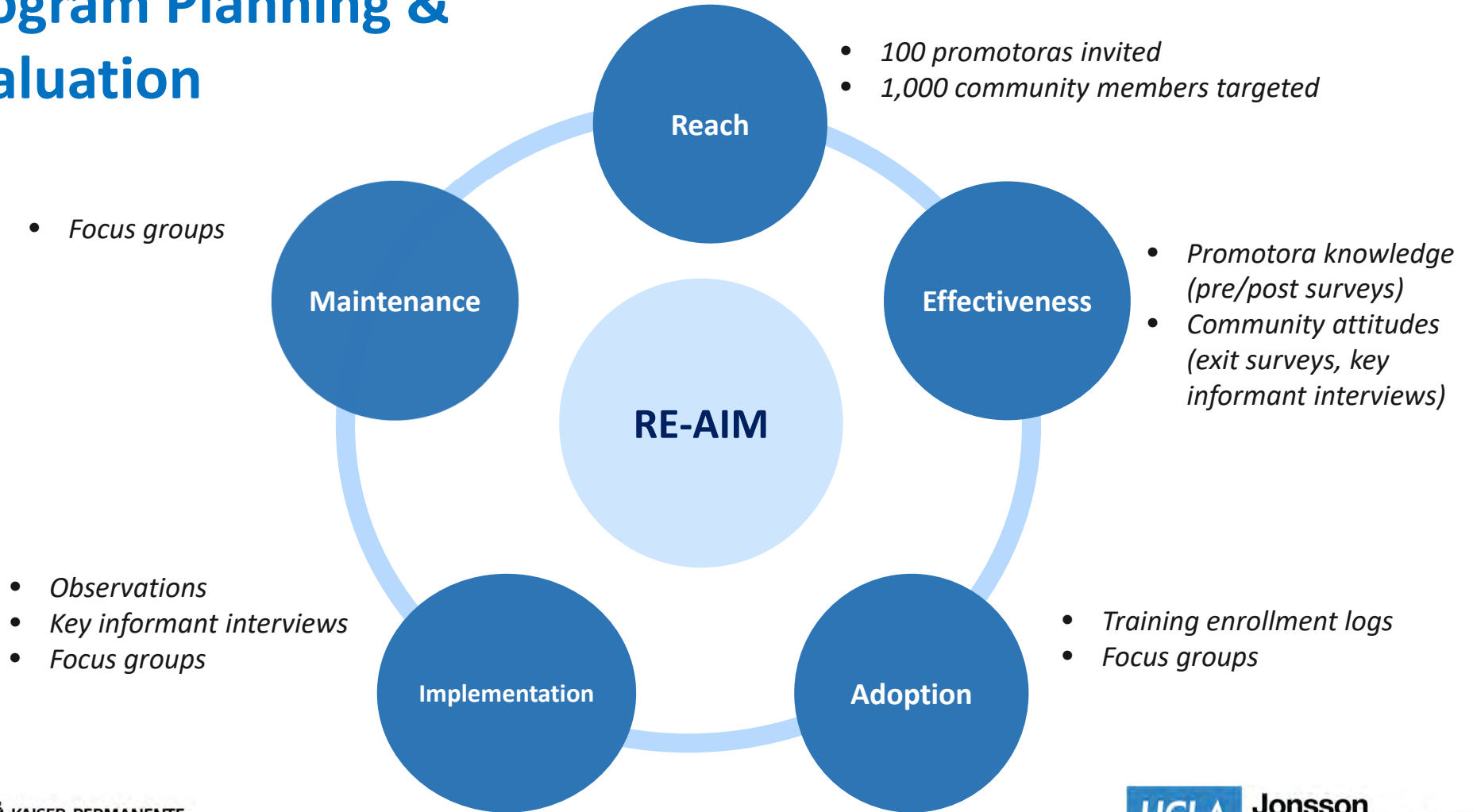
## **Aim #3**

Support program delivery and evaluate the program

## **Aim #4**

Disseminate research findings to academic and community audiences

# Program Planning & Evaluation



# Program Materials

## For training workshops:

- Lesson block plan
- Slide deck
- Promotora manual
- Flipchart
- Pre/post test

## For community talks:

- Flipchart
- QR code resource card
- Brief survey for session participants

# Community-engaged Activities

Phase 1: Program Development	Phase 2: Program Delivery	Phase 3: Program Revision
<ul style="list-style-type: none"><li>• Community assessment – 120 participants</li><li>• 6 stakeholder interviews</li><li>• 6 focus groups - youth, parents, promotoras</li><li>• 1 project advisory committee meeting</li></ul>	<ul style="list-style-type: none"><li>• 4 trainings – total of 100 promotores</li><li>• Weekly meetings with community partner</li><li>• 96 community talks led by promotores – 1,000 participants</li><li>• 50 key informant interviews</li><li>• 1 project advisory committee meeting</li></ul>	<ul style="list-style-type: none"><li>• 3 focus groups – debrief with promotores</li><li>• 1 project advisory committee meeting</li></ul>

# Promotor Flipchart

opening page

## Unidos en la Prevención de los Cigarrillos Electrónicos y el Vapeo



Visión y Compromiso™



**UCLA Jonsson**  
Comprehensive Cancer Center

**UCLA KAISER PERMANENTE®**  
CENTER FOR HEALTH EQUITY

**UCLA KAISER PERMANENTE®**  
CENTER FOR HEALTH EQUITY

“What is in these devices?”

## ¿Qué hay en estos dispositivos?



sabores



nicotina



cannabis  
(marihuana)



químicos  
tóxicos



aerosol



**UCLA Jonsson**  
Comprehensive Cancer Center

# Stanford Tobacco Prevention Toolkit

## Cigs in a Pod



tobaccopreventiontoolkit.stanford.edu

1 Pack of Cigarettes  
≈20 mg of nicotine

1 JUUL pod  
≈41.3 mg of nicotine

1 Puff bar  
≈50 mg of nicotine

1 Suorin pod  
≈90 mg of nicotine



≈20  
CIGARETTES

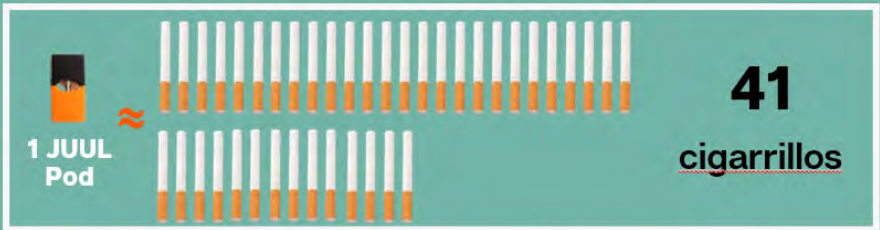
≈41  
CIGARETTES

≈50  
CIGARETTES

≈90  
CIGARETTES

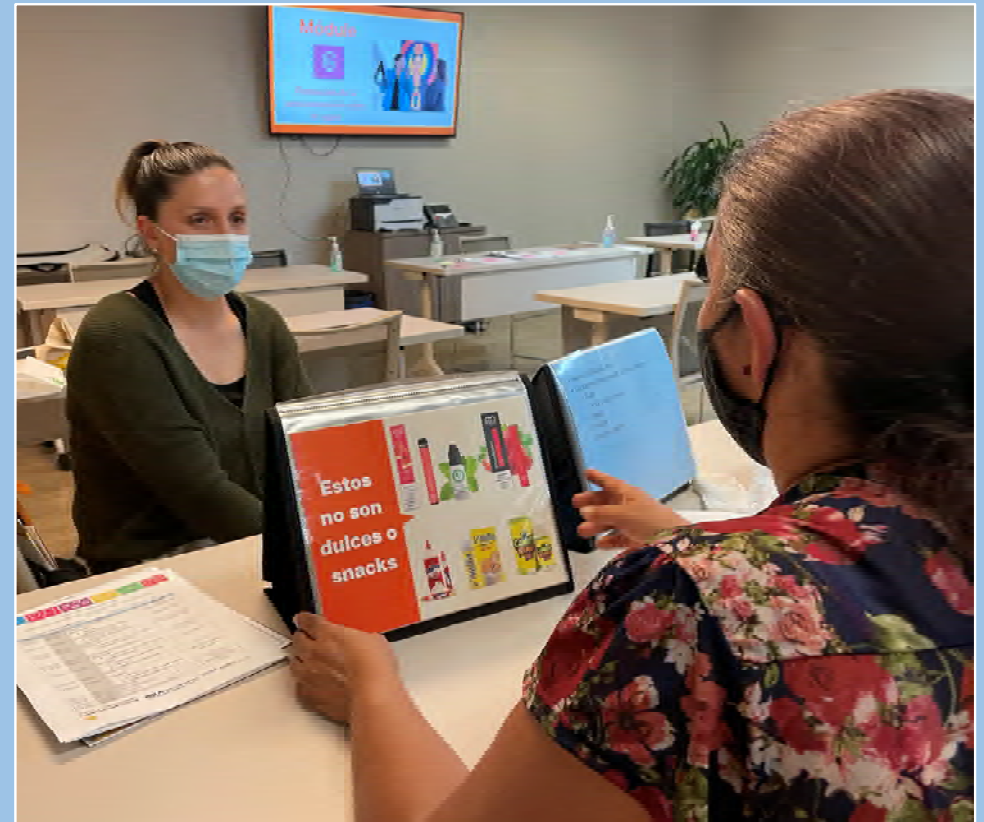


## ¿Cuánta nicotina tiene?



## Early Takeaways

- Regular and frequent community stakeholder meetings are critical
- COVID makes *everything* harder
- Even through pandemic, interest in e-cigarette prevention is strong







Thank You

Visión y Compromiso  
UNIVERSITY OF CALIFORNIA  
CENTER FOR HEALTH EQUITY  
UCIJA Kaiser Permanente Cancer Center

**Certificate of Achievement**  
This certificate honors  
**María Romero**

In recognition of successful completion of the Cancer Training  
"Promotores Ayudando a Prevenir el Cáncer del Colon"  
Building a healthier future for our communities through Promotores leadership and engagement.  
Presented on January 28<sup>th</sup>, 2020

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# Curriculum Planning



**Stanford Tobacco Prevention Toolkit  
(E-cigarettes and Vape Pens)**



**Flavors Hook Kids Guide**



**Scholastic & FDA:  
The Real Cost of Vaping**



**American Lung Association  
Vaping Guide**



**Partnership to End Addiction  
Vaping Guide & Presentation**



**Parents Against Vaping  
E-cigarettes Presentation**