

# Health Equity & Social Determinants of Health Interest Group

CPCRN Annual Meeting, January 21, 2021

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# Agenda

- Recap of the Interest Group Progress
- Results of Survey
- Group Discussion
- Next Steps

# Recap of Interest Group Progress

- Reviewed relevant toolkits/frameworks:
  - CSAAH's Population Health Equity Framework
  - Social Determinant of Health Framework
  - Community-Based Participatory Research principles
  - Greenlining Institute - Making Racial Equity Real in Research
  - CDC - A Practitioner's Guide for Advancing Health Equity
  - Prevention Institute - Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health
  - Racial Equity Alliance - Advancing Racial Equity and Transforming Government: Resource Guide to Put Ideas into Action
- Based upon a qualitative review of these toolkits/frameworks and overlapping themes between them, we've identified cross-cutting principles across various conceptual frameworks.
  - **Conceptual Frameworks:**
    - ❖ Social determinants of health: recognize that conditions in which people live, work and play are primary drivers of health inequalities and inequities
    - ❖ Health equity: commitment to highest attainment of health for all populations
    - ❖ Racial equity: achieving equal opportunities regardless of race / addressing root causes of racial inequities rather than their surface manifestations

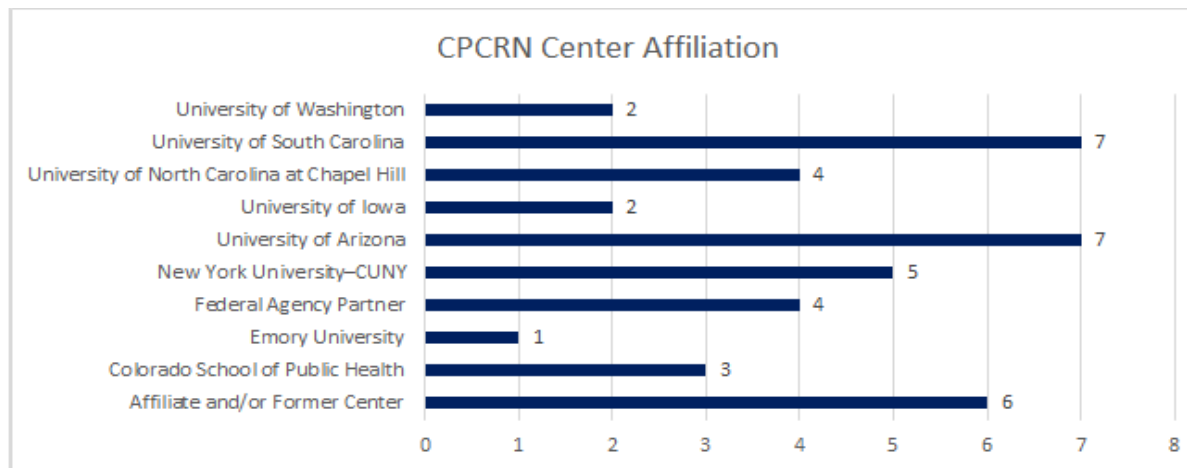
# Recap of Interest Group Progress – Cross-Cutting Principles

| Principles  | Definitions   |
|---|---|
| P1. Power-sharing & Capacity Building                       | Engage in shared decision-making with community partners across the various stages of research & adopting an asset-based approach to leverage and build upon existing community capacity  |
| P2. Community Engagement & Co-creation/Community Priorities | Develop a community engagement strategy for all projects in partnership with community partners and ground all projects in community needs/priorities examined through a social determinants of health lens to identify multilevel influences |
| P3. Systems & Structural Determinants:                      | Commitment to explore and address root causes [system and structural] of health disparities   |
| P4. Accountability:   | Measure and report on project impact on health/racial equity  |
| P5. Transparency:   | Establish a well-delineated relationship with community partners, set expectations, and share project updates and progress  |
| P6. Sustainability:   | Commitment to sustaining benefits of research project for community partners  |
| P7. Internal Racial Equity Competency and Commitment        | Recognize implicit biases and engage in reflexivity   |
| P8. Data equity   | Apply an equity lens to data collection, analysis, interpretation, and dissemination  |
| P9. Practice & Policy Translation                           | Equitable translation to achieve sustainable practice and policy  |

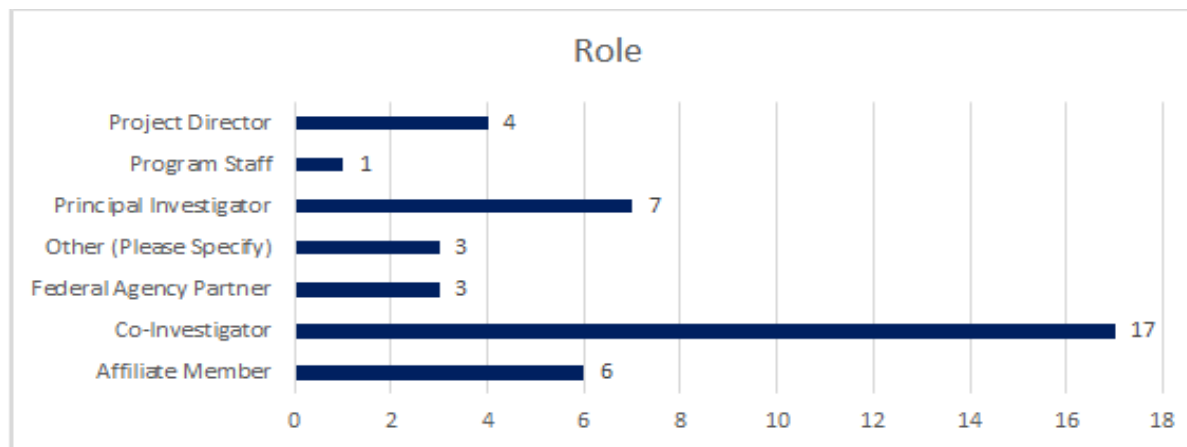
# Recap of Interest Group Progress

- Discussion of principles at two health equity interest group meetings and Steering Committee meeting
- Development of health equity survey to solicit feedback from all network members
  - Huge thank you to the Coordinating Center for their support!
  - Gather feedback on how the proposed 9 health equity principles resonate with the CPCRN Centers' work
  - Determine if there are additional health equity principles that should be added to guide the work of the CPCRN
  - Collect case studies from the CPCRN centers which reflect these principles in practice

# Survey Results

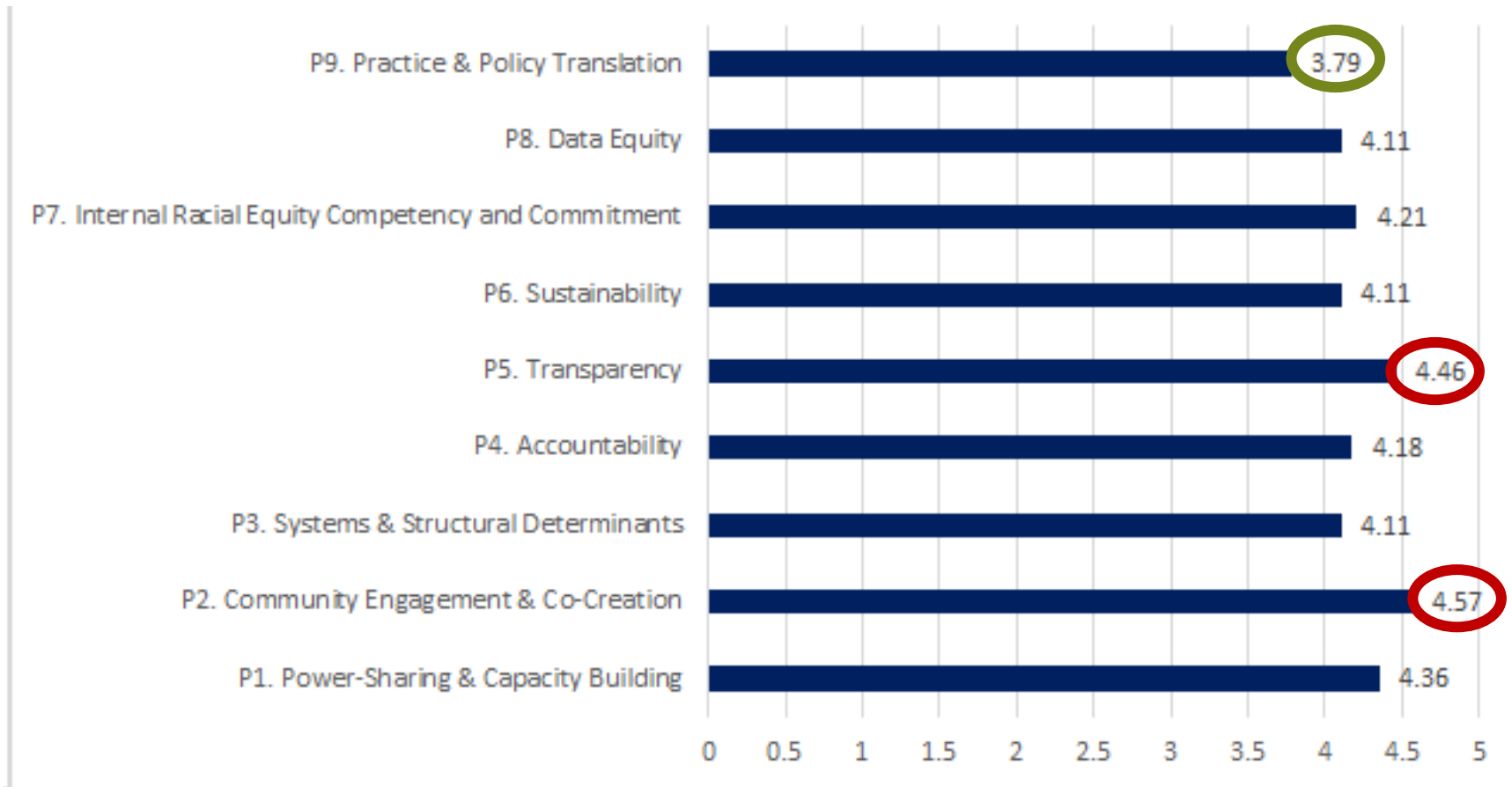


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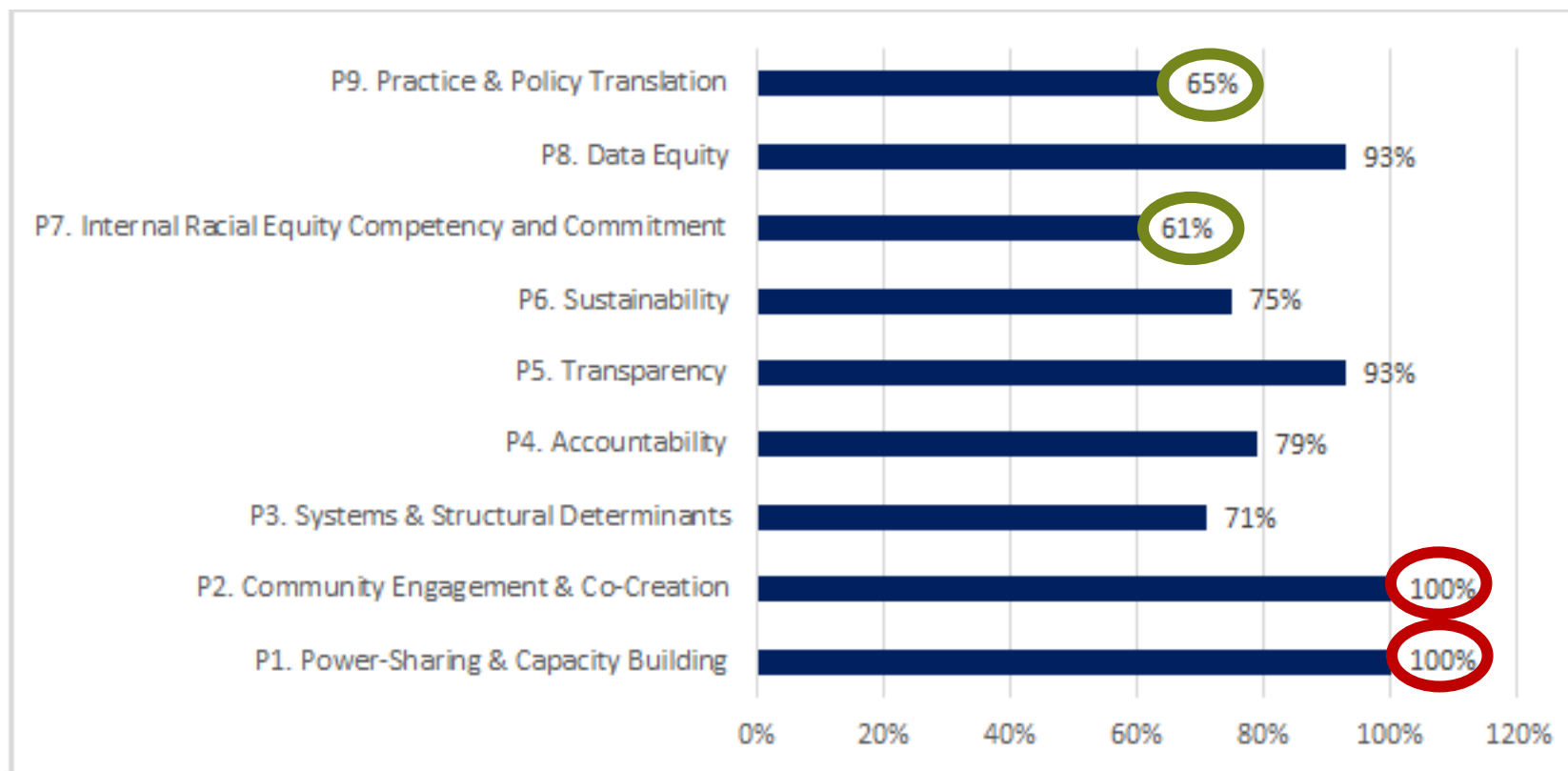


Other: external  
consultant, co-I (not  
on application), PI of  
prior Center

# Summary: Ratings



# Summary: % who used the principles





## P9. Practice & Policy Translation

- The following was proposed as an additional principle:
  - Dissemination and communication with partners, stakeholders and policy makers
- As a response, P9 was reconceptualized as:

## P9. Knowledge Translation, **Implementation** and Dissemination

# Poll #1

Do you approve the CPCRn network moving forward with the 9 principles as guiding points to further our commitment to the social determinants of health, racial equity, and health equity?

- Yes, approve as is
- Yes, approve with small modifications to existing principles
- Yes, approve with additional principles for consideration
- No, principles need significant modifications

*Please provide **suggestions or modifications in the chat** and we will capture these for future discussions*

# Qualitative results from the survey

- Principle
  - Definition
  - Proposed measures
  - Case examples

*Survey was an important first step but will need to supplement it with a focused literature review and an additional ask*

# P1. Power-Sharing & Capacity Building

| Definition   | Proposed measures   | Case examples (peer-reviewed and others)  |
|--|---|---|
| Engaging in shared decision-making with community partners across the various stages of research & adopting an asset-based approach to leverage and build upon existing community capacity | <ul style="list-style-type: none"> <li>Number of publications &amp; other deliverables for which community partners/ stakeholders are co-authors / contributors</li> </ul>                                    | <ul style="list-style-type: none"> <li>Involve community members in abstract and manuscript development (suggestions)</li> </ul>  |
|  | <ul style="list-style-type: none"> <li>Survey assessing confidence in decision-making process, power-sharing, trust</li> <li>Frequency of partnership surveys/ evaluations (i.e. annual/ biennial)</li> </ul> | <ul style="list-style-type: none"> <li>Use consensus building activities with organizations and community leaders to determine priorities for both research and programming/ interventions (suggestions)</li> <li><i>Will need to be supplemented by a literature review</i></li> </ul> |
|  | <ul style="list-style-type: none"> <li>Mixed methods partnership evaluations</li> </ul>   | <ul style="list-style-type: none"> <li>Quality improvement collaboratives (Rohweder, C., et al., 2019)</li> <li>Case example of Community Health Advocacy and Research Alliance (CHARA) ( Davis, M., et al., 2018)</li> </ul>   |
|  | <p><i>No measures proposed</i></p>  | <ul style="list-style-type: none"> <li>Create a memorandum of understanding template to use with each of community partners (suggestion)</li> <li>Subcontracts to NIH/CDC grant awards to compensate community partners (suggestion)</li> </ul>   |

# P3. Systems & Structural Determinants

| Definition  | Proposed measures  | Case examples (peer-reviewed and others)   |
|---|--|--|
| Commitment to explore and address root causes [system and structural] of health disparities | <ul style="list-style-type: none"> <li>Select outcomes that reflect social determinants</li> </ul> <p><i>Will supplement this with a focused literature review</i></p>   | <ul style="list-style-type: none"> <li><b>Collaborate with community partners</b> to identify root causes of disparities and potential interventions to address them (suggestion)</li> <li>Use <b>implementation mapping</b> to identify structural and environmental level causes of health problem (suggestion)</li> </ul> |
|   | <ul style="list-style-type: none"> <li>Engagement with and membership in groups that address systems/ structural determinant of health</li> </ul> <p><i>Could borrow from community engagement measures provided elsewhere</i></p> | <ul style="list-style-type: none"> <li>Partner with systems (e.g., clinics, health systems) to identify and address <b>multilevel determinants</b> of health (suggestion)</li> </ul>   |

# P6. Sustainability

| Definition   | Proposed measures  | Case examples (peer-reviewed and others)   |
|--|--|--|
| Commitment to sustaining the benefits of research/ intervention for community partners | <ul style="list-style-type: none"> <li>Qualitative assessment with partners</li> </ul>   | <ul style="list-style-type: none"> <li>Develop research interventions in close collaboration with community partners so that sustainability is built-in from the start. <b>Only components that partners believe they can continue beyond the funding period are utilized.</b> (suggestion)</li> </ul>   |
|  | <ul style="list-style-type: none"> <li>Washington University's Program/Clinical Sustainability Assessment Tool (PSAT/CSAT sustainability planning tool)</li> </ul> | <ul style="list-style-type: none"> <li><b>Align</b> with existing structures (e.g., practice-based research network, health systems) to promote partnership continuity. (suggestion)</li> <li>Ground interventions in current systems or practice-based research, and with cancer, interventions that can be <b>integrated into systems</b> of care. (suggestion)</li> </ul> |
|  | <p><i>Could borrow from community engagement measures provided elsewhere</i></p>   | <ul style="list-style-type: none"> <li>Build long standing relationships with partners (e.g., continue to serve as <b>technical assistance resource for community partners past grant period</b>) (suggestion)</li> </ul>  |
|  | <ul style="list-style-type: none"> <li>CFIR interview guide</li> </ul>   | <p><i>No case examples provided that exemplify its CFIR application to sustainability</i></p>  |

# P9. Knowledge Translation, **Implementation** and Dissemination

| Definition   | Proposed measures   | Case examples (peer-reviewed and others)  |
|--|---|---|
| Foster equal access to knowledge by disseminating to community partners, stakeholders, and policy makers | <ul style="list-style-type: none"> <li>Develop coalitions, plans, policies and practices</li> </ul> <p><i>Will supplement this with a focused literature review</i></p> | <ul style="list-style-type: none"> <li>Engage and co-create with practice-oriented partners to facilitate translation into practice (suggestion)</li> </ul> |
|  | <i>No measures proposed</i>   | <ul style="list-style-type: none"> <li>Integrate dissemination in project and engagement goals (suggestion)</li> </ul>                                      |
|  | <i>No measures proposed</i>   | <ul style="list-style-type: none"> <li>Tailor dissemination strategy to partners' goals, values, literacy, needs (suggestion)</li> </ul>                    |

## Poll #2

Do you support the process we have outlined as a way to operationalize these principles into practice moving forward?

- Yes, I support as is
- Yes, but have suggestions for additional ways to operationalize the principles
- No, I do not support the process

*Please provide **suggestions or modifications in the chat** and we will capture these for future discussions*



# Group Discussion

- How should we think about integrating principles into CPCRn network strategic plan and workgroup efforts?
- What products do we want to create from this interest group for CPCRn? What outward facing products?
  - Online case study repository
  - Other ideas?

# Next Steps

- Continue the write-up of the process of review and delineation of cross-cutting principles and application to the CDC CPRN Network and relevant NCI Cancer Center Community Outreach and Engagement Cores
- Continue to operationalize these principles into practice, using proposed measures and case examples
  - Developing an online case study repository, with a template for entry
- Invite to interested members in supporting our efforts to:
  - 1) develop/refine measures across these principles for the CPRN
  - 2) gather information for a repository and dissemination of case studies/toolkits etc. for the CPRN website

**Thank you!**

If interested in joining/supporting the Health Equity and Social Determinants of Health Working Group, please reach out to the Coordinating Center or email Julie Kranick at [Julie.Kranick@nyulangone.org](mailto:Julie.Kranick@nyulangone.org)