Health Equity and Implementation Science – Lessons learned from an NIH Pathways to Prevention Workshop

Antoinette Percy-Laury, DrPH1; Carrie Klabunde, PhD2; Melissa Green Parker, PhD2; Pamela Thornton, PhD3; Charlene Liggins, PhD2; Cristan Smith, PhD.3
1National Cancer Institute (NCI), 2National Institute of Health, Office of Disease Prevention (NIH ODP), 3National Institute of Diabetes and Digestive Kidney Diseases (NIDDK)

**METHOD**

This poster describes lessons learned from a Pathways to Prevention Workshop convened by the National Institute of Health (NIH) to identify ways of reducing disparities in use of clinical preventive services for three common conditions—cancer, heart disease, and diabetes—and opportunities for applying implementation science as a framework for closing long-standing gaps in uptake among disadvantaged populations.

The workshop was framed around five key questions, included a systematic evidence review from the Pacific Northwest Evidence-based Practice Center, speaker presentations from national experts, public discussion and an independent panel to weigh the evidence and identify gaps.

Following the workshop, an independent panel report was published, a central theme reinforcing the value of and need for implementation science emerged from the workshop and the report, for both research and training.

One year after the workshop, the authors conducted an analysis of the NIH's research grant portfolio to assess the extent to which NIH health equity grants awarded between 2016 and 2020 addressed implementation research to one or more of the ten USPSTF-recommended preventive services that served as the focus of the workshop. After mapping to the preventive service(s) of interest, grants were then mapped to one or more relevant themes 1) integration of services and new delivery models, 2) need for innovative methods, 3) community engagement and systems approaches, and 4) workforce and training (see Table 1).

**FINDINGS**

- Of the independent panel recommendations, 96% (25 of 26) offer implementation science as a direct method or facilitator for advancing disparities research in preventable health conditions.
- Approximately, 221 health equity implementation research grants were found and mapped to relevant preventive service(s) and workshop recommendation theme(s). Over all ten of the preventive services, the greatest number of grants mapped to Integration of Services and New Delivery Models (Theme 1), and the least to Workforce and Training (Theme 4). The remaining two themes, Need for Innovative Methods (Theme 2) and Community Engagement and Systems Approaches (Theme 3), were mapped on half of the projects related to the preventive service of interest (Table 2). Projects testing and assessing multiple preventive services (26%) comprised similar representations across the research themes.

**DISCUSSION**

- Fundamental research opportunities to improve health equity with implementation science (IS) concepts include advancing the science of engagement and inclusion of diverse populations (RE, geography, health literacy), social determinants of health, and cross-sectoral collaborative models. The NIH portfolio is rich with prevention research that integrates services and/or explores new delivery models. Despite the recent critique of dismal funding levels in health disparities work and IS, our analysis of the NIH portfolio identified a number of prevention-focused grant awards with designs that include community engagement and systems-level approaches. Furthermore, research focused on innovative methods for cancer screening uptake garners strong support.

**IMPLICATIONS FOR RESEARCH, POLICY AND PRACTICE**

- We should integrate health equity and IS strategies early in research development phases to accelerate moving proven therapies and practices into communities to eliminate/ reduce health disparities.
- Innovative initiatives that support cross-sector collaborations and sustainable community-based IS studies in non-traditional, healthrelevant settings will catalyze progress towards eliminating disparities in preventable conditions.
- Achieving health equity in the future will continue to delay in the absence of increased dedicated funding to support training and career development for the next generation of IS researchers.

**CONCLUSION**

Emerging themes from the portfolio analysis, workshop, and post-workshop activities emphasize the need to guide more dissemination and implementation research and widen the lens for addressing social determinants of health. In addition, building an appropriate workforce capacity in the IS field must include training opportunities for future scholars and practitioners from diverse background to advance their understanding of both IS evaluation frameworks and best practices for utilizing IS approaches to improve health equity through implementing tailored disease prevention strategies.

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**REFERENCES**


**Contact information**

Antoinette Percy-Laury, DrPH, MSPH
National Cancer Institute
Rockville, MD 20852
percy@nih.gov