

# Promoting Equity in Implementation Science: Researcher Readiness for Stakeholder Engagement, Patient-Centered Implementation, and Tracking Strategy Modification

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## Abstract

The importance of social and contextual factors in health outcomes is clearly documented, particularly in their impact on health inequities. Implementation science has the potential to advance health equity through the study of integrating evidence-based practices in low-resource settings to improve outcomes for groups that have traditionally been marginalized. This dissertation addresses several research gaps in implementation science related to health equity including stakeholder engagement, patient preferences, and modifications to implementation processes. Aim one focused on developing a tool to assess researcher readiness to conduct stakeholder-engaged dissemination and implementation research. This aim used expert appraisal, cognitive interviews, and pilot usability testing to develop and refine a self-assessment tool to encourage researchers to reflect on their readiness to conduct engaged dissemination and implementation research. The results of this study suggest that participants found the assessment to be useful for self-reflection and perceived the results of the assessment to be valid and actionable. Aim two identified factors associated with patients' willingness to accept assistance for health-related social needs. This aim used a generalized estimating equation to examine the impact of type of social risk, patient characteristics, and clinical encounter characteristics on acceptance of assistance to address social risks in community health centers. Our multivariate showed significant differences in wanting assistance by most social risk factors, number of risk factors for which the patient screened positive, patients' race, ethnicity, and sex, Charlson score, and provider type. Aim three developed methods for tracking modifications to implementation strategies. This aim builds on existing methods for tracking implementation strategies to provide novel methods for tracking modifications to implementation strategies. These methods allowed us to document strategies planned as part of the study design, confirm when strategies were used as planned, and identify modification made to strategies. These three aims contribute to calls for research to promote equity in implementation science and have the potential to strengthen future research through their focus on patient-level implementation outcomes and the contribution of novel tools and methods in implementation science.

Number of pages

112

Publication year

2021

Degree date

2021

School code

0153

Source

DAI-A 82/12(E), Dissertation Abstracts International

Place of publication  
Ann Arbor

Country of publication

United States  
ISBN

9798516058837

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Department  
Health Policy and Management

University location  
United States -- North Carolina

Degree  
Ph.D.

Source type  
Dissertation or Thesis

Language  
English

Document type  
Dissertation/Thesis

Dissertation/thesis number  
28315847

ProQuest document ID  
2546630946