

# Shining a Light on Health Equity in Prevention: Identifying and Supporting Evidence-based Programs that Reduce Inequity in Diverse Communities

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# Your Presenters

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# Today's Objectives

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Increase understanding of how health equity concepts are addressed by commonly used registries of evidence-based prevention programs.



Enhance knowledge of prevention science research evaluating preventive interventions aimed at reducing health inequities and disparities among marginalized groups.



Provide attendees with tools to define, identify, and promote equity-informed EBPs that balance evaluation rigor with cultural and community fit to reduce inequities in high-need communities.

# Let's hear from you!

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- ▶ Turn to your neighbor.
- ▶ Share your name, organization, role in prevention.
- ▶ What are you hoping to give and take from today's session?

# Setting the Stage

Evidence-based Programs & Health Equity

# Prevention Funding and EBPs

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- ▶ States are directed by funders and legislation to implement Evidence-based Programs and Strategies (EBPs)
- ▶ Each state must find their own ways to **define**, **deliver**, and **support** EBPs
- ▶ States vary in their approach to **balance evaluation rigor with cultural and community fit** to promote equity-informed EBPs

**The challenge: promoting health equity as trusted stewards of public resources**

# Washington's Approach to EBPs

<b>Define</b>	<ul style="list-style-type: none"><li>❖ EBP registry and lists:<ul style="list-style-type: none"><li>▪ Crosswalk of prevention registries</li><li>▪ Tools to navigate evaluation results</li><li>▪ Contextual evidence</li></ul></li></ul>	<ul style="list-style-type: none"><li>❖ Universities</li><li>❖ State Agencies</li><li>❖ Consultants</li></ul>
<b>Deliver</b>		
<b>Support</b>	<p><a href="https://theathenaforum.org/EBP">https://theathenaforum.org/EBP</a></p>	<p><a href="https://www.blueprintsprograms.org/blueprints-standards/">https://www.blueprintsprograms.org/blueprints-standards/</a></p>

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<b>Deliver</b>	<ul style="list-style-type: none"><li>❖ Contract Requirements:<ul style="list-style-type: none"><li>▪ Community Prevention &amp; Wellness Initiative</li><li>▪ Community Based Organization (CBO) Grants</li></ul></li><li>❖ Resources:<ul style="list-style-type: none"><li>▪ Tribe and Urban Indian Organization Agreements</li></ul></li></ul>	<ul style="list-style-type: none"><li>❖ Coalitions</li><li>❖ CBOs</li><li>❖ Tribes and UIOs</li></ul>
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<b>Support</b>	<ul style="list-style-type: none"><li>❖ Provide training and technical assistance<ul style="list-style-type: none"><li>▪ Trainings and conferences</li><li>▪ State-level TA providers</li></ul></li></ul>	<ul style="list-style-type: none"><li>❖ Universities</li><li>❖ TA centers</li><li>❖ Consultants</li></ul>

# Our Equity Journey

**Before 2019:**  
Registry and lists  
created

- EBPs defined by evaluation rigor (RCTs & QEDs)
- Innovation allowed
- EBP selection resources on [the Athena Forum](#) provide program context:
  - priorities
  - settings
  - populations



**2019-2023:**  
Registry/list  
Updates

- Gathered community feedback
- Streamlined EBP lists for consistency and sustainability
- Updated EBP statuses:
  - Core EBP definitions retained
  - More registries consulted
  - More context extrapolated

**2023-2024:**  
Process Changes

- Modify EBP list upkeep processes:
  - Flag equity-informed programs
  - **Equity consultations (current project)**
  - **Pilot updated process (next step)**

# Programs for re-review

Program	Reason(s)
(Girls Inc) Friendly PEERsusion	Population
Healer Women Fighting Disease Integrated Substance Abuse and HIV Prevention Program for African American Women	Population, Setting
Hip-Hop 2 Prevent Substance Abuse and HIV	Population, Setting, Feedback
Keep a Clear Mind	Setting, Feedback
Native American Prevention Project Against AIDS and Substance Abuse	Population
Nurturing Program for Parents and their School-age Children 5 to 11 Years (Formerly Nurturing Parenting Programs)	Setting
Parenting Wisely	Setting, Feedback
Red Cliff Wellness School Curriculum	Population, Setting
Say It Straight	Setting
Sembrando Salud	Population
Storytelling for Empowerment	Population, Setting
Strengthening Families Program (Utah)	Population, Setting
Strengthening Multi-Ethnic Families and Communities	Population, Setting, Feedback

# How we define health equity

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- ▶ Washington State Health Care Authority (HCA):

*Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Health equity is a core value of HCA. (Adapted from the [Robert Wood Johnson Foundation](#))*

- ▶ SUD Prevention and Mental Health Promotion Section:

*Health equity is a reality where everyone has a fair and just opportunity to be as healthy as possible. Health disparities are gone, and resources are prioritized according to need.*

# Goals of the Current Project

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1. Revise our Evidence Based Program Project tools and processes to **minimize systemic inequities** while **centering evidence** to promote health equity
2. Highlight or provide high-quality **tools, decision guides,** and **resources** on program selection, adaptation, and sustainability with an equity lens

# Our Current Project

Integrating a health equity lens into WA State's EBP criteria & process

# Project Overview

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**We are here!**



Step 1

Conduct literature review & identify major themes from the research.

Step 2

Consult with research, registry, and state experts.

Step 3

Make recommendations to the WA state based on 1 & 2.

Step 4

Pilot re-review process with 13 flagged EBPs based on recommendations.

# Step 1: Literature Review

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▶ **Goal:** Determine what strategies have been used to develop, evaluate, and support health equity EBPs.

▶ **Results:** Our review identified three major themes.

#1: Types of health equity information available across EBP registries vary.  
([Hirsch, et al., 2023](#))

#2: Specific methodological approaches are important in designing and evaluating health equity EBPs.  
([Boyd et al., 2023](#))

#3: Multi-level interventions are critical for enhancing health equity and reducing disparities.  
([Murry et al., 2024](#))





Summarize study findings on differential impact for subpopulations.



Curate a list of interventions that reduce disparities.



Assign a disparity/equity rating to each intervention.

**Health equity information varies, but there are 3 major approaches used by EBP registries.**

Registry	Defines Equity	Equity Focus	Populations	EBP Level	EBP Targeting Approach
<a href="#">Blueprints for Health Youth Development</a>	No	Disparities in EBP outcomes	Age groups, Race/ethnicity groups, SES	Individual, family, community	Targeted, universal
<a href="#">Title IV-E Clearinghouse</a>	No	EBPs that serve underserved or historically excluded communities; EBPs in use by providers that serve diverse communities	Race/ethnicity groups; LGBTQIA2S+; poverty; disabilities; other disparities in child welfare	Unclear	Unclear
<a href="#">California Evidence-based Clearinghouse</a>	No	Disparities in EBP outcomes and equity in implementation	Race/ethnicity groups	Individual, family, agency	Targeted
<a href="#">Crime Solutions</a>	No	Disparities in EBP outcomes	Age groups, Race/ethnicity groups, SES, urbanization levels, gender groups, family structure types	Individual, family, community	Targeted
<a href="#">IES What Works Clearinghouse</a>	Defines school equity	Equity with respect to disciplinary actions		Unclear	Targeted?

Priority should be given to specific health-equity focused approaches.



Use of **community-based participatory research** and **qualitative methods** to develop & evaluate interventions.



Prioritize **strengths-based** and **protective factor-focused** interventions.



**Subgroup analyses** can help identify for whom interventions are most effective.

# Need for multi-level interventions

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What will it look like in the social environment when we achieve health equity?



# Step 2: Consultations

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- ▶ **Goal:** Consult with researchers/representatives from EBP registries and other state agencies doing similar EBP health equity work.
- ▶ **Method:** Hosted two 2-hour consultation sessions with 3 researchers/representatives from EBP registries and 4 representatives from other state agencies.
- ▶ **Results:** Identified themes related to interplay between EBP science/evidence gaps and bureaucratic realities

# Consultation: Key Questions

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- ▶ What strategies do you recommend WA State uses to promote health equity in:
  - ▶ their identification of prevention programs?
  - ▶ the criteria they use to evaluate prevention programs and their adaptations?
  - ▶ the way they communicate information about program options to communities?
  - ▶ the support they provide to communities in selecting and implementing prevention programs?
- ▶ What other considerations do you think WA State should be mindful of while engaging in this health equity work?

# Step 3: Recommendations to DBHR

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- ▶ #1: Use of evidence continuum vs. on/off EBP program lists
- ▶ #2: Develop a clear criteria to identify *culturally grounded* or *equity-focused* programs & include information in the directory
- ▶ #3: Develop transparent, consistent way for providers to advocate for equity-focused programs to be (re-)reviewed for consideration as *culturally grounded* or *equity-focused* program

# Step 4: Re-review of 13 programs

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- ▶ Work in progress. *This is where we need your feedback!*



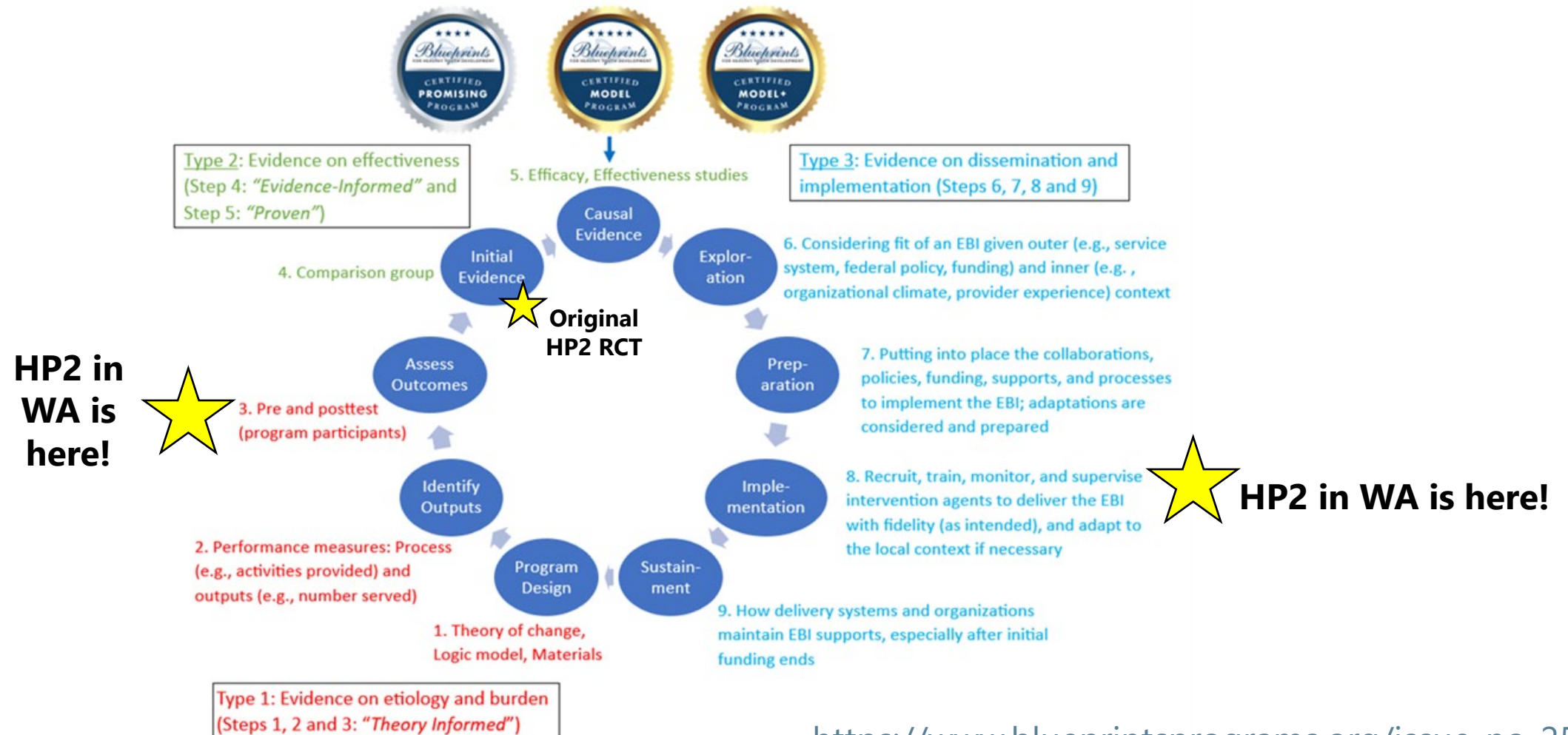


# Example: Hip Hop 2 Prevent (H2P)

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- ▶ Hip-Hop 2 Prevent Substance Abuse & HIV ([H2P](#))
  - ▶ Implemented by 2 CPWIs & 1 CBO in Central & South Seattle
  - ▶ Few programs on EBP lists reach BIPOC youth in urban setting
  - ▶ RCT evaluation does not meet criteria & not listed on registries
    - ▶ Issues with baseline equivalence, differential attrition
  - ▶ From interviews of H2P developer & local CPWI/CBO leads:
    - ▶ Developer has had difficulty securing resources for high-quality RCTs
    - ▶ Theory of change and core components resonate with youth
    - ▶ Desire to use testimonials, photovoice to document positive effects
    - ▶ CPWI/CBO seeking training/resources to collect local pre-post youth surveys

# #1: H2P on the evidence continuum



## #2: H2P as culturally-grounded or equity-focused program

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- ▶ Serves historically underserved community
- ▶ Has robust theory of change grounded in culture and praxis relevant to this (and other) communities
- ▶ Has clear program components that were “designed with consideration given to the strengths and experiences [of this community] to enhance program relevance, engagement, and effectiveness” ([Buckley et al., preprint](#))

# #3: H2P nomination for re-review

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- ▶ Implemented by 2 CPWIs & 1 CBO in Central & South Seattle
- ▶ Few programs on EBP lists reach BIPOC youth in urban setting
- ▶ Local prevention providers report
  - ▶ Theory of change and core components resonate with youth
  - ▶ Desire to use testimonials, photovoice to document positive effects
  - ▶ Obtaining training/resources to collect local pre-post youth surveys

# We value your input!

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- ▶ **Words of encouragement:** What are we doing well?
- ▶ **Words of caution:** What can we do better?
- ▶ **Words of question:** What questions do you have?

# Resources

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- ▶ Hirsch et al. (2023): [Evidence clearinghouses as tools to advance health equity](#)
- ▶ *What Works for Health*: [disparity ratings](#)
- ▶ Buckley et al. (preprint): [Applying equity lens to EBPs: A systematic review of subgroup findings from experimental evaluations](#)
- ▶ *Society for Prevention Research* brief: [Achieving health equity through prevention science](#)
- ▶ Continuum of Evidence: <https://www.blueprintsprograms.org/issue-no-25/>