Equitable Design for Dissemination (D4D): Designing for Equity and Impact

- D4D is "an **active process** that helps to ensure that ... health interventions, often evaluated by researchers, are **developed** in ways that match well with adopters' needs, assets, and time frames." (Brownson et al, 2013)
  - Respondents estimated they spent less than 10% of their time on dissemination (Brownson et al, 2013)

- D4D engages adopters (decision-makers), implementers, end users, purveyors, and policy makers
  - Understand barriers, facilitators, what’s in it for each of them
  - Build to minimize barriers, maximize facilitators and value

- Working to **embed design for equity and impact** within process

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Historically Underrepresented Groups in Biomedical Research

- Racial and ethnic identities, including
  - American Indians/Alaskan Natives
  - Asian Americans
  - Blacks/African Americans
  - Hispanic/Latinx
  - Native Hawaiians and other Pacific Islanders

- Less privileged socioeconomic status (SES)
- Underserved rural populations
- Sexual and gender minorities
- People with disabilities or special health care needs
### Who are the Stakeholders in Equitable D4D?

<table>
<thead>
<tr>
<th>Stakeholder Category</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>End-users / Target group</strong></td>
<td>• Benefits from the intervention</td>
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<tr>
<td><strong>Implementers</strong></td>
<td>• Put intervention into practice</td>
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<td></td>
<td>▶ Feasibility, fidelity, effectiveness</td>
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<tr>
<td><strong>Adopters (decision-makers)</strong></td>
<td>• Makes decision to take up an intervention</td>
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<tr>
<td></td>
<td>▶ Compatibility with organizational culture, simplicity, adaptability, ease of adoption, sustainability, barriers and facilitators to adoption and implementation</td>
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<tr>
<td><strong>Policy makers / Advocates / Other</strong></td>
<td>• Advocates for helps with policy to support intervention spread</td>
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<tr>
<td><strong>Purveyor</strong></td>
<td>• Provides training and technical assistance so intervention can be adopted and implemented broadly with fidelity (scales-up intervention)</td>
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<tr>
<td><strong>Developer / Context Expert</strong></td>
<td>• Develops intervention and implementation package (materials and training), in collaboration with other stakeholders</td>
</tr>
</tbody>
</table>
Stay Healthy After Childbirth

Example of Stakeholders in D4D: Staying Healthy After Childbirth (STAC)

Stakeholders

New Moms
(End-Users)

Prenatal Care Providers
Midwives, Doulas,
Physicians
(Implementers)

Residio
(Technology
Partner)

UnityPoint
Health
(Purveyor)

Hospital/Health System
Decision Makers
(Adapters / Sponsors)

Associations/
Perinatal &
Quality Collaboratives
(Dissemination
Partner)

Insurance
Groups/
Medicaid
(Payer/Policy)
The women with the most need were helped the least

Number of days during high-risk period that Black (N=127) and non-Black (N=1048) STAC participants recorded daily BP

“I am worried about more than my blood pressure.”
- feelings of isolation and emptiness
- lack of healthcare support
- anxiety on top of chronic stress
What does equitable D4D...

- mean to you?
- mean for those partnering with you?
- take to do?