Broadening Perspectives to Use Equity-Aligned Implementation Strategies

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Disclosures

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• U.S. Department of Veterans Affairs,
• United States Government, or
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For equitable and just implementation of innovations, we must embrace complexity and realize these are career-long, life-long endeavors.

What is the most elegant next step (for you)?

*adrienne maree brown, Emergent Strategy*
Sometimes, people who need quality care most are least likely to receive it
Multiple Choice Question (raise hand or answer in chat)

In my field, I am aware of health care disparities in:

a. structural access to innovation (it’s out there, but people have few chances to even get in line for it)

b. receipt of innovation (people are less likely to be offered it)

c. quality of innovation (people are receiving it, but with worse fidelity or patient-centeredness)

d. outcomes of innovation (people are receiving it, but not benefitting as much as others)
Equitable implementation requires integration of people with lived experience in the research-to-practice gap.
Brief overview of implementation practice (which is part of every implementation trial)
The paradigms of implementation science and health care disparities research follow similar steps to detect, understand, and reduce gaps.

Detecting research-to-practice gap and disparities

Understanding the gap and why disparities exist

Reducing the gap and disparities

And, implementation practice is determined by what we learn here

Implementation practice is what happens here

Dr. Geoff Curran, Class lecture, 2016; Kilbourne et al 2006
There are multiple clusters of implementation strategies:

- Engage consumers
- Use evaluative & iterative strategies
- Change infrastructure
- Adapt & tailor to the context
- Develop stakeholder interrelationships
- Utilize financial strategies
- Support clinicians
- Provide interactive assistance
- Train & educate stakeholders

Waltz et al. 2015
Giving everyone the same implementation strategy is not equitable (although it can be easier).
Tailoring implementation strategies appears important for uptake of many innovations

- Tailoring involves assessing relevant determinants and designing/changing the strategy to address those determinants and needs of all people involved in a specific context
- Increasing evidence that tailoring implementation strategies may be more effective than one-size-fits-all approaches

1. Baker et al., 2015; Kilbourne et al., 2014; Kirchner et al., 2017; Lewis et al., 2015; Powell et al., 2017
Yet, there is limited research to answer questions about strategies for equity:

1. Which strategies are most impactful to promote equity?
2. Is there substantial added value of “specific” strategies versus “standard” multifaceted strategies on equity outcomes?
3. Does tailoring implementation strategies reduce health care disparities?
4. Which tailoring approaches are cost effective for disparity problems?
It is vital to equitable and sustainable implementation practice to first understand the problem through an equity lens.
Conduct diagnostic assessments using frameworks that include equity-related factors

1. Health Equity Implementation Framework
2. Theories of structural violence, intersectionality, policy and governance
3. https://dissemination-implementation.org/tool search by “healthy equity” = ~10 frameworks

Factors related to the Innovation
Health Equity Implementation Framework. Woodward, Matthieu, Uchendu, Rogal, & Kirchner (2019)
Factors related to the Innovation

**Patients:** Culturally relevant factors

**Providers:** Culturally relevant factors

**Other Staff:** Culturally relevant factors

**Clinical Encounter**
Health Equity Implementation Framework. Woodward, Matthieu, Uchendu, Rogal, & Kirchner (2019)
Clinical Encounter

Factors related to the Innovation + Facilitation (other implementation strategies)

Implementation success

Improvements in health equity

Thanks to Ashley McDaniel, MA, from South Central MIRECC
Assess 3 health equity determinants in any implementation effort

1. Culturally relevant factors of recipients (patients, providers, staff)
2. Clinical encounter
3. Societal context (economic factors, social norms, policies, laws, physical structures, social determinants of health)

METHODOLOGY
A More Practical Guide to Incorporating Health Equity Domains in Implementation Determinant Frameworks

> Eva N Woodward, Rajinder Sonia Singh, Phiwinhlhla Ndebele-Ngwenya, Andrea Melgar Castillo, Kelsey S. Dickson, JoAnn E Kirchner
Case Study using Health Equity Implementation Framework

• Legal, supervised consumption services for people who inject drugs
• >50% Indigenous people or racially minoritized in Canada
• Process evaluation of ongoing implementation

Bardwell et al., 2019
Assessing equity-related domains ensured key information was captured that may have been missed

**Barriers**

- Sociopolitical: Discomfort being seen by others due to stigma
- Physical structure: little privacy to inject due to space; not open 24/7
- System: not enough staff for 24/7
- Patient culturally relevant factor: some did not like being in a clinic

**Advantages**

- Sociopolitical: supervised injection was legal
- Knew providers would not stigmatize drug use
- Part of larger health center, so became an “in” to access other services
Engaging end users or “consumers” affected by the health problem is gold standard in health disparities research and probably should be in implementation science, too.

Ramanadhan et al., 2015; Chambers & Holt, 2017 special issue
Preliminary studies suggest engaging end-users in implementation leads to:

1. Better intervention fit for patients
2. Systems redesign that is more patient centered
3. Greater use of effective healthcare interventions in community settings
4. Improved patient health behaviors and outcomes

Let’s revisit 9 clusters of implementation strategies

“Engaging consumers” does not have a lot of specificity yet
We developed tools for implementation practice (strategies) on how to engage consumers who experience marginalization.

“\textit{We would love to engage patients in implementing new services, but we don’t know how...}” \textemdash Hospital middle manager

Woodward et al., 2023
Funded by VA Health Services Research & Development Career Development Award IK2 HX003065 (Woodward) and pilot funds - “Small aWard Initiative For impacT (SWIFT)” (Woodward)
Stakeholders

I love it!

Me too!

Users
Consumer Voice is generalizable and free

• Tools are not specific to suicide or to Veterans
• Generalizable to other service users – schools, community settings, criminal justice systems
• Google Drive – available by clicking here
• VA users: Consumer Voice - Home (sharepoint.com)
Design team made decisions

Eva Woodward, PhD
Psychologist, Lead Research Investigator

Rajinder (Sonia) Singh, PhD
Psychologist, Research Investigator

Celia Scanlon
Veteran Consultant, Former Seaman, U.S Navy & Retired Medical Support Assistant, South Texas VA

Cathleen Willging, PhD
Anthropologist, Research Investigator

Damon N. Cluck, JD
Veteran Consultant, Retired Colonel, U.S Army and National Guard

Irenia Ball, BS
Research Assistant

JoAnn Kirchner, MD
Psychiatrist, Research Investigator

Cathleen Willging, PhD
Anthropologist, Research Investigator
We used human centered design to develop Consumer Voice.

Document themes from environmental scan and interviews with two implementation strategy experts.

**Initial data gathering**
- 30+ Individual qualitative interviews
- 30+ Co-creation sessions

**Step 1**
- Mini, uncontrolled pilots with 11 implementers
- Focus groups

**Step 2**
- Nominal group technique with 15 prior participants
- Additional user testing with 4 clinicians

**Step 3**
- Rapid qualitative analysis
- Refine prototypes

**Final Tools**
Final Consumer Voice Tools ready for dissemination

Engaged patients, community organizers, community engagement experts, implementation experts, clinical leaders over 18 months.
5 Core Principles for Engaging Consumers in Implementation Practice

1. Really listen to others, especially consumers and community members (People in positions of power need to prepare to do this).

2. There are several ways to recruit and engage consumers - use multiple.

3. Work with diverse groups of people involved in the problem.

4. Set clear expectations, roles, orient people, and clarify how work will get done.

5. Repeatedly show how consumer and community contributions are valuable.
• Slides with audio voice overs: Example click [here](#)
• Cheat sheet to Get Started Quickly
• Supporting documents – templates, extra reading, talking points

**Consumer Voice**
You can read more about development of Consumer Voice

Increasing consumer engagement: tools to engage service users in quality improvement or implementation efforts

Woodward et al., 2023
We are piloting Consumer Voice right now

BMJ Open Determining feasibility of incorporating consumer engagement into implementation activities: study protocol of a hybrid effectiveness-implementation type II pilot

Eva N Woodward,1,2 Cathleen Willging,3 Sara J Landes,2,4,5 Leslie R M Hausmann,6,7 Karen L Drummond,1,2 Songthip Ounpraseuth,8 Irenia A Ball,9,1 JoAnn E Kirchner2,4

…and renaming it, too! (taking suggestions)
Still, there is limited research to answer questions about strategies for equity:

1. Which strategies are most impactful to promote equity?
2. Is there substantial added value of “specific” strategies versus “standard” multifaceted strategies on equity outcomes?
3. Does tailoring implementation strategies reduce health care disparities?
4. Which tailoring approaches are cost effective for disparity problems?
5. What is the impact of adding consumer engagement in implementation to “standard” strategies on equity outcomes?
For equitable and just implementation of innovations, we must embrace complexity and realize these are career-long, life-long endeavors.

What is the most elegant next step (for you)?*
Thank you for your attention! Let’s continue the conversation.

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We are recruiting postdoctoral fellows!

- 2 years, VA funded, 75% research, 25% clinical
- Health equity, community engagement
- Implementation Science Certificate Program
- Suicide prevention, primary care, HIV, PTSD