

Broadening Perspectives to Use Equity-Aligned Implementation Strategies

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Disclosures

Employee / consultant:

- VA Center for Mental Healthcare and Outcomes Research
- University of Arkansas for Medical Sciences, Little Rock, Arkansas
- ViiV Healthcare, Inc.

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- U.S. Department of Veterans Affairs,
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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)?*

Sometimes, people who need quality care most are least likely to receive it

ORIGINAL ARTICLES | VOLUME 297, ISSUE 7696, P405-412, FEBRUARY 27, 1971

THE INVERSE CARE LAW

Julian Tudor Hart

Open Access • Published: February 27, 1971 • DOI: https://doi.org/10.1016/S0140-6736(71)92410-X

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-topractice gap and disparities Understanding the gap and why disparities exist

And, implementation practice is determined by what we learn here

Reducing the gap and disparities

Implementation practice is what happens here

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

Giving everyone the same implementation strategy is not equitable (although it can be easier).

Equality









Equity









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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 approaches¹

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?

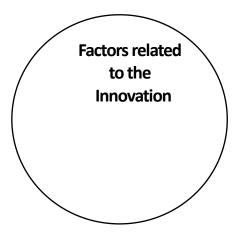
It is vital to equitable and sustainable implementation practice to first understand the problem through an equity lens.

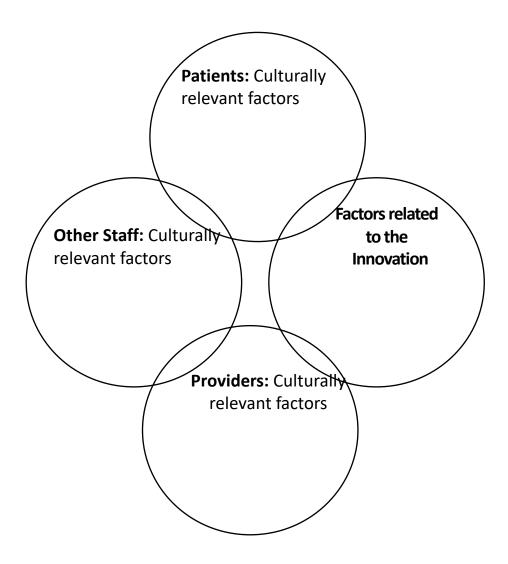
Conduct diagnostic assessments using frameworks that include equity-related factors

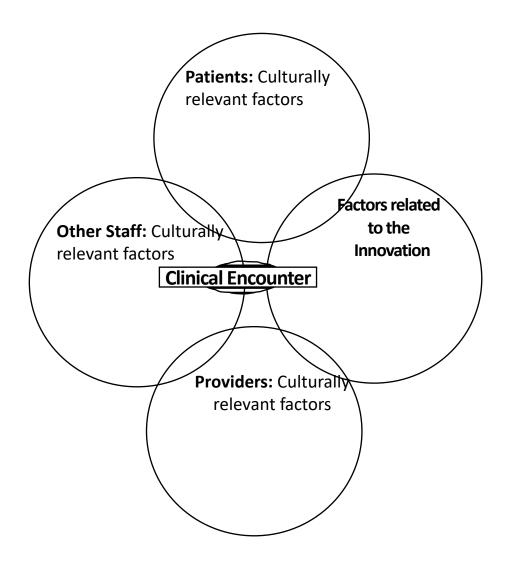
- 1. Health Equity Implementation Framework¹
- 2. Theories of structural violence, intersectionality, policy and governance²
- 3. https://dissemination-implementation.org/tool search by "healthy equity" = ~ 10 frameworks

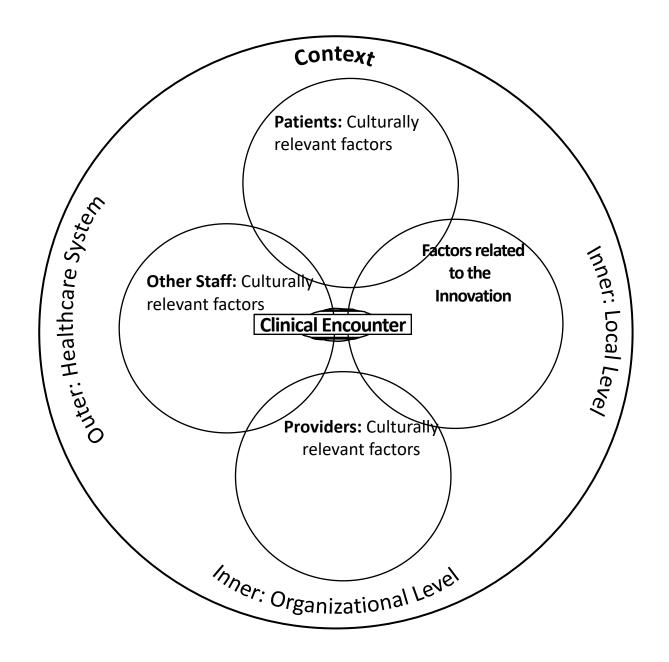
Woodward EN, Singh, RS, et al. A More Practical Guide to Incorporating Health Equity Domains in Implementation Determinant Frameworks. 2021.

^{2.} Snell-Rood, C., Trott Haramillo, E., Hamilton, A. B., Raskin, S. E., Nicosia, F. M., Willging, C. Advancing health equity through a theoretically critical implementation science. 2021.

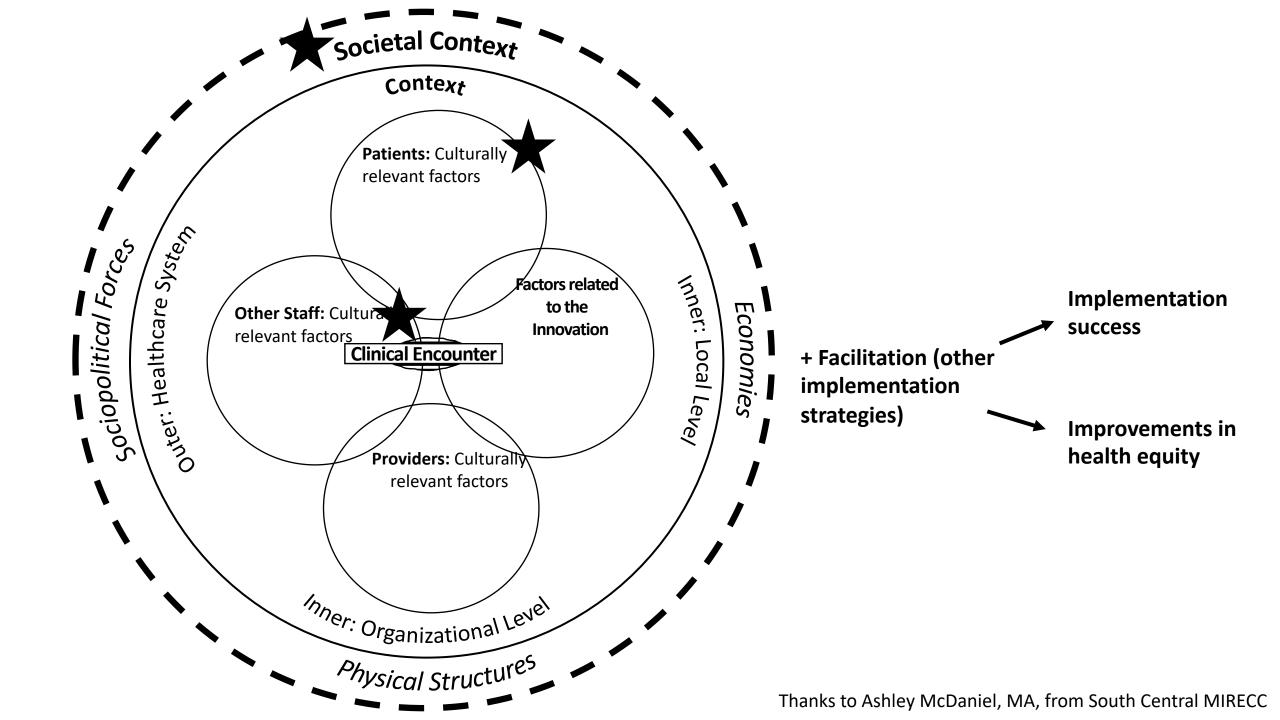








Health Equity Implementation Framework. Woodward, Matthieu, Uchendu, Rogal, & Kirchner (2019)



Assess 3 health equity determinants in any implementation effort



1. Culturally relevant factors of recipients (patients, providers, staff)



2. Clinical encounter



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, Phiwinhlanhla 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

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.

Preliminary studies suggest engaging end-users in implementation leads to:

- 1. Better intervention fit for patients¹
- 2. Systems redesign that is more patient centered ²
- 3. Greater use of effective healthcare interventions in community settings ³
- 4. Improved patient health behaviors and outcomes ⁴

- 1. Nápoles AM, Stewart AL. Transcreation: an implementation science framework for community-engaged behavioral interventions to reduce health disparities. BMC Health Services Research. 2018;18.
- 2. Lopatina E, Miller JL, et al. The voice of patients in system redesign: A case study of redesigning a centralized system for intake of referrals from primary care to rheumatologists for patients with suspected rheumatoid arthritis. Health Expectations. 2019;22:348–63.
- Ramanadhan S, Davis MM, et al. Participatory implementation science to increase the impact of evidence-based cancer prevention and control. Cancer Causes & Control. 2018;29:363–9.
- 4. Wells KB, Jones L, Gilmore J, et al. Community-Partnered Cluster-Randomized Comparative Effectiveness Trial of Community Engagement and Planning or Resources for Services to Address Depression Disparities. J Gen Intern Med. 2013;28:1268–78.

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.



"We would love to engage patients in implementing new services, but we don't know how..." – Hospital middle manager

Stakeholders

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 <u>here</u>
- VA users: Consumer Voice Home (sharepoint.com)





Design team made decisions

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Veteran Consultant, Retired
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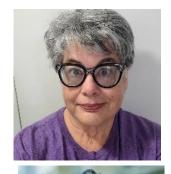




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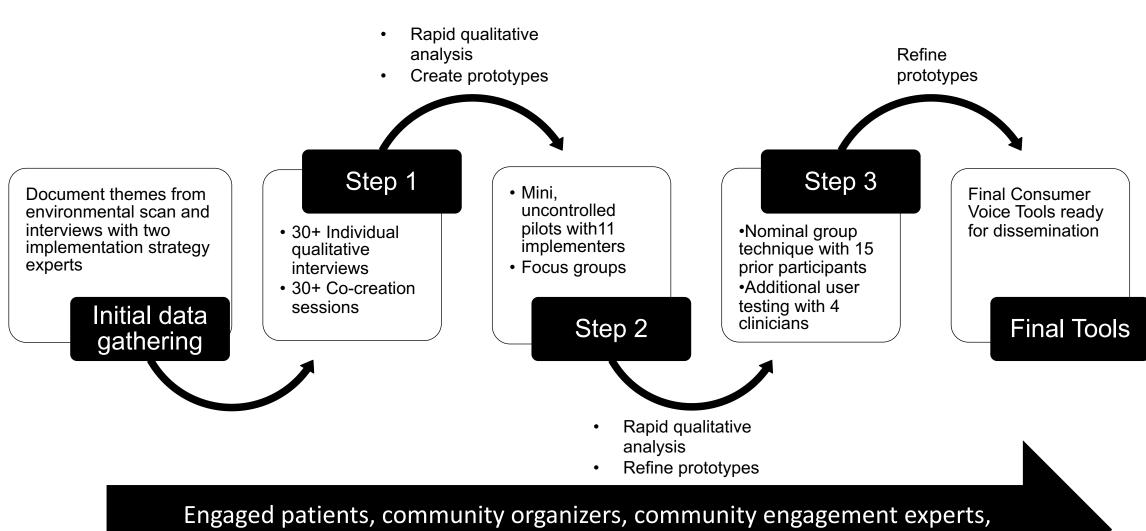
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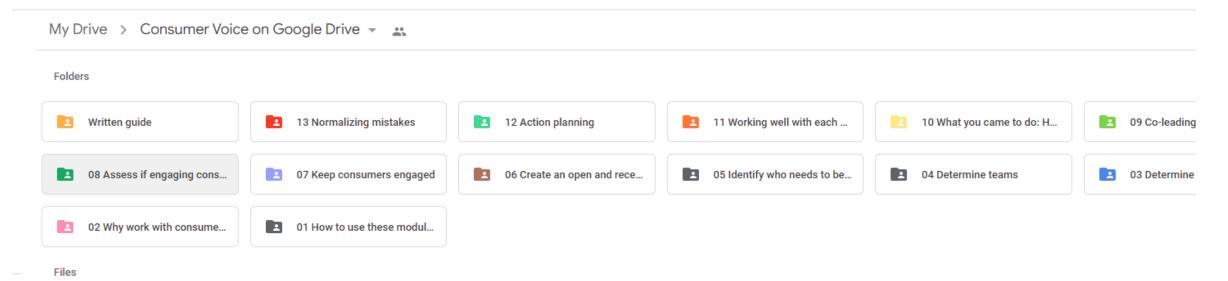
We used human centered design to develop Consumer Voice



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 Consumer Voice



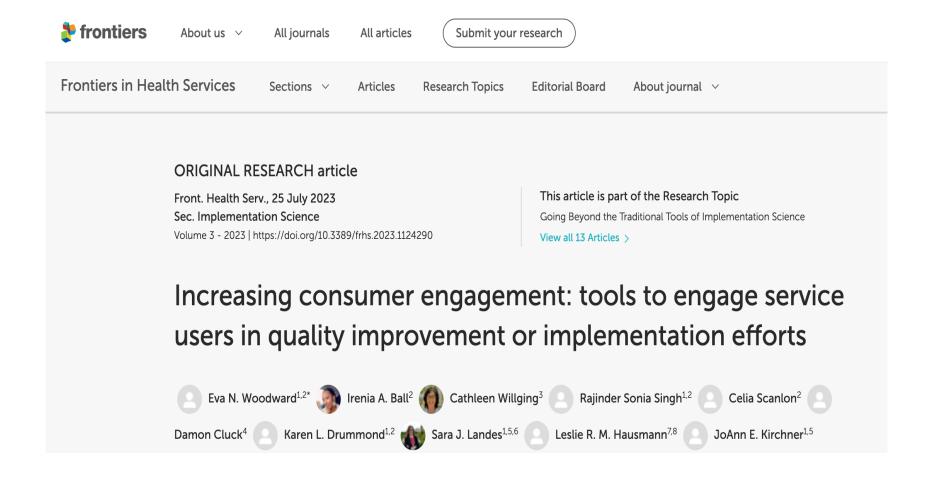
Consumer Voice Feedback

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- Slides with audio voice overs: Example click here
- Cheat sheet to Get Started Quickly
- Supporting documents templates, extra reading, talking points



You can read more about development of Consumer Voice



We are piloting Consumer Voice right now

Open access **Protocol**

BMJ Open Determining feasibility of incorporating consumer engagement into implementation activities: study protocol of a hybrid effectivenessimplementation 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 , JoAnn E Kirchner^{2,4}

...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

