Consider an equity lens in formative evaluation for HIV implementation research

@EvaWoodwardPhD

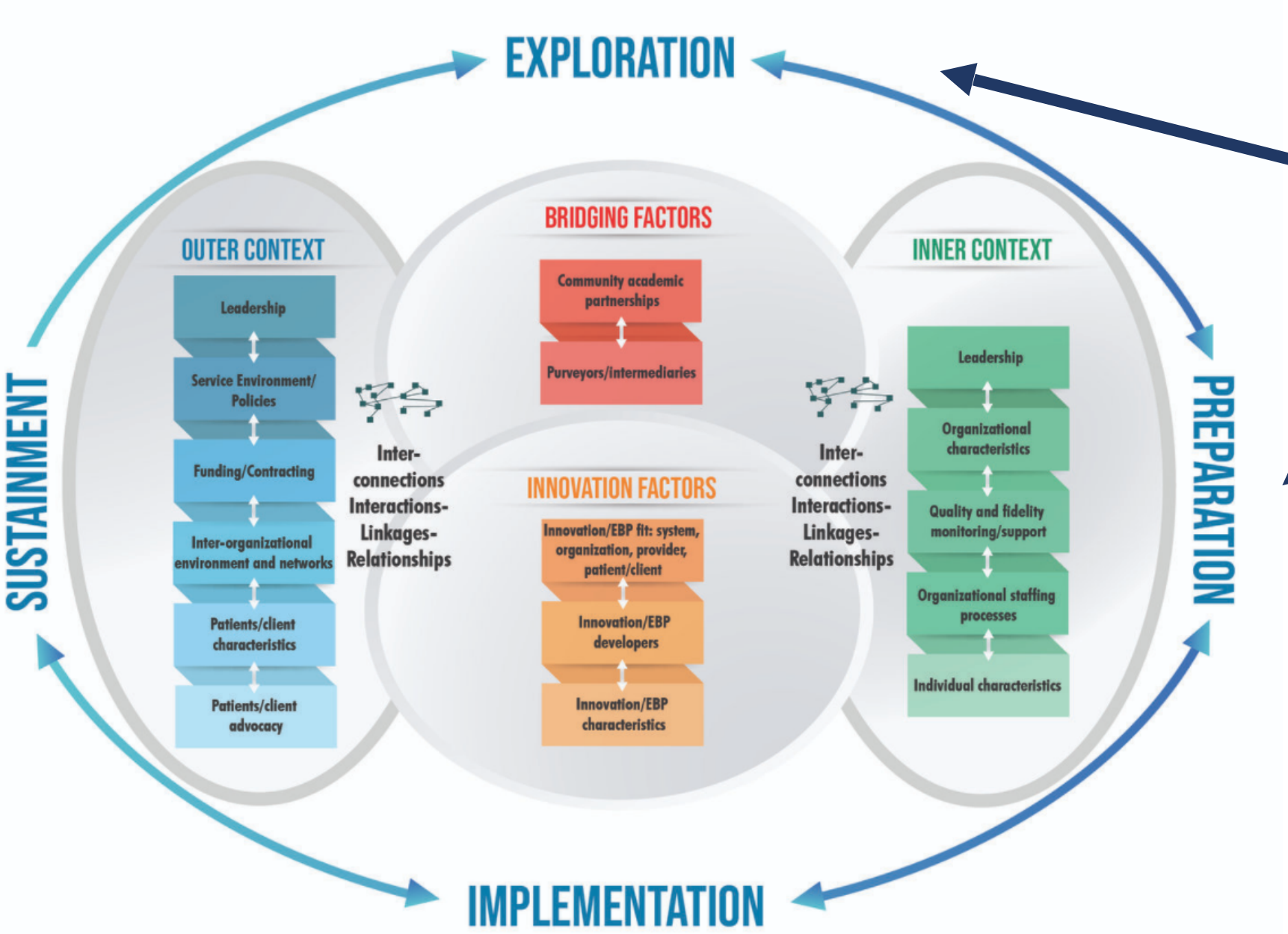
Eva Woodward, PhD
Central Arkansas Veterans Healthcare System
University of Arkansas for Medical Sciences
Little Rock, Arkansas, USA

Views expressed do not represent the U.S. government nor Veterans Health Administration

Paid consultant for ViiV Healthcare

Implementation science and health disparities research follows steps to detect, understand, and reduce gaps

Use models, theories, frameworks to inform your diagnostic assessment, which then informs implementation plan (select strategies)



Pre-implementation phase

Models, Theories, Frameworks Need to be Adapted for Health Care Disparity Problems[1]

Three types of implementation science frameworks

1. Determinant – what are the barriers?
2. Process / Planning – how will we achieve this?
3. Evaluation – how did it go?

1. Yancey A, Glenn BA, Ford CL, Bell-Lewis L. 2018. Dissemination and implementation research among racial/ethnic minority and other vulnerable populations. (Chapter 27)

Implementation Science

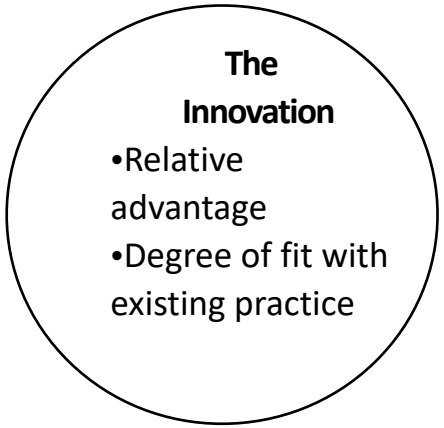
Home About Articles Collections Submission Guidelines

Methodology | Open Access | Published: 12 March 2019

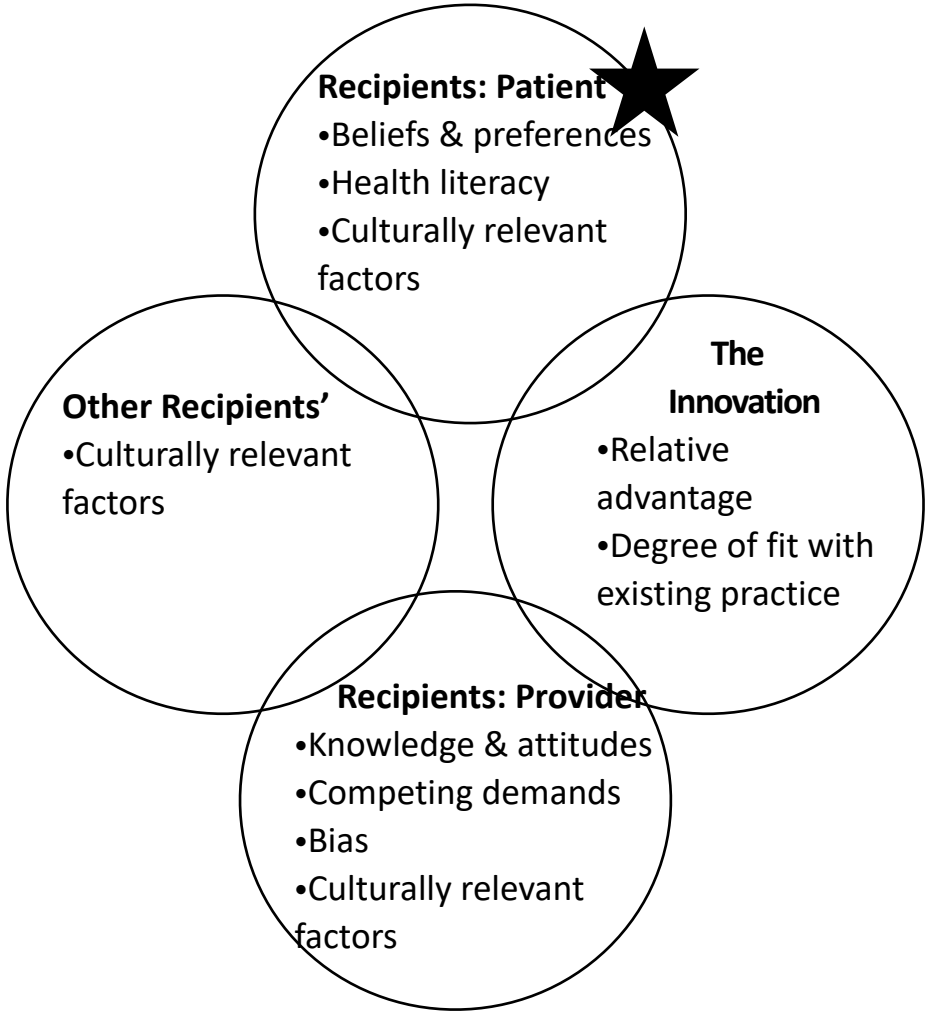
The health equity implementation framework: proposal and preliminary study of hepatitis C virus treatment

Eva N. Woodward, Monica M. Matthieu, Uchenna S. Uchendu, Shari Rogal & JoAnn E. Kirchner

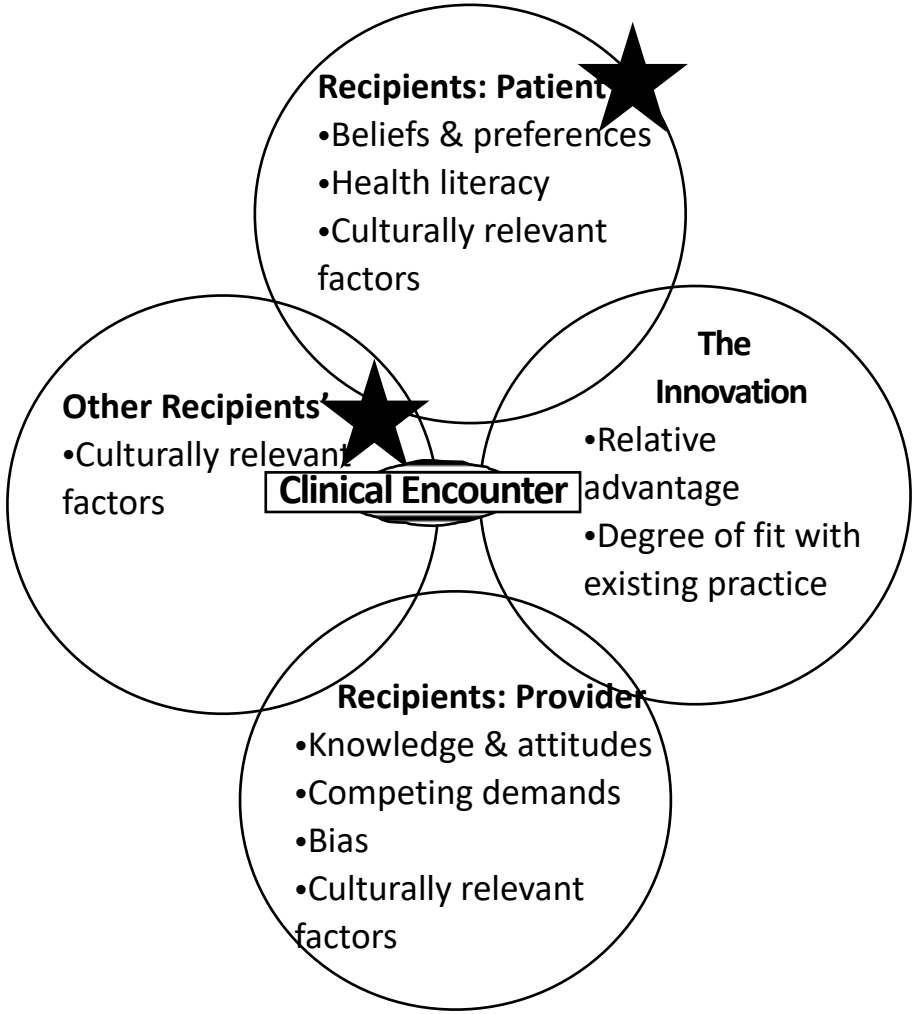
Implementation Science **14**, Article number: 26 (2019) | Cite this article



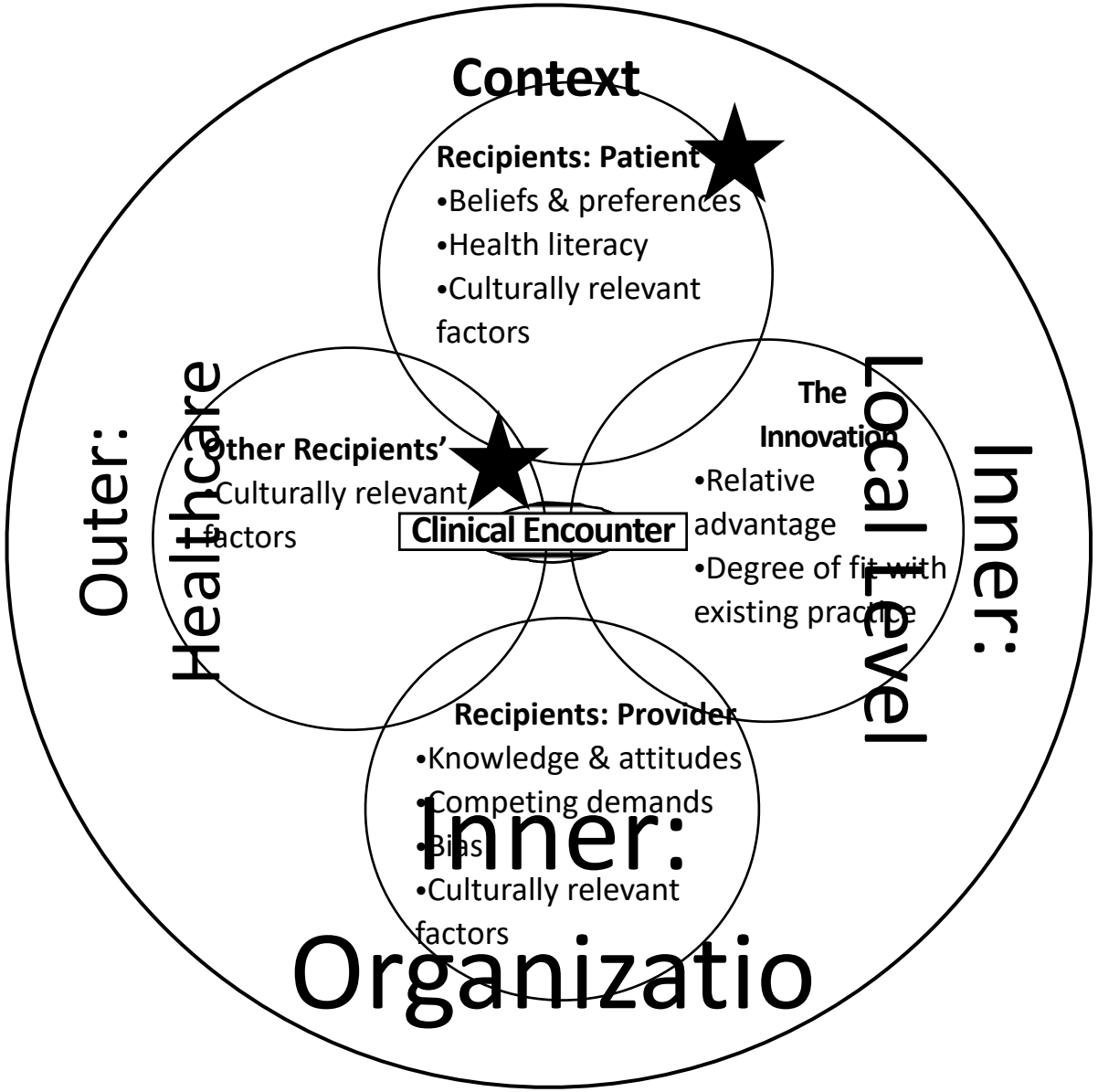
Health Equity Implementation Framework. Woodward, Matthieu, Uchendu, Rogal, & Kirchner (2019)



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

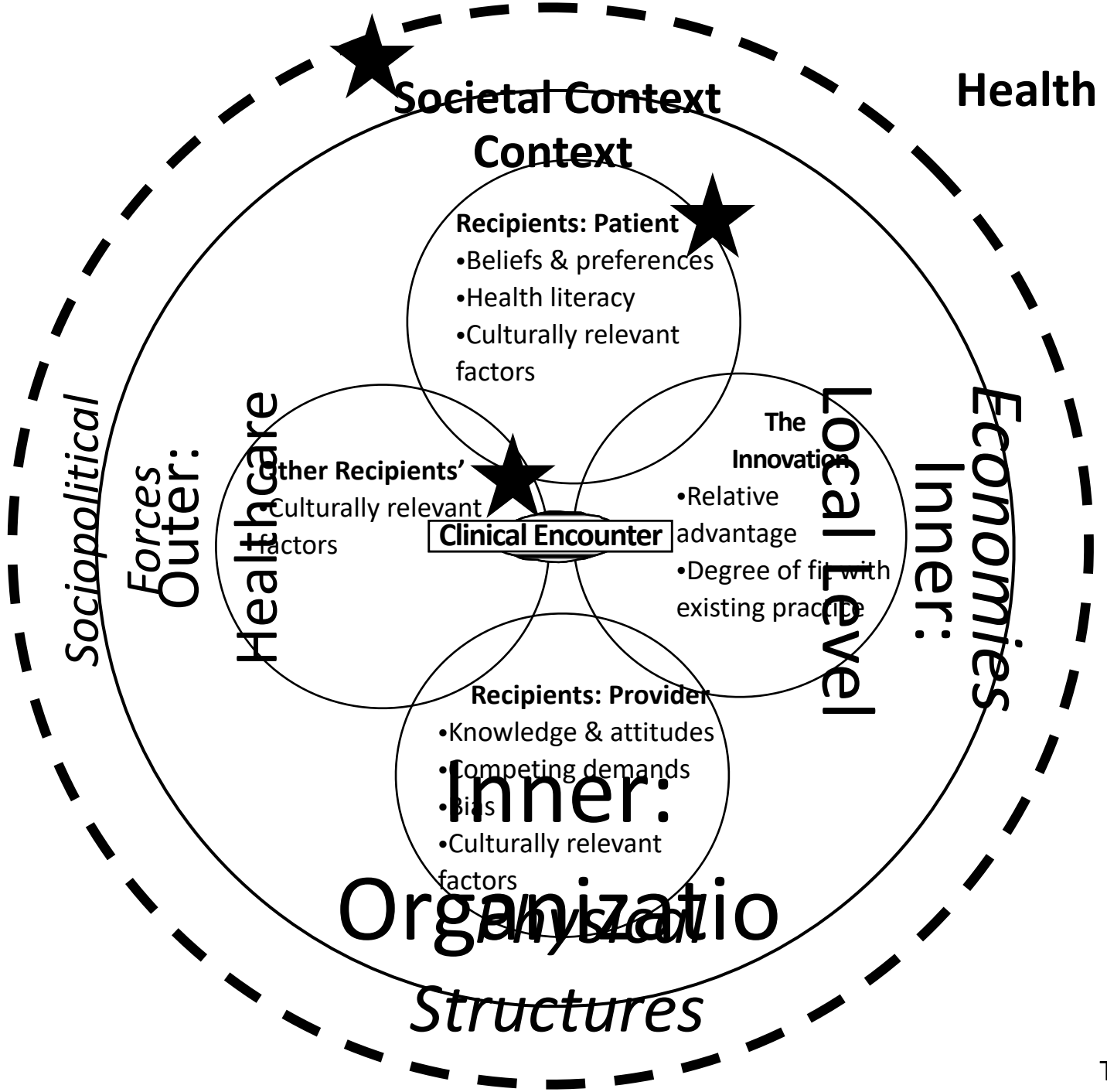


Health Equity Implementation Framework. Woodward, Matthieu, Uchendu, Rogal, & Kirchner (2019)



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

Health Equity Implementation Framework



+ 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, Phiwinhlanhla Ndebele-Ngwenya, Andrea Melgar Castillo, Kelsey S. Dickson, JoAnn E Kirchner

Determinant	Sample Measures and Methods
1. Societal Context • Economies • Physical structures • Sociopolitical forces • Social determinants of health	• Insurance claims data • Observation of physical structures • Document review of organizational policies • State-Level Racism Index • Social characteristics: PhenX Toolkit

Woodward, Singh et al. (2021) A More Practical Guide to Assessing Health Equity in Implementation Determinant Frameworks.

Determinant	Sample Measures and Methods
2. Culturally Relevant Factors of Recipients • Demographic match patient-provider • Provider bias • Patient mistrust • Patient health literacy • Many more	• Chart reviews to calculate demographic match patient-provider • Medical Mistrust Index • Health literacy scale: PhenX Toolkit • Individual interviews

Woodward, Singh et al. (2021) A More Practical Guide to Assessing Health Equity in Implementation Determinant Frameworks

Determinant	Sample Measures and Methods
3. Clinical Encounter	• Audio record encounters - Roter Interaction Analysis System • Observe sample of encounters • Interviews of patient and provider perceptions • Chart review of documentation

Woodward, Singh et al. (2021) A More Practical Guide to Assessing Health Equity in Implementation Determinant Frameworks

CFIR 2.0	Health Equity Implementation Framework
Inner Setting Structural Characteristics > Physical layouts	Societal Context > Physical structures
Inner Setting Culture > Recipient-centeredness	Culturally relevant factors of recipients
Outer Setting Socioecological Characteristics Mass Disruptions	Societal Context
Outer Setting Market Forces Financing & Reimbursement	Societal Context > Economies
Outer Setting Policies & incentives Laws & Regulations	Societal Context > Sociopolitical forces

The Health Equity Implementation Framework focuses more deeply on equity in the clinical interaction or implementation encounter as well as through more breadth of determinants.

Applied Example of Incorporating 3 Health Equity Domains with CFIR 1.0

Ongoing study led by Dr. R. Sonia Singh
Study Aim: Document healthcare provider understanding and Veteran experience of LGBTQ+ affirming care.

Supported by Veterans Health Administration South Central Mental Illness Research, Education, and Clinical Center, and Health Services Research and Development.

What is the innovation?

Affirming Care Policies for Lesbian, gay, bisexual, queer Veterans and transgender Veterans (LGBTQ+) Veterans

Who are the recipients?

LGBTQ+ Veterans

Who are the implementers?

LGBTQ+ Veteran Care Coordinators, Healthcare providers and staff

What is the inner setting?

2 large hospitals and 1 rural satellite clinic

What is the outer setting?

Two U.S. Southern states, Veterans Health Administration (VA)

Recruitment & Method

Participants

8 Veteran Care Coordinators

10 Providers

9 LGBTQ+ Veterans

Data Collection

Qualitative Interviews

Template Analysis

Data reduction technique and auditing process

Questions were asked about CFIR inner setting and outer setting domains and the 3 health equity domains

Culturally Relevant Factors of Recipients	Do you have a general sense of the last provider you saw and their beliefs related to LGBTQ+ Veterans?
	What do you believe are the unique health needs or beliefs of yourself or someone else who is LGBTQ?
Clinical Encounter	Do you believe your provider in your last visit asked you about specific needs as someone who is an LGBTQ+ Veteran? How so? If not, why?
	Are there any providers or staff you interact with who you feel like are very affirming of LGBTQ+ Veterans? What exactly do they do to make you feel this way?
	What could providers or staff do differently to make you feel more comfortable?
	Are there any worries or concerns you have related to seeking VA healthcare as a member of the LGBTQ+ community?
Societal Context	Can you think of any factors outside of the VA system that may impact the care you receive as an LGBTQ+ Veteran?

There were some challenges and value added to integrating CFIR and 3 health equity domains

You can use CFIR 2.0 or Health Equity Implementation Framework on their own. However, if you want a focus on equity, you might include 3 health equity domains + CFIR 2.0.

One challenge: Overlap between CFIR and Health Equity Implementation Framework led to duplicate questions that, through pilots of the interview guide, were minimized.

To societal factor questions – people brought up laws, presidential administrations, harassment – it ensured a focus on systemic elements and how they manifested in interpersonal experiences.

Societal context: Social norms and experiences with discrimination

LGBT members were afraid of what they would face in the VA. *I still feel that a lot of them don't come out, don't get the help because of the* ***fear of how the structure is and how it fits with them and they feel rejected****. They feel isolated, and some of them live in fear of being hurt. At one time or another they were mistreated, but I think if somebody doesn't like them, they'll wait for them to corner them if you know what I mean. I don't want to say the staff is going to do it. A Veteran could do it.* ***If you look at it in society there's been a lot of violence toward LGBT. That does not exclude Veterans in the VA system****. I'm not talking staff. I'm talking Veterans who still feel threatened by LGBT [people].*

Something unique about adding those 3 health equity domains: e.g., with clinical encounter questions, we would not have gotten that information otherwise

Clinical Encounters: Affirming relationships with providers as inner settings shift

I wouldn't trade [my providers] for nothing. They are absolutely fantastic. *They don't criticize me. They treat me like one of the girls. No questions asked, no criticisms, and they ask what my needs are and 99% of the time they try to comply.*

They respect what you're called*. In the clinics, it's pretty common. They have a lot of trans people [there]. My last doctor was a trans women. So, it made it easier because she understood.*

Health equity questions encouraged reflection into the humanness of implementation. Participants discussed interactions with nuance – dove deeper into the factors about relationships that only become explicit when you talk about interpersonal interactions.

Culturally relevant factors: Providers are commitment to quality care

*"Anything I can do to help out with this **particular population has personal meaning for me.** It's a good thing to provide care to people who for a long time have not gotten the care that they need."*

*I try to emphasize this has a **real risk for the Veteran**…**our goal here is to serve all Veterans**. So, because LGBTQ+ people are at risk, we need to make sure we understand their perspectives and their experiences in order to provide quality care.*

Thank you!

Eva.woodward2@va.gov

Twitter: @EvaWoodwardPhD

@RSoniaSingh

Supported by VA Career Development Award from Health Services Research & Development