The Science of Implementing Equity: Utilizing an Implementation Science Framework to Improve Equity

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NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Disclosure

None of the presenters have relevant financial interests to disclose.

Learning Objectives

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- Learning Objectives At the conclusion of this activity, the participant will be able to:

1. Outline a process for selecting evidence-based strategies to address persistent gaps in care resulting from structural racism, stigma and implicit bias.
2. List the benefits of engaging an Implementation Science framework in a community planning process.
3. Catalog how the NY Planning Council's evaluation of its portfolio will shift due to its implementation science-based Framing Directive

Overarching Policy Guidance

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The first iteration of this guidance, developed in 2015, was titled **Master Directive**, and informed service delivery across the Ryan White Part A portfolio.

- The directive was renamed to disclaim oppressive language.
- An *implementation science* framework using the IRLM – Implementation Research Logic Model - was applied toward strategically addressing barriers, i.e., stigma, trauma, racism and oppression, to achieving optimal health outcomes for all NYC Ryan White Part A clients.
- A review of directives developed after 2015 was conducted to ensure the inclusion of best practices and establish a uniform baseline for all service delivery.

Master v. Framing: How they Compare

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The new guidance has a fundamentally different structure thanks to the IRLM logic model. The context or determinants tie into the strategies toward improving service delivery.

Master	Framing
Descriptive mandate: posits what optimal service delivery looks like no measures or actions	Strategies based: identifies barriers to care and formulates strategies to address them
Does not consider or address equity, stigma, implicit bias or racism	Addressing equity, stigma, implicit bias and racism are major goals of the document
Does not require inclusion in service delivery: lived experience, gender inclusion, etc.	Requires agencies and CTP to be more inclusive on all levels, leadership to staff
References Trauma Informed Care (TIC)	Extends TIC to supervision and grounds the concept in ACEs and a community-based TIC framework
Service fidelity is not evaluated.	Client outcome metrics, including quality of life, are included as measures of the efficacy of the portfolio of services

Clients Served By Race/Ethnicity 2020

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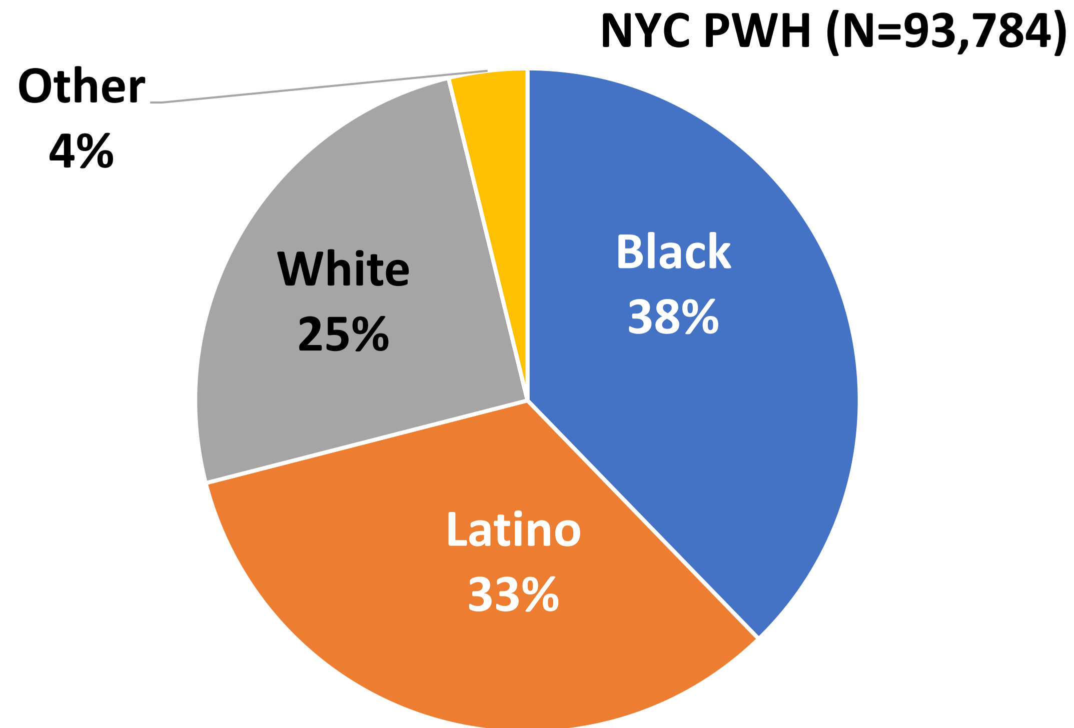

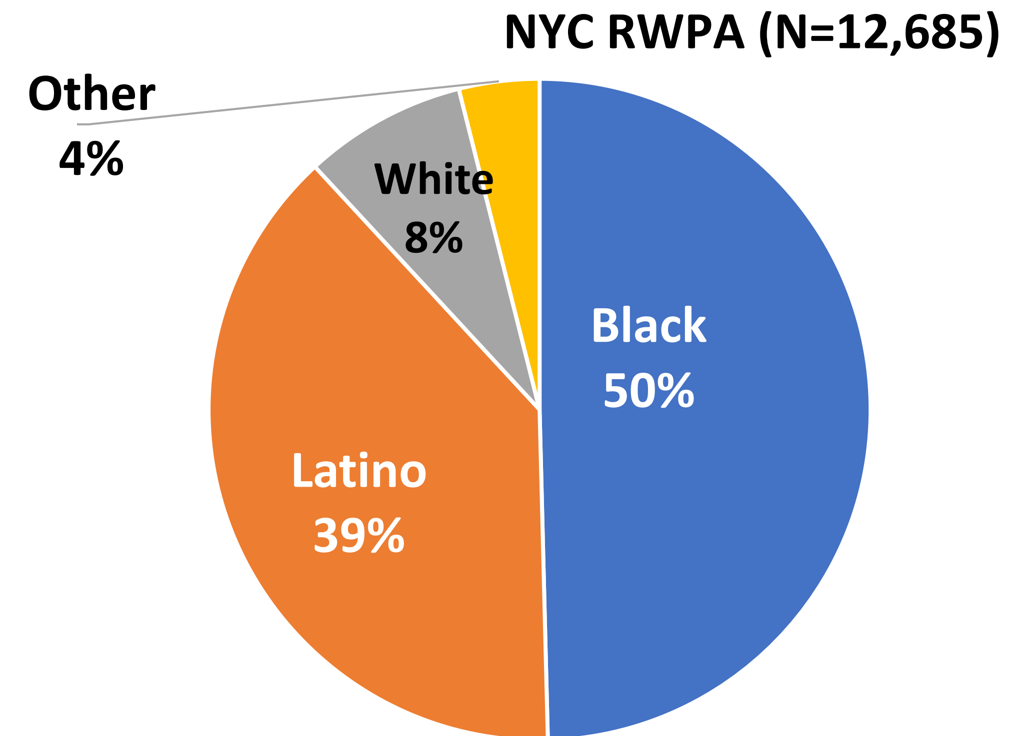

89% of RWPA clients self-identify as Black or Latino

Note: ‘Other’ category includes Asian/Pacific Islander, mixed race, and unknown.

Viral Suppression Among People in HIV Care in NYC in 2020

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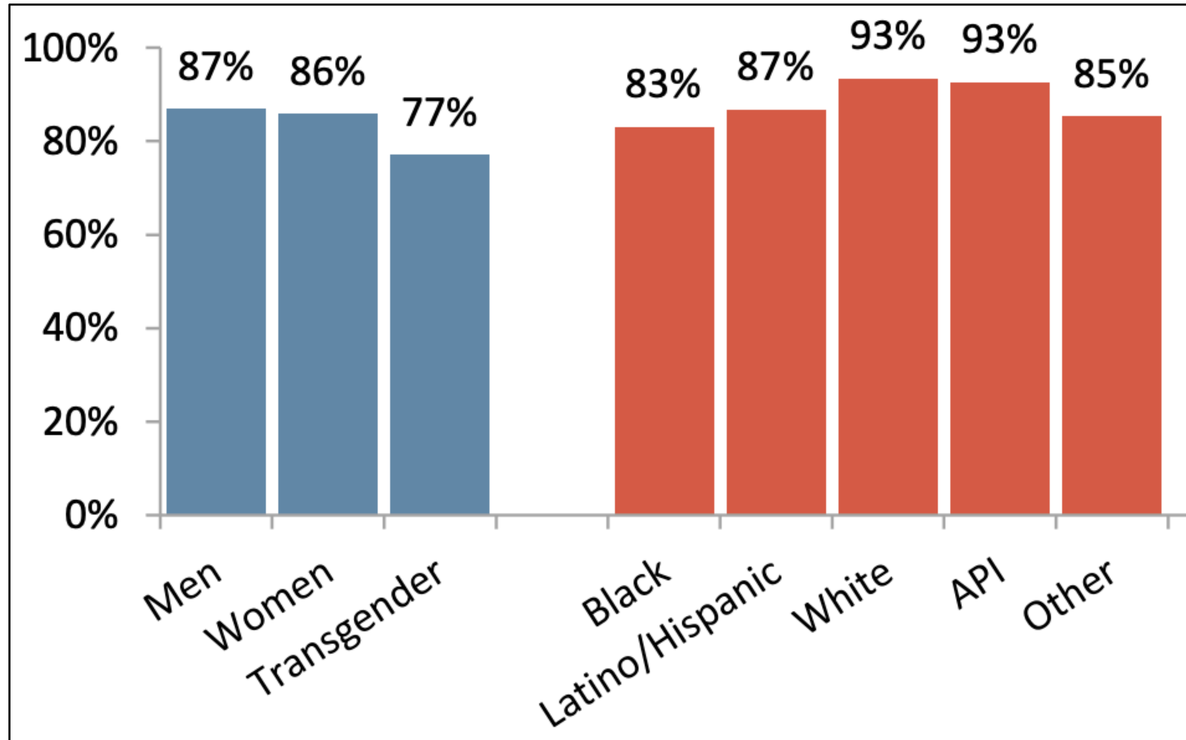

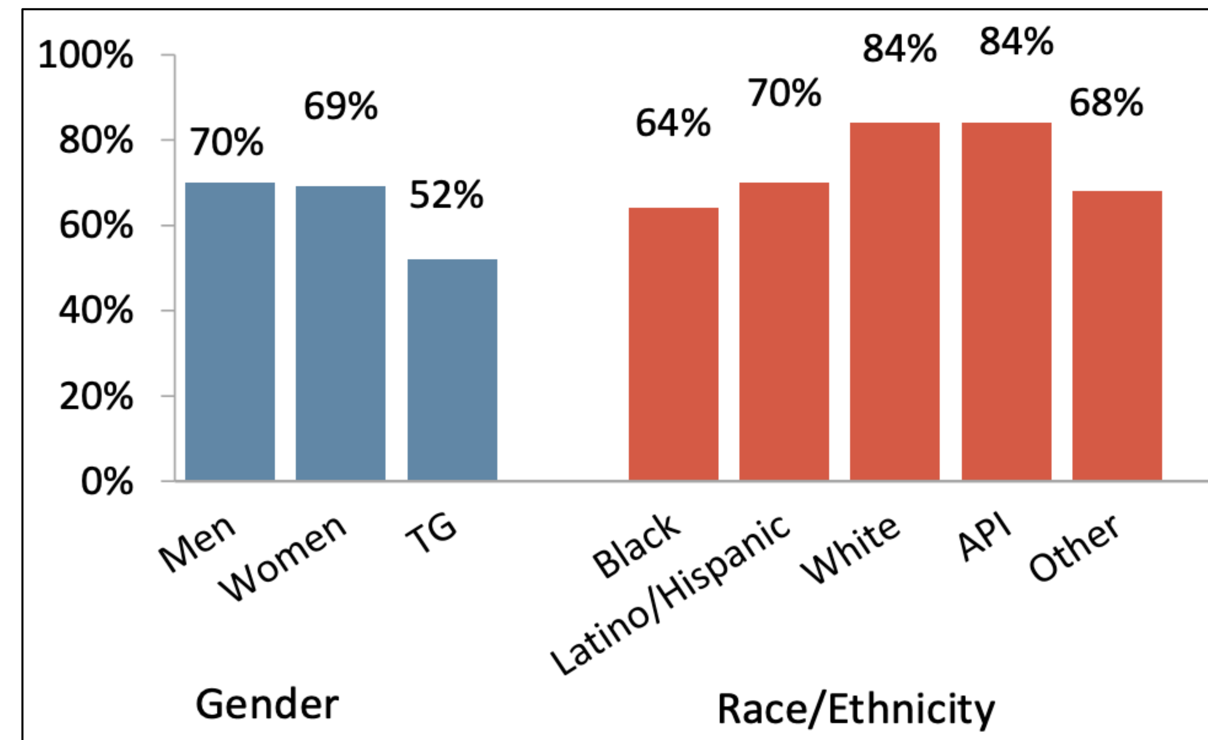

Viral suppression[1] among people **in HIV medical care**[2], NYC 2020

Sustained viral suppression[3] among people established **in HIV medical care**[4], NYC 2020

API=Asian/Pacific Islander; MSM=Men who have sex with men; IOU=Injection drug use history; TG-SC=Transgender people with sexual contact. 1. last HIV viral load (VL) value in 2019 was <200 copies/ml. 2. At least one HIV VL/CD4 in 2019; includes those ages 13 and older. 3. At least two VL tests 14 months apart and all Vls. <200 copies/ml in 2018 and 2019. 4. At least two Vl tests in 2018 and 2019; includes those ages 13 and older.

Developing Evidence-Based Strategies to Address Gaps in Care

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The Integration of Care committee engaged subject matter experts in the following areas and a review of available epidemiologic data and research on the impact of HIV in NYC. Presentations included:

- **Stigma & HIV Care** with Cristina Rodriguez-Hart, PhD, NYC Dept of Health
- **CHAIN and Consumer Needs & Service Utilization** with Angela Aidala, PhD, Columbia University
- **The Consumer-Led QI Project: Integrating the Lived Experiences of People Living with HIV into Recommendations for HIV Care Quality Improvement** with Cristina Rodriguez-Hart, PhD, Lisa Best, Maria Diaz, David Martin, Billy Fields, Planning Council Chairs Members
- **Gender Affirmation & Intersectionality** with Octavia Lewis, MPA Transgender Health Coordinator, Montefiore
- **Ensuring the RWPA Portfolio Embeds Equity in Planning** with Tracie Gardner, Senior Vice President of Policy Advocacy, Legal Action Center

Why use the IRLM?

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- *Logic models,* graphic depictions of the shared relationships and elements of a program, have been used for decades in program development and evaluation[h]
- *Determinants* are barriers and facilitators and may act as moderators, "effect modifiers," or mediators. These links in a chain of causal mechanisms impact program implementation.
- *Implementation strategies* can be supports, changes to, and interventions on the system that increase the adoption of evidence-based practices
- *Outcomes* are the effects of deliberate and purposive actions to implement new treatments, practices, and services

The IRLM shifted Council directives from descriptive to a strategy-based documents that actively consider context and system structures to center PWH and improve service delivery.

Contextual Determinants of the HIV Epidemic in NYC

Estimated that 70% of PWH have experienced trauma, such as the sudden, unexpected loss of a loved one, a physical or sexual assault, or childhood abuse

Approximately 55% of women and 24% of men with HIV experience intimate partner violence (IPV)

PWH are more likely to fall out of care both during incarceration and once released; recent incarceration is independently associated with worse health outcomes and an increased use of emergency services[11]

In 2018 treatment or co-infection with HCV was higher among people with well managed HIV

Considering Implementation

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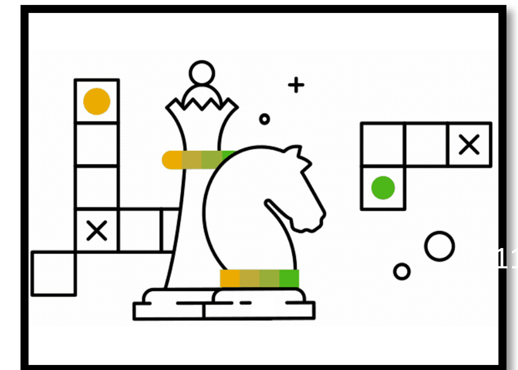
Organizations are allowed to submit for exemptions when required processes are redundant or similar to ongoing or completed work/other funder requirements.

To support the selection of agencies ready to engage in health equity work, the recipient has been instructed to include "prep" work as part of the funding proposal process.

- Agencies must self-assess for racial and pay equity. This analysis will inform a plan of action, helping organizations to routinize the identification and remedying of structural issues.



Context & Implementation Strategies

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- Agencies must self-assess for racial and pay equity. This analysis will inform a plan of action, helping organizations to routinize the identification and remedying of structural issues.
  - Perceived pay equity directly influences organizational commitment and interacts with productivity to affect staff commitment[e].
  - Agency work toward pay equity and diversity helps minimize turnover among professionals of color[f] and supports high-quality, long-term client relationships
  - *Practices are program required and agency encouraged*

Context & Implementation Strategies (cont.)

- Planning strategies prepare organizations to engage authentically in the work
  - Comprehensive stigma, implicit bias and racism assessment and plan
  - Crisis plans to provide support for clients
  - Responsive programming to contractually incorporate new evidence and/or evaluation input
  - Champion quality improvement with support for staff leadership and client feedback looped into champions to gather and use clients/consumers' feedback to identify additional programming needs and resources

Stigma worsens health outcomes when PWH avoid getting care or disclosing their status because of fear of discrimination.[g] Client crisis plans & de-escalation training and support are trauma informed practices.

Context & Implementation Strategies (cont. 2)

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- Contracted agencies will provide input into:
  - Development of a comprehensive, online resource map of supportive services
  - Needed technical assistance to enhance uptake of current and emerging technologies
  - Funding opportunities that can expand access to comprehensive support services

Supports community-based organizations working cooperatively to build capacity and improve client services.

Context & Implementation Strategies (cont. 3)

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- Train and educate stakeholders
  - Engage consumers and providers in a bi-annual planning group that develops outreach protocols
  - Develop a dynamic PWH-led training for providers to improve service delivery based on the Consumer Committee developed report: *The Wisdom of Experience: A Report on How to Improve Consumer-Provider Relationships and Keep Consumers Engaged in HIV Care from the Perspective of People Living with HIV/AIDS in New York City and the Tri-County Region*

Supports entering consumers in delivering and improving their own care

Context & Implementation Strategies (cont. 4)

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Expands training on:

- health equity, anti-racism, and anti-oppression,
- gender affirmation: transgender, intersex gender-non-binary/non-conforming (TIGNBNC) awareness and humility,
- referrals as warm hand-offs
- de-escalation, de-stigmatization and the normalization of mental health and substance use disorders
- cultural awareness & safety
- sex positivity

There is strong evidence to suggest that the perceived or actual cultural competence of health care providers/staff has a positive effect on the patients' satisfaction with their experience.[c]

Context & Implementation Strategies (cont. 5)

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- Changes infrastructure
  - Training and support for agencies to provide reasonable accommodations for persons with any type of disability: e.g., large print brochures/forms, ramps, appointment reminders, accessible websites
  - Improved data collection to minimize data burden, identify unmet need, and conduct stratified intersectional data analyses
  - Centralized anonymous suggestion box to field questions/comments from all stakeholders
  - Agencies will program social support to reduce isolation among clients

As PWH age, and risk of disability and social isolation increases, agencies must build capacity to provide accommodations and support client socialization. Efficiencies in data management open more time for direct services

Context & Implementation Strategies (cont. 6)

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- Modifies Incentives
  - NYC Health Dep’t has incentivized, as allowable, inclusion of disproportionately impacted populations of PWH including people of TIGNBNC* experience, Black, Latino, and youth, in direct service roles, especially in leadership positions, such as through hiring peers and value-based payment structures.

Research has shown an association between reductions in health disparities with increased diversity among staff and leadership coupled with practices to dismantle racism

*Transgender Intersex Gender Non-Binary Non-Conforming

Select Implementation Outcomes

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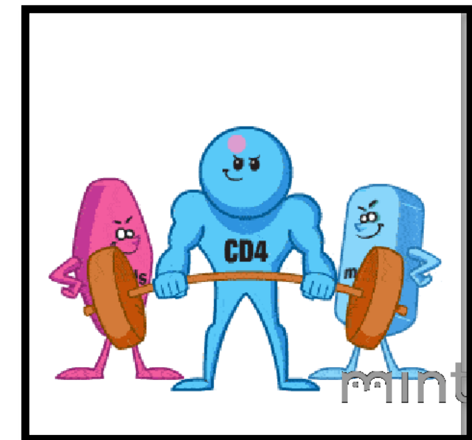
- % of all funded RWPA programs with a plan for establishing pay & racial equity within 18 months of award
- % of all funded RWPA programs that have a written stigma reduction plan within 12 months of completing the stigma assessment
- % of staff trained on the Client Crisis Plan (upon hire, every 2 years thereafter)
- % of organizations that conduct a review of the Client Crisis Plan every 24 months
- % of referrals completed by funded program (annually)
- % of programs that develop and implement a Quality Management (QM) Plan (includes identification of QM champion) annually
- % of programs with an outreach protocol for disproportionately impacted and priority populations of PWH within 12 months of award
- Data collection modernized and streamlined
- Referral mechanism implemented in the data collection system

Clinical/Patient Outcomes:

- Increase in PWH aware of their status
- % of clients retained in care and virally suppressed (across all subgroups and EHE priority populations)
- Increase in PWH quality of life
- % of clients that report anticipated stigma biennially
- % of clients that report internalized stigma biennially
- % of clients that report enacted stigma biennially
- % of clients that report sexism biennially
- % of clients that report racism biennially



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Intervention: THE NY RWPA FRAMING DIRECTIVE

One Page IRLM Logic Model

Determinants:
What can influence effective implementation of your intervention?

Intervention Characteristics
- Diverse portfolio of services
- Referrals are integral
- Services designed to fill in gaps of other, larger funding sources

Inner Setting:
- Mixed historical expertise,↑ burnout
- DOHMH works in silos
- Stigma, implicit bias and structural racism are pervasive

Outer Setting
- High but inequitable achievement of outcomes along the HIV care continuum
- In 2019, of all cis and trans women and men, respectively, newly diagnosed with HIV, 91% and 81% were Black or Latina/Hispanic

Individuals
- Need additional skills in anti-stigma, anti-oppression, sex-positivity, intersectionality, trauma-informed, resiliency-based and harm reduction approaches

Process:
- Ongoing community planning and quality management processes

Implementation Strategies :
How will you get systems, programs, and/or staff to use the intervention? Are the strategies you chose specific to your determinants?

Assessment
- Stigma assessment and organizational planning
- Staff pay, implicit bias, racial equity assessment/planning

Center Consumers
- prepare consumers to be active participants in the implementation of client centered care
- Facilitate the development of client crisis plans grounded in research
- Conduct ongoing training on how to help clients achieve self-management and empowerment
- Develop social support mechanisms

Train & Educate Stakeholders
- Develop, in partnership with consumers, a dynamic PWH led training for providers

Training
- Provide training on ensuring a welcoming and affirming environment, health equity, anti-racism, and anti-oppression, gender affirmation: transgender, intersex, gender-non-binary/non-conforming (TIGNBNC) awareness and humility, sex positivity, CLAS standards, trauma informed care, cultural safety, de-escalation and de-stigmatization

Change Infrastructure
- Promote accessibility
- Reduce data burden

Modify Incentives
- Incentivize inclusion of disproportionately impacted communities, particularly at leadership levels

Mechanisms:
Why do the strategies you picked create your implementation outcomes?
These mechanisms below increase:
- Planning for and development of an organizational culture grounded in equity.
- Long term high-quality client-provider relationships.
- The recognition and dismantling of bias and inequitable practices
- Consumer (and provider) knowledge of rights, services, policies, and procedures to support advocacy and client centered care.
- Stabilization of clients and preparedness of providers to manage clients in crisis.
- Reduction in the criminalization of mental health, improves stabilization of clients
- Completion of referrals & access to identified needs

Outcomes:
What changes tell you if intervention occurred?
- % of all funded RWPA programs with a plan for establishing pay & racial equity
- % of all funded RWPA programs that have a written stigma reduction plan
- % of staff trained on the Client Crisis Plan
- % of organizations that conduct a review of the Client Crisis Plan
- % of programs that develop and implement a Quality Management (QM) Plan
- % of programs with an outreach protocol for disproportionately impacted and priority populations of PWH
- % of staff of each funded program who have completed the consumer led training
- % of organizations who annually rate the disability resource manual as satisfactory or better in addressing the needs of clients with disabilities
- % of organizations that provide opportunities for peer support
- % of agencies conducting client experience surveys to measure experiences such as stigma, racism, sexism and transphobia
- Streamlined data collection with referral mechanism
- Suggestion box
- Live referral network tool satisfaction rating
- Disability resource manual updated annually

Implementation Outcomes

ASK: What is the intervention you will implement or scale up to? How did you decide to use it?

The entire NY EMA Ryan White Part A (RWPA) portfolio of services is the evidence-informed intervention, and the implementation strategies contained herein apply across all RWPA service categories. In 2019 the national RWPA portfolio achieved an overall viral suppression rate of 71%, but longstanding inequities drive disparities in health outcomes for PWH that must be addressed so that all eligible PWH benefit from effective HIV interventions. This Framing Directive aims to reduce these disparities and ensure that RWPA services are equitable and stigma free.

ASK: Do clients have better outcomes?

Increase in PWH aware of their status, retained in care, and virally suppressed (across all subgroups and priority population Increase in PWH quality of life, Increase PWH satisfaction with HIV services; Decrease in anticipated and internalized stigma, sexism, racism reported by clients

Client Outcomes

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