Using Facilitation to Promote Health Equity: Preliminary Thoughts on an Explicit Shift

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Acknowledgements & Disclaimer

• Thank you for inviting me and being with me today!
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The views expressed in this presentation do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States Government.
Let’s get present
How to annotate in Zoom
<table>
<thead>
<tr>
<th><strong>Health differences</strong></th>
<th><strong>Health disparity</strong></th>
<th><strong>Health equity</strong></th>
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<tbody>
<tr>
<td>differences in health outcomes between two groups, based on a specific characteristic such as height, income(^1)</td>
<td>“Not all health differences are health disparities;” health disparities are concerned with social injustice (^2)</td>
<td>“Health equity is the principle underlying a commitment to reduce, and ultimately, eliminate disparities in health and in its determinants, including social determinants.”(^2)</td>
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We can facilitate with an eye toward equity by detecting, understanding, and intervening upon disparities in the workforce of facilitators with diverse lived experiences.
Listing Activity: Use the Chat Box

What are the top two barriers facilitators might have in addressing disparities and promoting equity?
Facilitators

Organizations and Leadership

Detect Understand Intervene

Teams providing care

Systems

Workforce of facilitators with diverse lived experiences
1. Detect a disparity in implementation
Implementation / Healthcare Disparities

Significant differences between groups, not due to selection bias, in:

• access to,
• receipt of, or
• quality of, or
• outcomes of healthcare interventions.¹

One group typically experiences societal disadvantage and marginalization.

¹ Institute of Medicine, 2003
Healthcare Disparities in Receipt / Use in VHA

**Figure 4.** Evidence map: utilization by population. LGBT indicates lesbian, gay, bisexual, or transgender; SES, socioeconomic status.
Disparities earlier in the continuum of care are often part of a cascade of injustice.

- Children of color screened less frequently for autism than White\(^1\)
- Diagnosed less frequently than White\(^1\)
- Treatment is delayed by 3 years\(^2\)
- Fewer specialty services, higher unmet services needs than White\(^3\)

Ask, analyze, and read to detect disparities

1. **Ask** stakeholders if there are patient groups who are “higher need,” “left out,” “underserved”

2. **Analyze** clinic data for key metrics across patient groups

3. **Read** existing reports on health conditions for your context, looking for any disparities by population
   - County-level documents
   - Hospital reports
   - National reports
2. Understand why implementation disparity exists
Use a framework to explicitly focus on and organize determinants of implementation inequity: What are our barriers and why?

Find every implementation framework at the « D&I Models Webtool » www.dissemination-implementation.org)

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
Recipients: Patient
- Culturally relevant factors
- Beliefs & preferences
- Health literacy

Other Recipients:
- Knowledge
- Motivation
- Skills or power to enhance equity

Recipients: Provider
- Knowledge & attitudes
- Competing demands
- Culturally relevant factors e.g., bias

The Innovation
- Relative advantage
- Degree of fit with existing practice

Implementation success
+ Facilitation (other implementation strategies)

Improvements in health equity

Woodward et al., 2019

Thanks to Ashley McDaniel, MA, from VA South Central MIRECC
Assess 3 health equity factors + typical implementation factors

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)
4. Plus typical implementation factors (innovation itself, other recipient factors, inner context, healthcare system)
1. Culturally Relevant Factors of Recipients
   - Demographic match patient-provider
   - Provider bias
   - Patient mistrust
   - Patient health literacy
   - Many more

Sample Measures and Methods
- Chart reviews to calculate demographic match patient-provider
- Implicit Association Test
- Medical Mistrust Index
- Health literacy scale: PhenX Toolkit
- Individual interviews

2. Clinical Encounter

- Audio record encounters - Roter Interaction Analysis System
- Observe sample of encounters
- Interviews of patient and provider perceptions
- Chart review of documentation
- Interview Satisfaction Questionnaire

Surprise planning tool!

3. Societal Context
   • Economies
   • Physical structures
   • Sociopolitical forces
   • Social determinants of health

Sample Measures and Methods
   • Insurance claims data
   • Observation of physical structures
   • Document review of organizational policies
   • State-Level Racism Index
   • Social determinants: PhenX Toolkit

3. Intervene on implementation disparity (using facilitation and other strategies)
Facilitation as usual

Facilitation tailored toward equity and justice
Description in some detail about addressing equity in pre-implementation, implementation, and sustainability phases.
Select, tailor, and monitor strategies that have preliminary or theoretical evidence they work

Some strategies to consider:

- Engage patients in the implementation effort\(^1\)
- Adapt innovation for recipients experiencing disparity\(^2\)
- Repair harm and address trust for people who have been marginalized\(^3\)
- Enhance cultural competence and reduce unconscious bias of providers/staff
- Target barriers preventing organizations from addressing disparities or inequities\(^4\)
- Enhance structural competence of clinics, medical centers, and systems\(^5\)
- Monitor for changes that would signal disparity reduction or widening

1. Woodward et al., under review; Glandon et al 2017
2. Baumann, Cabassa, Wiltsey Stirman 2017 book chapter
3. Shelton et al., 2021
4. Spitzer-Shohat & Chin 2019
5. Metzel & Hansen 2014; Shattuck, Willging, Green 2020
Breakout Discussions

What is one next step for your focus on equity in healthcare delivery?

What will be your biggest challenge?
Thank you for listening!

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Extra Slides with Other Notes of Interest
4. For researchers - Evaluate whether facilitation reduced disparities or improved equity
3 Types of Implementation Science Frameworks

1. Determinant - What are barriers and why?
2. Process – Planning: How is this thing going to get implemented?
3. Evaluation - Did implementation succeed or fail?

Nilsen, 2015
Evaluation: Did it work? How did implementation affect equity outcomes?

An Extension of RE-AIM to Enhance Sustainability: Addressing Dynamic Context and Promoting Health Equity Over Time

Rachel C. Shelton, David A. Chambers and Russell E. Glasgow

Conceptual framework of equity-focused implementation research for health programs (EquiR)

J. Eslava-Schmalbach, N. Garzón-Orjuela, V. Elias, L. Reveiz, N. Tran and E. V. Langlois
Evaluation (continued)

Reframing implementation science to address inequities in healthcare delivery

Ana A. Baumann & Leopoldo J. Cabassa

BMC Health Services Research 20, Article number: 190 (2020)

Implementation

Outcomes
- Feasibility
- Fidelity
- Penetration
- Acceptability
- Sustainability
- Uptake
- Costs

Equity

Feasibility
Fidelity
Penetration
Acceptability
Sustainability
Uptake
Costs
Example of understanding barriers to inequitable implementation
Another Example if Needed

• Supervised services for people who inject drugs
• >50% Indigenous Canadians or people of color
• Ongoing implementation (process evaluation)
- Legal
- Knew providers would not stigmatize drug use

Discomfort being seen by others due to stigma

Little privacy to inject due to space

Not enough staff for 24/7

Some did not like being in a clinic

In larger health center, easy access to other services

Not open 24/7

Green box = strength
Red box = barrier


