Assessing Implementation Strategies for the Uptake of Bundled Interventions to Improve Culturally Relevant Care for Black women with HIV

March 5, 2024
1:00-2:30 pm
By the end of this webinar, participants will:

1. Share implementation strategies for replicating bundled interventions for Black women with HIV across the diaspora to enhance culturally relevant care and improve health outcomes.

2. Discuss methodology for adapting bundled interventions that address the intersectionality of immigration, legal system involvement, social class, race, trauma, and stigma.

3. Share implementation and lessons learned in adapting bundled interventions at a demonstration site.

4. Share lessons learned in building relationship among community-based organizations, researchers, and funders to advance implementation science.
Health Resources and Services Administration (HRSA)

Overview

Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged.

HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities.

Every year, HRSA programs serve tens of millions of people, including people with HIV, pregnant individuals, mothers and their families, and those otherwise unable to access quality health care.
HRSA’s HIV/AIDS Bureau Vision and Mission

Vision
Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission
Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.
HRSA’s Ryan White HIV/AIDS Program (RWHAP) Overview

• Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.

• Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
  o Recipients determine service delivery and funding priorities based on local needs and planning process.

• Provided services to more than 560,000 people in 2022—over half of all people with diagnosed HIV in the United States.

• 89.6% of RWHAP clients receiving HIV medical care were virally suppressed in 2022, exceeding national average of 65.9%\(^1\).

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HRSA’s Implementation Science Framework

### Improving Care and Treatment Coordination: Focusing on Black Women with HIV (2020-2024)

<table>
<thead>
<tr>
<th>Four-year initiative funded by the Minority HIV/AIDS Fund (MHAF) and the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau, Ryan White HIV/AIDS Program (RWHAP) Part F – Special Projects of National Significance (SPNS) Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design, implement, and evaluate bundled interventions – package of two or more evidence-informed interventions – that when implemented together produce better health outcomes than when practices are delivered separately (i.e., improved engagement, higher retention, and improved viral suppression).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supports 12 demonstration sites and a single organization to serve as Evaluation and Technical Assistance Provider (ETAP) to lead the multi-site evaluation and provide technical assistance to demonstration sites.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites funded to adopt the delivery of multiple interventions (bundled interventions) focused on Black women with HIV.</td>
</tr>
</tbody>
</table>
Why focus on Black women with HIV?

Black Women First Initiative

Key Outcomes

1. Improved ability to address socio-cultural determinants of health and unmet needs

2. Enhanced coordinated care models and better tools to help providers build capacity around patient-centered and culturally sensitive and responsive care

3. HIV care continuum
   - Linked to care within 30 days
   - Improved retention in care
   - Increased rates of women who achieve and/or maintain viral suppression

4. Improved well-being
   - Stigma reduction
   - Increased resiliency
   - Improved quality of life
Improving Care & Treatment Coordination: Focusing on Black Women with HIV:

12 Demonstration sites & 1 Evaluation Technical Assistance Center

San Francisco
University of California, San Francisco
Women's HIV Program

Chicago
AIDS Foundation
Inc.

New York
AIDS Service Center Of Lower Manhattan, Inc.

Philadelphia
AccessMatters
Philadelphia Dept. of Public Health, Ambulatory Health Services

Chester, PA
AIDS Care Group

Charlotte, NC
Quality Home Care Services

Duluth, GA
Positive Impact Health Centers Inc.

Atlanta
Grady Memorial Hospital Corporation

Dallas
Abounding Prosperity Incorporated

New Orleans
The Institute of Women and Ethnic Studies

Mandeville, LA
Volunteers of America Southeast Louisiana, Inc.
Black Women First Initiative Evaluation Framework
Our Advisory Council Members

Dr. LaShonda Spencer, Drew University, Oasis Clinic

Stephanie Kennedy
Senior Project Manager, Policy & Equity
Louisiana Public Health Institute

Venita Ray, Co-I, Director, CPH, UML

Harmony Harris, Navigator
Ruth Ellis Center

Tasanet Precious Jackson
Bundled Interventions

Patient-Peer Navigation/Community Health workers

1) Six sessions to support women manage life with HIV
2) Link women to HIV care and treatment
3) Support emotional health

Red Carpet Care Experience

1) Address unmet needs for food, housing and employment
2) Provide support and access to technology for connection to virtual appointments & support groups
Bundled Interventions

Trauma Informed Care
- Training and capacity building for staff to deliver care and create a trauma informed environment
- Mental health counseling & support

Stigma reduction
- Use of performance art to manage disclosure and internalize and external stigma
Bundled Interventions

Address Intimate Partner Violence
- Training and capacity building for staff
- Screening women for IPV and connection to services

Self-efficacy/Resiliency
- Prime Time Sister Circle
- Virtual Support Groups
- TWIST
- Taking care of me
## Report on Bundled Interventions

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Current enrollment</th>
<th>Percentage of clients enrolled in 2 or more interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abounding Prosperity</td>
<td>34</td>
<td>93.8</td>
</tr>
<tr>
<td>Access Matters</td>
<td>44</td>
<td>100</td>
</tr>
<tr>
<td>ACG</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>AFC</td>
<td>41</td>
<td>85</td>
</tr>
<tr>
<td>Alliance</td>
<td>133</td>
<td>81.2</td>
</tr>
<tr>
<td>City of Philadelphia</td>
<td>46</td>
<td>100</td>
</tr>
<tr>
<td>GHS</td>
<td>101</td>
<td>100</td>
</tr>
<tr>
<td>IWES</td>
<td>36</td>
<td>100</td>
</tr>
<tr>
<td>PIHC</td>
<td>115</td>
<td>91.8</td>
</tr>
<tr>
<td>QCHC</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>UCSF</td>
<td>70</td>
<td>94</td>
</tr>
<tr>
<td>VOASELA</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>775</td>
<td>95.5</td>
</tr>
</tbody>
</table>
Community Engaged Implementation Science
### Outcomes

- **Adoption**
  - Number and type of interventions
- **Fidelity**
  - to bundled interventions
- **Sustainability**
  - # of sites maintaining intervention
  - # policies adopted to promote health
- **Costs**

### Implementation outcomes

- **Adoption**
  - Number and type of interventions
- **Fidelity**
  - to bundled interventions
- **Sustainability**
  - # of sites maintaining intervention
  - # policies adopted to promote health
- **Costs**

### Service outcomes

- **Number and characteristics**
  - of women with timely linkage to HIV and behavioral health care
- **% reduction in unmet needs**
- **% stigma reduction**
- **% retained in care**
- **Increased resiliency**

### Client outcomes

- % virally suppressed
- Improved physical and mental health related quality of life
- Improved patient experience of care

### Bundled Interventions

- Enhanced patient, peer and case management
- Red Carpet Experience
- Stigma reduction
- Trauma-informed care
- Self-efficacy, health literacy, resiliency
- Intimate partner violence or behavioral health

### Implementation Strategies

- Adapt and tailor interventions
- Train/Educate stakeholders
- Evaluation and iterative strategies
- Engage stakeholders
- Change infrastructure

### Determinants

- Innovation
- Assimilation
- Diffusion
- System Antecedents
- Readiness
- Outer Context
- Implementation Process
…an evaluation that involves all the stakeholders in a project - those directly affected by it or by carrying it out - in every phase of evaluating it, and in applying the results of that evaluation to the improvement of the work…..

• *August 2021 convening*
  • Formal training and implementation plan with sites
Implementation outcomes

• What are the characteristics of Black women served by bundled interventions? (Penetration)

• What are the barriers and facilitators at the organizational and/or individual level to the implementation of the bundled interventions? (Adoption)

• What does it cost to implement the bundled intervention? (Costs)

• How is the model integrated into the mission and existing work of the site clinic/agency? (Fidelity & sustainability)

Service and client outcomes

• What is the effect of the bundled interventions on HIV care (linkage to care, retention in care, ART adherence and viral suppression) and other health outcomes (other co-morbidities & quality of life)?

• How do the bundled interventions address potential mediators such as stigma, intimate partner violence, discrimination, depression and unmet need for services on HIV outcomes?

• What is the effect of culturally relevant and women-centered care bundled interventions at the organizational and provider level?
Implementation study (BWF ETAP)
• Organizational contexts and Organizational Readiness for Implementing Change Survey (ORIC)
• Interviews with staff & partners
• Community of Practice

Implementation & client outcomes (Sites)
• Documentation of intervention activities
• Longitudinal study for client outcomes (baseline, 6 & 12 months)
• Medical chart abstract
• Cost study

Participatory evaluation (Sites & BWF ETAP)
• Engage stakeholders & Black women with HIV to tell their stories (Photovoice)
Methods

- Data sources:
  - Pre-implementation interviews (n=12)
  - Implementation: monthly site call minutes (n=110) and site visit reports (n=12)
  - Modifications were documented using the FRAME-IS core modules during monthly coaching calls & site visits
  - Deductive codebook developed based on five implementation strategies from the Expert Recommendations for Implementing Change (ERIC) project (Powell, 2015)
- Thematic content analysis
## Number of Sites that Implemented Intervention Types

<table>
<thead>
<tr>
<th>Intervention</th>
<th># sites proposed to implement</th>
<th># sites actually implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhanced peer/patient navigation</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Red Carpet Care Experience</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Stigma Reduction</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Trauma informed Care</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Addressing Intimate Partner Violence</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Site Name/Bundled Interventions</td>
<td>Peer Patient Navigation</td>
<td>Red Carpet Experience</td>
</tr>
<tr>
<td>--------------------------------</td>
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<td>-----------------------</td>
</tr>
<tr>
<td>Abounding Prosperity</td>
<td>✔</td>
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</table>
Tailoring and Adapting Bundled Interventions at Sites
Assessing Implementation Strategies: Adapting & Tailoring Interventions

- Revision of training curricula for staff & educational materials for patients that reflect Black women (*pre-implementation*)
- Delivery by patient navigators and community health workers rather than case managers (*pre-implementation*)
- Mode of delivery from in person to virtual/telehealth, especially for behavioral health services (*pre-implementation*)
- Expand reach to new populations (*implementation*)
  - Expanding from younger age to women aged 50 years and older
Assessing Implementation Strategies:

Evaluation & Iterative strategies

• Support of leadership for program startup of bundled interventions

• External partners (Evaluation Center) to support process of protocols and workflows

• Integrating data systems to track client outcomes Internal & external staff

• Focus groups with women with lived experience
Assessing Implementation Strategies: Engaging stakeholders

- Advisory Councils & Boards
  - Organizational
  - Community-wide
  - 12 site Leadership Development Cohort

- Community-wide collaborations
  - Expansion of existing partners
  - Formation of New Partnerships to reach a specific population (Immigrant women) or training staff (IPV)
Assessing Implementation Strategies: Train & Educate Stakeholders

• Outside Implementer led (ETAP)
  • TA on core components of the Evidence Informed Interventions
    • Patient Navigation Sessions
    • Application of Meaningful Involvement of People with HIV/AIDS (MIPA) principles
  • Monthly coaching calls
  • Bimonthly cohort intervention calls
  • Semi-annual convenings
  • Photovoice

• Peer to Peer learning approaches
Photovoice
Assessing Implementation Strategies:

Change infrastructure

- Role of leadership in supporting shift in organizational culture
  - Investing in resources to support Whole Person Care
- Training & Building partner organization capacity on Trauma informed care & Stigma reduction
- Enhancing internal agency communication networks for women-centered care
Lessons Learned

- Six domains but no standardized intervention in five of the domains
- Tracking adaptations at 12 sites
- Finding common language for implementation research
- Balancing the needs of Black women and local sites versus multi-site evaluation
- Launching the initiative during the COVID-19 pandemic
- Incorporate voices of the community
- Challenging to implement bundled interventions, but so important for Black women
AIDS Foundation Chicago

Women Evolving: Adapting Interventions and Implementation Strategies to Improve Care for Black Women Living with HIV
Presenter

Andrea Dakin, PhD, MA
Senior Director, Shared Program Services

Project Staff

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L’Oreal Bailey, MBA
Devan Derricotte, MSW
Tamika Foust, MBA
Cynthia Tucker, DPH
Carla Davis
Anthony DuPree

Support from ETAP and HRSA
AIDS Foundation Chicago

- Located in Chicago, serving HIV-positive individuals and those vulnerable to HIV in the 8-county area through a partnership model
- Medical Case Management and other Ryan White funded HIV services: more than 6,400 served per year
- Housing: more than 600 households served in permanent supportive housing, close to 400 households served with long-term rental subsidies, almost 600 households receive emergency financial assistance
- Partner with academic institutions on research studies
- Community trainings on emergent topics
- Lead, co-lead, and participate on local, state, and national coalitions focused on HIV health care and other critical topics
- Co-leading Getting to Zero-Illinois (with IDPH and CDPH)
Women Evolving (WE)

• AFC one of the 12 demonstration sites funded by HRSA

• AFC Lead entity (coordinating, administrating, contracting, evaluating and reporting)

• Cis- and trans-gender Black women recently released from prison or jail OR who have fallen out of care OR have not been engaged in care

• Three direct service partners to implement the EBIs

• Leverage existing HIV Corrections Case Management and Ryan White Case Management systems

• Acknowledge and work to increase the availability of gender-responsive and HIV re-entry specialty supports
Multi-Tiered Intervention

Client-Level
Bundled 3 evidence-based direct service interventions including Patient Navigation, Red Carpet Care, and mHealth for Black women living with HIV.

Provider-Level
Provider and organizational trainings in trauma-informed care approaches and special considerations/best practices for serving Black cis- and transwomen triply impacted by HIV, IPV and/or childhood/adult abuse, and corrections involvement.

Systems-Level
Establish and convene a multi-sector WE Coalition of 56 organizations to address gaps and build capacity in reentry services for the population of focus; advance collaborative, cross-sector strategies for strengthening trauma-informed and culturally competent supports for seropositive black cis- and transwomen; and identify and engage local champions to advocate for meaningful policy change around incarceration and community reentry.
Women Evolving (WE)

Three Evidence Based Interventions

- Peer Navigation
  - Outreach
  - Follow-up to disengaged women
  - Appointment accompaniment
  - Psycho educational sessions
- Red Carpet Care Experience
  - Intensive case management with an emphasis on linkage and retention in HIV medical care
  - Support groups, including empowerment and reentry support
  - Connections to housing, employment, transportation
  - Team case conferencing
- mHealth
  - Provision of phones and data plans to women
Women Evolving

- Black women a priority population in AFC’s strategic plan
- Specific services for returning citizens
- Lessons learned from previous HRSA-SPNS initiative focused on housing and employment:
  - Women need services tailored to them
  - Amplify women’s voices and experience
  - Employment navigation necessary
- Align with existing Corrections Case Management program and Ryan White system
Women Evolving

Tracking implementation of the 3 EBIs

- Looked to Implementation Science literature for:
  - Guidelines on how to implement an EBI
  - Framework on how to track your agency based strategies
  - “How to” manual to ensure fidelity to the model
- Create our own tracking approach
  - Developed an EBI Fidelity Tracking spreadsheet
  - Consultation with the ETAP
  - Layered IS frameworks on top of it
- Complicated by:
  - AFC made modifications to the EBI prior to application submission
  - Overlap between EBI and what “we already do”
<table>
<thead>
<tr>
<th>Evidence-based Intervention</th>
<th>EBI Component</th>
<th>WE Activity</th>
<th>Associated Outcome</th>
<th>Indicator</th>
<th>Expected Target</th>
<th>Review 4/18/22</th>
<th>Activity Implemented</th>
<th>Implementation notes</th>
<th>On target?</th>
<th>Changes Needed?</th>
<th>Rationale for changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Engagement</td>
<td>Outreach</td>
<td>Clients are recruited into WE by networks</td>
<td>Outcome 1</td>
<td># of clients recruited</td>
<td>85 clients by end of year 3</td>
<td>Yes with changes</td>
<td>Only 10 enrolled; outreach implementation as planned but not successful; new strategies developed; RW case managers needed to change how they do work because referring, not offering MCM</td>
<td>No</td>
<td>Yes</td>
<td>Recruitment met</td>
<td></td>
</tr>
<tr>
<td>Red Carpet Care Experience</td>
<td>Intensive case management support</td>
<td>WE-ICCMs link clients to HIV care at project partner</td>
<td>Outcome 1</td>
<td># of referrals to HIV clinics</td>
<td>100% of clients should receive referrals</td>
<td>Yes</td>
<td>All clients connected to HIV care</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red Carpet Care Experience</td>
<td>Legal assistance</td>
<td>WE-ICCM’s make referrals to legal services as needed</td>
<td>Outcome 3</td>
<td># clients accessing legal services</td>
<td>100% of those who need legal services</td>
<td>Not yet</td>
<td>Still a planned activity</td>
<td>Not yet in</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>Red Carpet Care Experience</td>
<td>Transportation assistance</td>
<td>WE-ICCM’s provide prepaid transit fare cards</td>
<td>Outcome 3</td>
<td># of transit cards distributed</td>
<td>50% of clients will increase income via access to mainstream benefits</td>
<td>Yes with change</td>
<td>Clients who need transit cards get them, but also transportation through Uber and cab services</td>
<td>Yes</td>
<td>Yes</td>
<td>Clients need assistance be card; activity include other</td>
<td></td>
</tr>
<tr>
<td>mHealth</td>
<td>Provide mobile phones with pre-paid call/data plans</td>
<td>ICCMs provide phones with data plans</td>
<td>Outcome 3</td>
<td># of clients accessing mainstream benefits</td>
<td>50% of clients will increase income via access to mainstream benefits</td>
<td>Yes</td>
<td>Requirement to be actively engaged in case management services and health care; will need to monitor as clients remain in the program</td>
<td>Unknown</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EBI Fidelity Tracking

• Meet monthly as a program group; focus on updating tracking sheet semi-annually

• Review each planned activity of the EBI and discuss implementation status, changes or even removal as an activity

• Then review why the activity may have needed to be changed

• Trying to capture not just the item that touches the client, but what AFC is doing behind the scenes

• Data also comes from bi-monthly community meetings and monthly technical assistance meetings with the ETAP
Applying IS

Digging Deeper…

• Clear problem with recruitment, but what?
  • Same previously successful recruitment strategies
  • Same AFC staff leading the program
  • One same community partner with an experienced staff member as well

• Used Consolidated Framework for Implementation Research
  • Focused on the outer setting constructs
  • Used that to create an interview guide
    • Intervention Characteristics – adaptability
    • Outer setting – patient needs and resources
  • Interviewed six key informants in the community

• Problem wasn’t us, it was Covid-19
Women Evolving: Evolving

Barriers to Recruitment

- Corrections Case Manager not deemed essential personnel within Covid-19 safety protocols at the jail; meant women could not be informed of the program before discharge
- Main HIV clinic recruitment site discontinued walk-in hours as part of Covid-19 safety measures; eliminates opportunities for Peer Navigator to talk to women not already engaged in HIV care
- Communication barriers
  - WE staff received lists of IDs of women leaving the prison, but no names or contact info
  - Contact info known not always reliable and changed frequently
  - Initial outreach, screening, and assessment challenging when phone access and data is limited for women
Modifications Based on Activity Tracking

- Expansion of eligibility criteria
- Expansion of employment services (private funding)
- Eliminated childcare subsidies for medical appointment or support groups
- Reduction in minutes and data plans on the phone
Feedback through Meaningful Involvement

- Structural work to expand capacity of organizations to work in and with reentry
- Ensure the reentry population is a part of the Taskforce, as well as a part of workgroups and advising on programs
- Strengthen existing community advisory board for black cis and trans women and create synergy for collaboration
- Listening sessions with clients and other Black women with HIV
Modifications Based on Feedback

- Increase in peer outreach supports
- Utilizing social media with ambassadors
- Expansion of transportation options
- Development of expo engagement strategies
- Selective use of Peer Nav curriculum sessions
- 4 Healing Circles
ETAP Process Participation

Benefits

Forced to put into place the programmatic road map that is in our head but not on paper

Over time create a standardized list of strategies for different situations – informs organizational readiness assessments

Supported identification of what wasn’t working
Lessons Learned

- Map activities to outcomes during formation process
- Establish which implementation strategies will be utilized before implementing the program
- “Sell” the idea of implementation tracking as an extension of what we already do
Acknowledgements

- Women participating in the Women Evolving Program
- Corliss Heath, PhD, MPH, MDIV, Health Scientist, Health Resources & Services Administration
- Evaluation and Technical Assistance Provider
- This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number HRSA-20-116, “Improving Care and Treatment Coordination: Focusing on Black Women with HIV – Demonstration Sites”. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA HHS, or the U.S. Government. For more information, please visit ryanwhite.hrsa.gov and Target HIV.
Questions & Discussion
Thank you!
Find resources:  
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Alicia Downes: adownes@aidsunited.org
Andrea Dakin: adakin@aidschicago.org