

**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**

**Black  
WomenFirst**



# 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

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## 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.

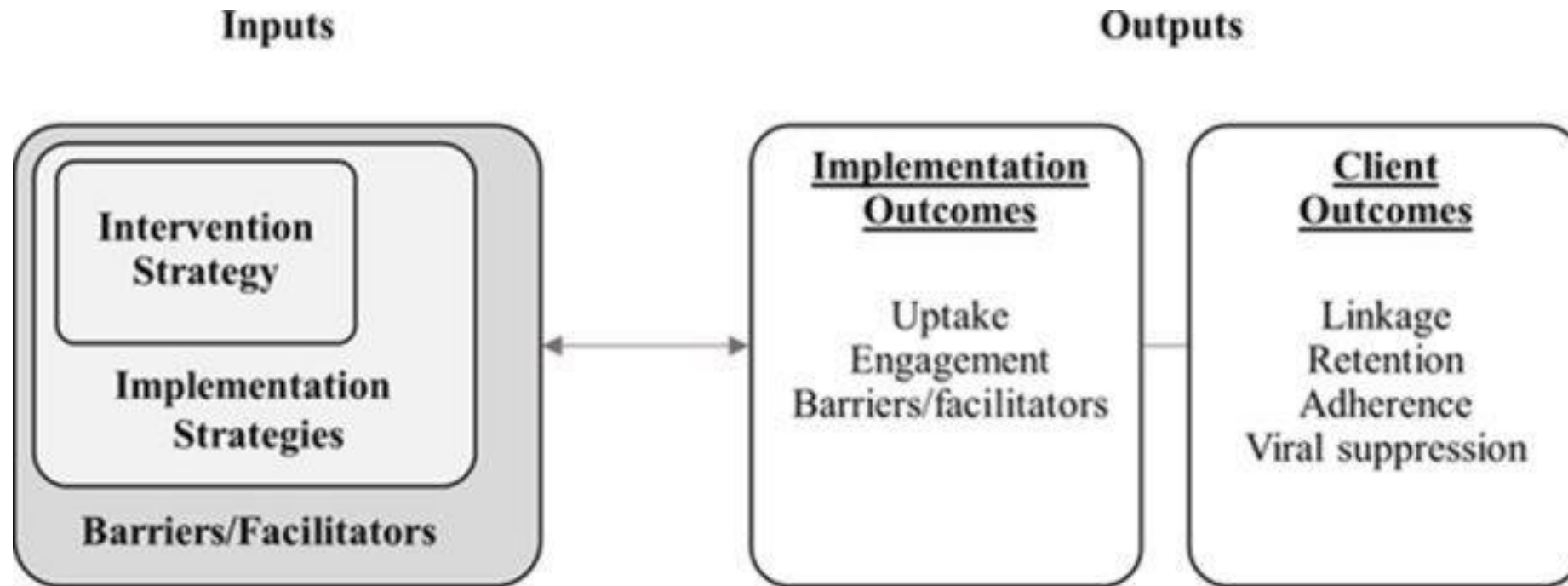


# HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- 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.
  - 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%<sup>i</sup>.



# HRSA's Implementation Science Framework



Psihopaidas, D., Cohen, S. M., West, T., Avery, L., Dempsey, A., Brown, K., ... & Cheever, L. W. (2020). Implementation science and the Health Resources and Services Administration's Ryan White HIV/AIDS Program's work towards ending the HIV epidemic in the United States. *PLoS Medicine*, 17(11), e1003128.



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

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

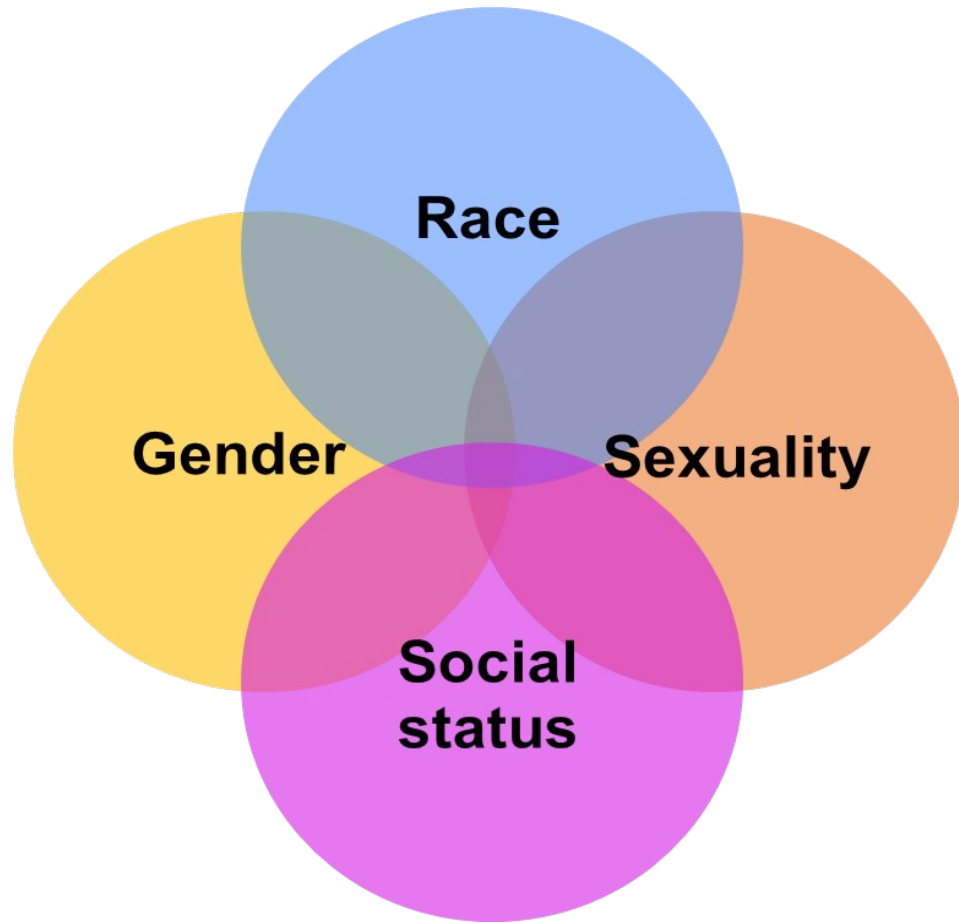
Supports 12 demonstration sites and a single organization to serve as Evaluation and Technical Assistance Provider (ETAP) to lead the multi-site evaluation and provide technical assistance to demonstration sites.

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).

Sites funded to adopt the delivery of multiple interventions (bundled interventions) focused on Black women with HIV.



# Why focus on Black women with HIV?



## Social determinants

- Racism
- Housing
- Food
- Employment
- Intimate Partner Violence
- Stigma

## Trauma



Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stan. L. Rev.*, 43, 1241.





## 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



**Evaluation & Technical Assistance Center**

University of Massachusetts, Lowell  
Boston University  
AIDS United  
Impact Marketing

# Black Women First Initiative Evaluation Framework



# Our ETAP Team



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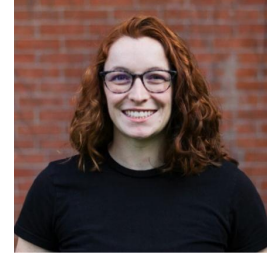
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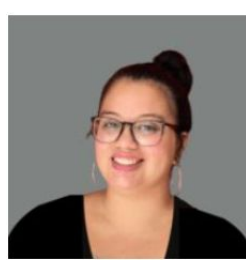
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Tسانet Precious Jackson

# 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

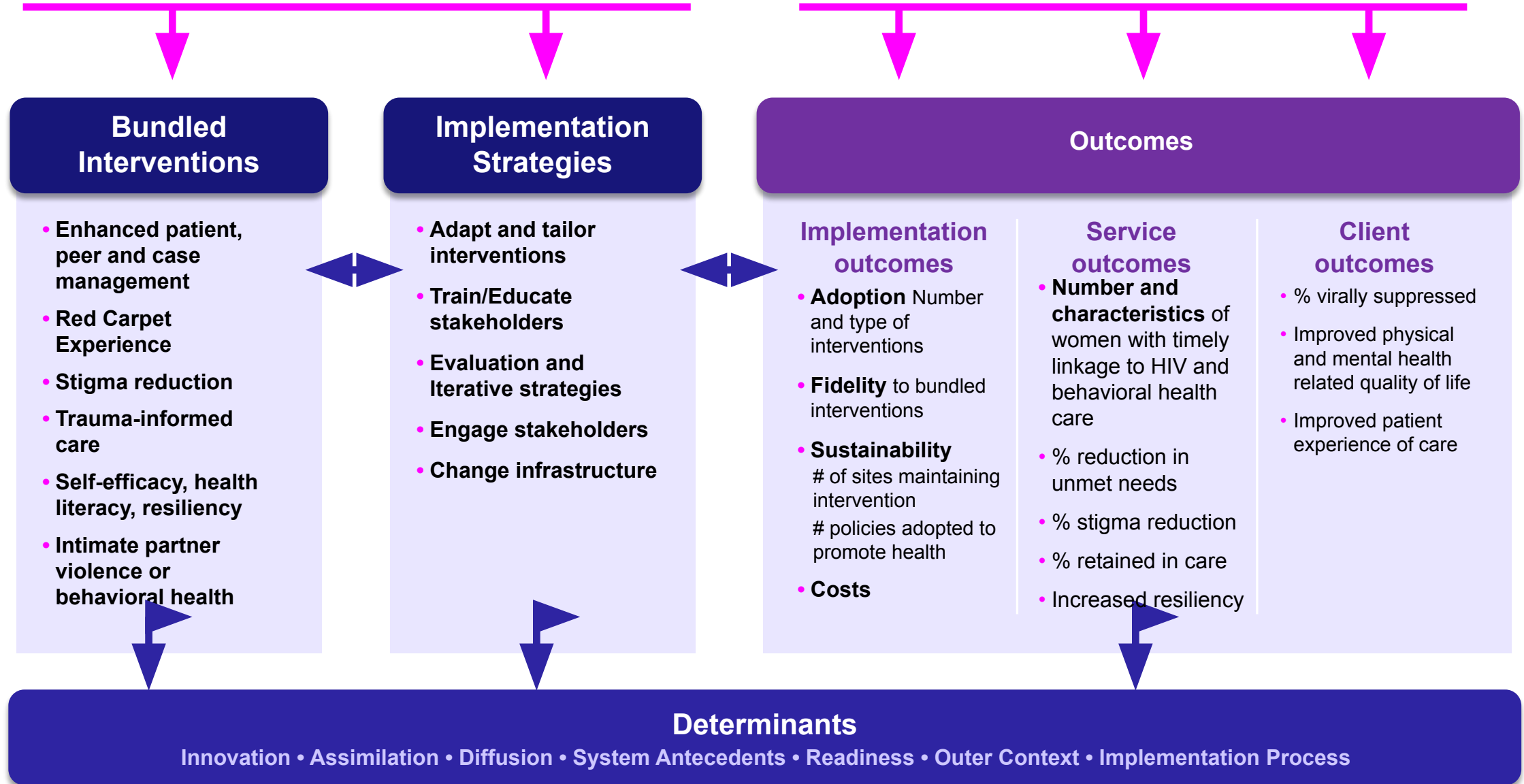
Site Name	Current enrollment	Percentage of clients enrolled in 2 or more interventions
Abounding Prosperity	34	93.8
Access Matters	44	100
ACG	75	100
AFC	41	85
Alliance	133	81.2
City of Philadelphia	46	100
GHS	101	100
IWES	36	100
PIHC	115	91.8
QCHC	40	100
UCSF	70	94
VOASELA	40	100
	775	95.5

# Community Engaged Implementation Science



## Process Evaluation

## Outcome Evaluation



.....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?***



# Data Collection methodology

1

## Implementation study (BWF ETAP)

- Organizational contexts and Organizational Readiness for Implementing Change Survey (ORIC)
- Interviews with staff & partners
- Community of Practice

2

## Implementation & client outcomes (Sites)

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

3

## 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

Intervention	# sites proposed to implement	# sites actually implemented
Enhanced peer/patient navigation	9	10
Red Carpet Care Experience	8	6
Stigma Reduction	3	3
Trauma informed Care	12	10
Addressing Intimate Partner Violence	8	4
Self-efficacy	7	5



# Bundled Interventions Implemented across Sites

Site Name/Bundled Interventions <sup>3</sup>	Peer Patient Navigation	Red Carpet Experience	Stigma Reduction	Self Efficacy	Trauma-informed Care	Intimate Partner Violence	Total
Abounding Prosperity	✓	✓			✓*		3
Access Matters			✓	✓		✓	3
ACG	✓	✓			✓*		3
AFC	✓	✓			✓*		3
Alliance	✓			✓	✓*		3
City of Philadelphia		✓		✓	✓*		3
GHS	✓			✓			2
IWES	✓		✓		✓*	✓*	4
PIHC	✓			✓	✓*	✓*	4
QCHC	✓	✓			✓**		3
UCSF	✓		✓		✓	✓*	4
VOASELA	✓	✓			✓*		3

# 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

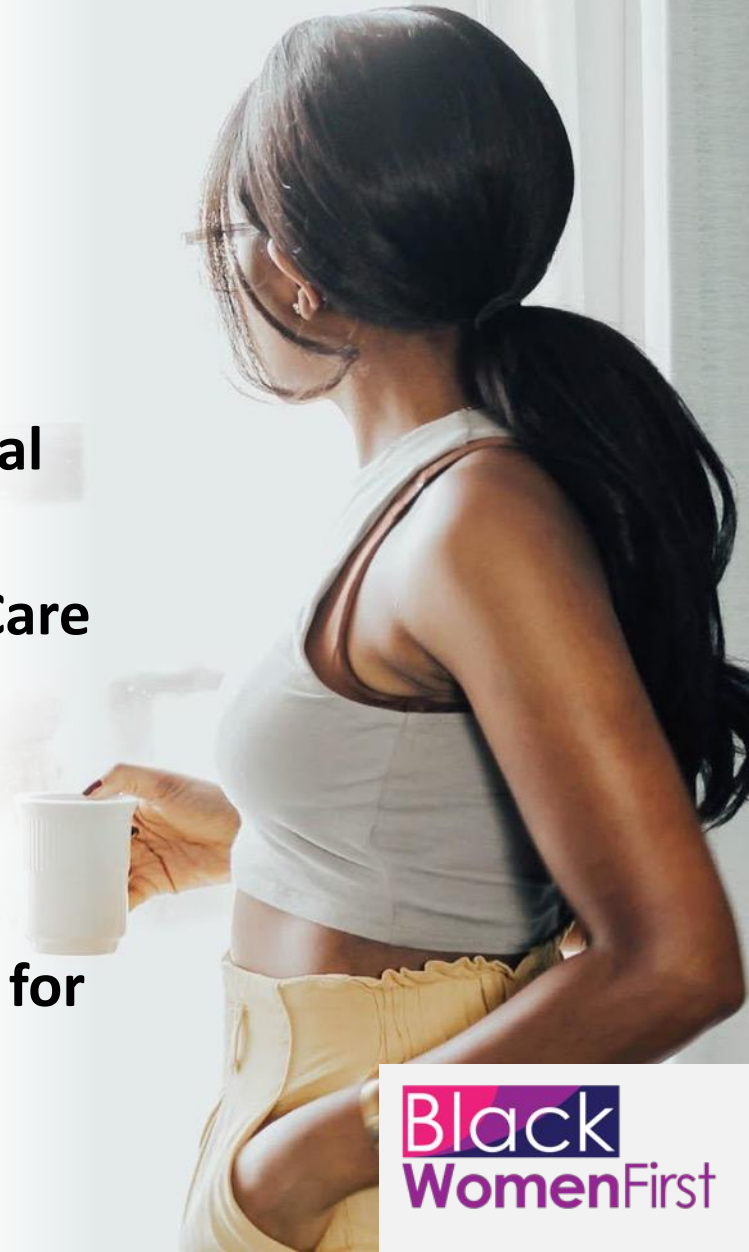
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# Assessing Implementation Strategies:

## 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



# 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



**AIDS  
FOUNDATION  
CHICAGO**

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**Support from ETAP and HRSA**

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# 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”



# EBI Fidelity Tracking

A	B	C	D	E	F	P	Q	R	S	T	
Evidence-based Intervention	EBI Component	WE Activity	Associated Outcome	Indicator	Expected Target	Review 4/18/22	Activity Implemented	Implementation notes	On target?	Changes Needed?	Rationale for
Peer Engagement	Outreach	Clients are recruited into WE by networks	Outcome 1	# of clients recruited	85 clients by end of year 3		Yes with changes	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	No	Yes	Recruitment met
Red Carpet Care Experience	Intensive case management support	WE-ICCMs link clients to HIV care at project partner	Outcome 1	# of referrals to HIV clinics	100% of clients should receive referrals		Yes	All clients connected to HIV care	Yes	No	
Red Carpet Care Experience	Legal assistance	WE-ICCM's make referrals to legal services as needed	Outcome 3	# clients accessing legal services	100% of those who need legal services		Not yet	Still a planned activity	Not yet im	N/A	
Red Carpet Care Experience	Transportation assistance	WE-ICCM's provide pre-paid transit fare cards	Outcome 3	# of transit cards distributed	100% of clients who need transportation assistance will receive a		Yes with change	Clients who need transit cards get them, but also transportation through Uber and cab services	Yes	Yes	Clients need assistance be card; activity include other
mHealth	Provide mobile phones with pre-paid call/data plans	ICCMs provide phones with data plans	Outcome 3	# of clients accessing mainstream benefits	50% of clients will increase income via access to mainstream benefits		Yes	Requirement to be actively engaged in case management services and health care; will need to monitor as clients remain in the program	Unknown	N/A	

# 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

# 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

## Modifications



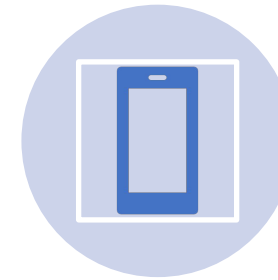
Expansion of eligibility criteria



Expansion of employment services (private funding)



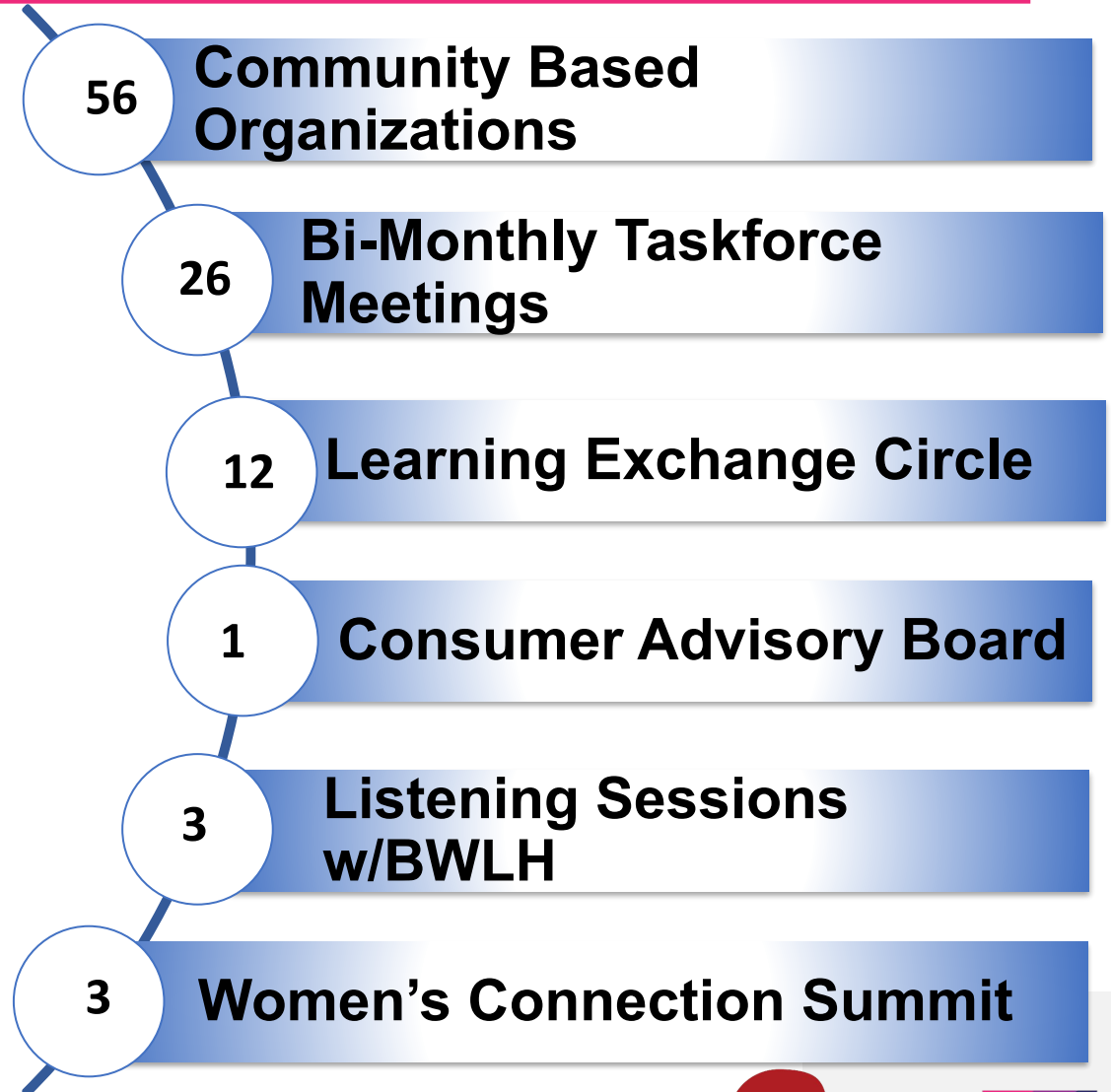
Eliminated childcare subsidies for medical appointment or support groups



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

Modifications



**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**

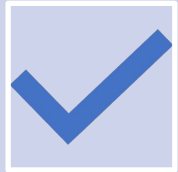


**Supported identification of what wasn't working**

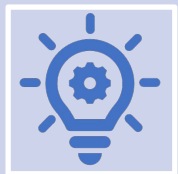
# Lessons Learned



**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 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**
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Questions &  
Discussion



Thank you!

Find resources:

<https://targethiv.org/BlackWomen>





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