

Intersectionality Enhanced Iowa Model of Evidence-Based Practice to Promote Quality Care¹

Who is this model meant for?

This workbook is for KT intervention developers.

KT intervention developers are people who create KT interventions designed to improve health care.

For example, an intervention developer may design a KT intervention to encourage physiotherapists to use a patient physical activity program. The KT intervention may include restructuring physiotherapists' workflow and delivering in-person education sessions.

KT intervention developers come from many different fields. To design more effective interventions, they can take an intersectional approach.

Who created this model?

The original Iowa Model was created by Titler et al.¹

An interdisciplinary team of KT scholars, intersectionality scholars and KT intervention developers came together for the "Intersectionality & Knowledge Translations Interventions" study.

This team enhanced the original Iowa model with intersectionality for the objective of having KT intervention developers to take an intersectional approach when designing and implementing KT interventions.

How do you take an intersectional approach to KT?

Intervention developers can take an intersectional approach to KT by considering the dynamic nature of social identities and their interactions with social structures and systems (see Figure 2).

What is the purpose of this model?

Many KT intervention developers use different processes to design and implement KT interventions. In this project, we used the Knowledge-to-Action Cycle (see Figure 1) to outline the process of designing and implementing KT interventions.²

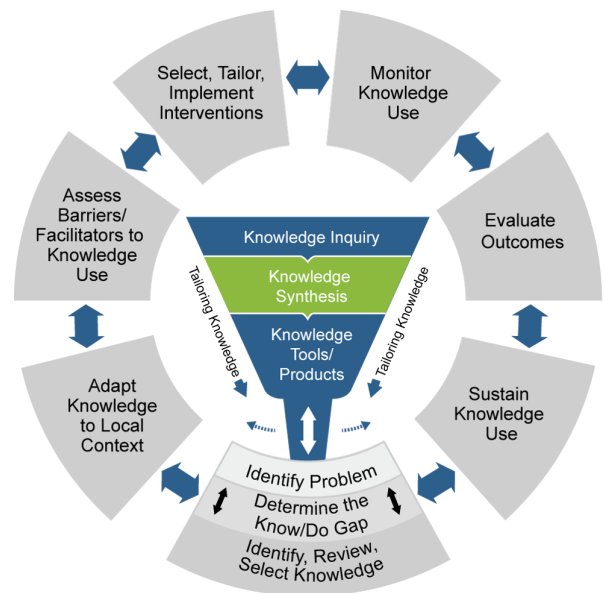


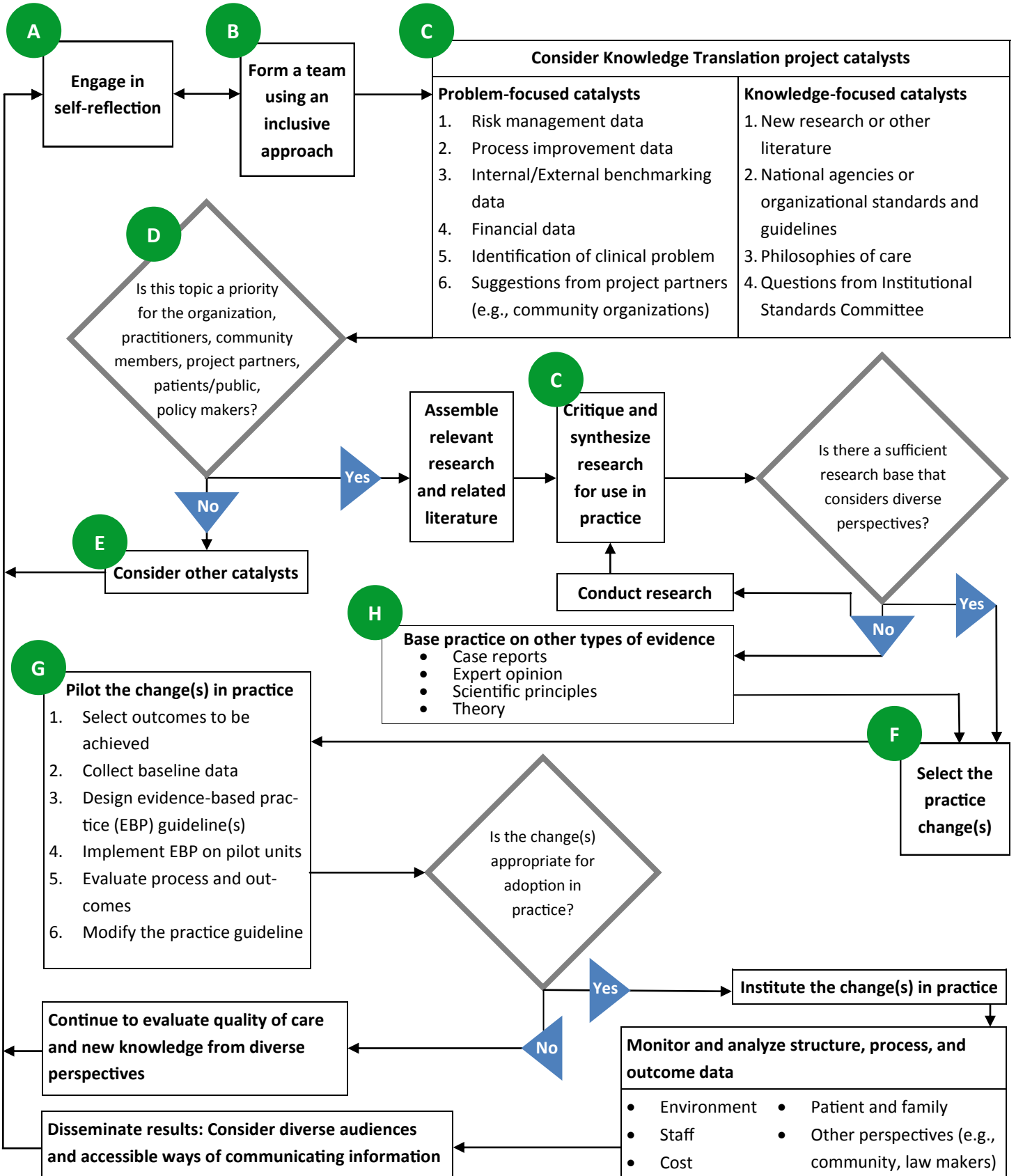
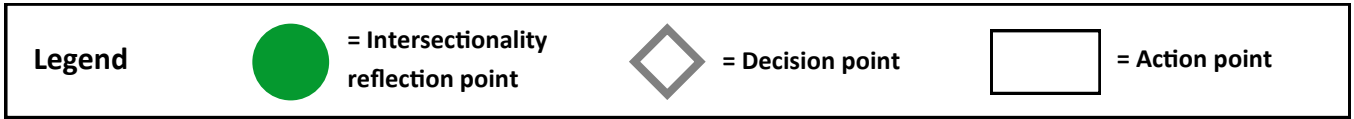
Figure 1. The Knowledge-to-Action (KTA) Cycle.²

The 'Identify Problem; Determine the Know/Do Gap; Identify, Review, Select Knowledge' stage was one of the three stages prioritized in the KTA Cycle that would benefit most from an intersectional approach.

As KT intervention developers often use models, theories, and frameworks to operationalize each step of the Knowledge-to-Action Cycle, the interdisciplinary team prioritized the Iowa Model to be best associated with the 'Identify Problem; Determine the Know/Do Gap; Identify, Review, Select Knowledge' stage.

On the next page, you will see the intersectionality enhanced Iowa Model.¹ There are green icons at various steps within the model where intersectional considerations can be implemented into a KT project.

Intersectionality Enhanced Iowa Model of Evidence-Based Practice to Promote Quality Care¹



Intersectionality Enhanced Iowa Model of Evidence-Based Practice to Promote Quality Care¹:

Reflection Questions

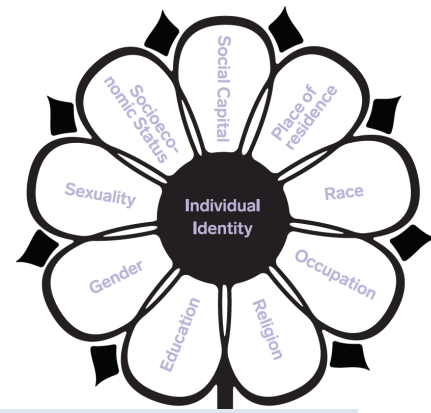
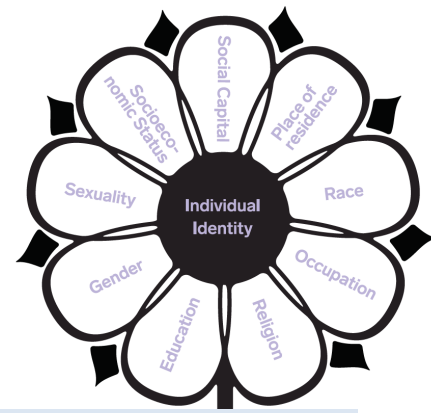


Figure 2. Visualization of some intersecting categories³⁻⁵

Intersectionality Reflection Point	Intersectional Reflection Prompts
<div data-bbox="141 1030 278 1165" style="text-align: center;"> </div> <p data-bbox="129 1211 301 1282" style="text-align: center;">Engage in self-reflection</p>	<p data-bbox="340 546 1429 701">Before starting any project work, it is important to personally reflect on our own beliefs and behaviours. Like the people we work with and the populations we aim to support, our individual identity and perceptions are shaped by our intersecting categories and their interaction with systems and structures of power.⁶</p> <ol data-bbox="340 717 1433 1949" style="list-style-type: none"> <li data-bbox="340 717 1433 1548"> <p data-bbox="340 717 1028 747">1. What intersecting categories make up your identity?</p> <ul data-bbox="437 762 1433 878" style="list-style-type: none"> <li data-bbox="437 762 1433 878">• Intersecting categories outline that your identity is formed by the intersection of social categories including age, gender identity, geographic location, sex and among other aspects of one’s lived experience (see Figure 2).^{3,45} <p data-bbox="340 889 1349 963">2. Consider how your values, interests and beliefs might lead to unconscious bias towards particular patient and provider groups.</p> <ul data-bbox="437 973 1433 1548" style="list-style-type: none"> <li data-bbox="437 973 1433 1231">• Bias is a preconceived judgment for or against a particular individual or group.⁷ There are multiple types of bias: <ul data-bbox="534 1064 1402 1231" style="list-style-type: none"> <li data-bbox="534 1064 1402 1145">• Conscious bias (also known as explicit bias) is within one’s conscious awareness⁷; <li data-bbox="534 1155 1402 1231">• Unconscious bias (also known as implicit bias) is beyond one’s conscious awareness.⁷ <li data-bbox="437 1241 1433 1548">• To explore and try to mitigate your biases, visit the free tests and courses available at: <ul data-bbox="534 1332 1356 1548" style="list-style-type: none"> <li data-bbox="534 1332 1259 1366">• Harvard (n.d.) Project Implicit https://tinyurl.com/6yyyc⁸ <li data-bbox="534 1376 1356 1457">• Government of Canada (2018) Unconscious bias training module https://tinyurl.com/yacj5ao3⁹ <li data-bbox="534 1467 1241 1548">• EdX (n.d.) Unconscious Bias: From Awareness to Action https://tinyurl.com/yxk5lmb2¹⁰ <li data-bbox="340 1558 1433 1911"> <p data-bbox="340 1558 1433 1588">3. What is your place in society? How might this place relate to the project’s topic area?</p> <ul data-bbox="437 1598 1433 1911" style="list-style-type: none"> <li data-bbox="437 1598 1433 1679">• Privilege is a special right or advantage available to a particular person or group of people.⁸ It can be earned or unearned.¹¹ <li data-bbox="437 1689 1433 1770">• Oppression occurs between categories of people in which a group (or groups) face systematic mistreatment, exploitation, and abuse.¹¹ <li data-bbox="437 1780 1433 1911">• Your place in society is shaped by your intersecting categories and their interactions with systems and structures of power. An individual can therefore simultaneously experience privilege and oppression.¹¹ <li data-bbox="340 1921 1198 1951"> <p data-bbox="340 1921 1198 1951">4. How might your place in society impact your work on this project?</p>

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Figure 2. Visualization of some intersecting categories³⁻⁵

<div data-bbox="146 1064 284 1205" style="text-align: center;"> </div> <p data-bbox="100 1209 331 1330">Form a team using an inclusive approach</p>	<p data-bbox="331 604 1444 725">Taking an inclusive approach entails respecting different perspectives, experiences, and backgrounds. Instead of the term ‘inclusive,’ terms like ‘diversity’ and ‘equity’ may be more appropriate for your context.</p> <ul data-bbox="431 735 1444 907" style="list-style-type: none"> • Diversity refers to any and aggregate differences within, between, and amongst a population.¹¹ • Equity is a process where individuals are given different supports appropriate to their needs, so that all individuals have access to equal opportunities.¹² <ol data-bbox="331 957 1444 1935" style="list-style-type: none"> 1. Consider how you will operationalize taking an inclusive approach. <ul data-bbox="431 1008 1444 1088" style="list-style-type: none"> • What does the team need to do to create an inclusive environment for all members, including patients and community members?³ 2. Consider how different perspectives, that represent a range of intersecting categories (Figure 2), have been examined. <ul data-bbox="431 1179 1444 1441" style="list-style-type: none"> • Are there points of view not reflected? • What are the general demographic characteristics of the patient/community population that experiences the project topic? What are the general demographic characteristics of the health care providers that work in the area of health? <ul data-bbox="523 1411 1444 1441" style="list-style-type: none"> • Are these demographics reflected on the team? 3. Who is the patient/community population affected by the project topic area? Have we asked them how they would like to be involved?³ <ul data-bbox="431 1542 1444 1622" style="list-style-type: none"> • If the patient/community population is not interested in or able to be part of the team, how can their perspective be reflected in project work? 4. Who are the members of your current project team? What are the real and perceived power differences?³ <ul data-bbox="431 1723 1444 1935" style="list-style-type: none"> • Consider how the team can become more aware of potential power differences or inequities. How can we encourage team members to challenge ideas or renegotiate power in a way that encourages a more inclusive approach?³ <ul data-bbox="523 1905 1444 1935" style="list-style-type: none"> • How will we ensure all voices on the team are heard?
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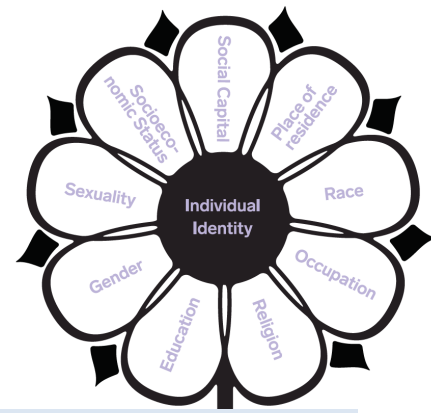


Figure 2. Visualization of some intersecting categories³⁻⁵

Intersectionality Reflection Point	Intersectional Reflection Prompts
<p style="text-align: center;">C</p> <p style="text-align: center;">Consider Knowledge Translation project catalysts <i>(problem-focused and knowledge-focused catalysts on Page 2)</i></p> <p style="text-align: center;">Critique and synthesize research for use in practice</p>	<ol style="list-style-type: none"> 1. What are the information gaps? <ul style="list-style-type: none"> • Information gaps are areas where we do not have complete knowledge. • How can these gaps be filled? • Speak with those who experience the area of health (e.g., patients) and those who work in the area of health (e.g., providers). • Consider if gaps are the same size within and between demographic groups (i.e., do people of different ethnicities experience the problem at similar rates? Is there information regarding some intersecting categories, but not others?). <ul style="list-style-type: none"> • Document and disseminate knowledge gaps pertaining to under-represented perspectives. 2. How well do the available data correspond to the range of intersecting categories of the population who may be affected? <ul style="list-style-type: none"> • Look for ways to reject categorizing groups with the use of binaries (e.g., man or woman).¹³ • Support the available data with additional evidence from other sources (e.g., conversations with those with lived experiences, strategic reports).¹³ The ‘Intersectionality Guide’ provides resources on collecting information. 3. What kinds of disaggregated quantitative or qualitative data are important to understand the varying ways that different groups experience the problem, evidence-to-practice gap(s), or practice change(s)? <ul style="list-style-type: none"> • Consider supplementing available data with additional indicators from other sources (e.g., program evaluations, qualitative studies, lived-experience commentaries) to better understand different perspectives. <ul style="list-style-type: none"> • Document and disseminate knowledge gaps pertaining to under-represented perspectives. 4. Critically assess the data. <ul style="list-style-type: none"> • Consider age, source, reliability, validity of data; does the evidence identify and consider intersecting categories in a fair and sensitive manner; is the methodology based on stereotypes or assumptions?

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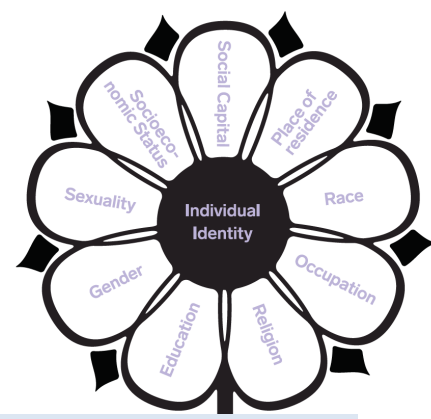


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<p style="text-align: center;">D</p> <p>Is this topic a priority for the organization, practitioners, community members, project partners, patients/public, policy makers?</p>	<ol style="list-style-type: none"> 1. Whose point of view is reflected when defining the evidence-to-practice gap? <ul style="list-style-type: none"> • Who says there is an issue? <ul style="list-style-type: none"> • Is the problem a priority for the population you intend to ultimately influence (e.g., adults 65+ years)? • Have different perspectives, that represent a range of intersecting categories, been examined? 2. Who decides which evidence-to-practice gap(s) are prioritized over others? <ul style="list-style-type: none"> • Be clear on whose behaviour an evidence-to-practice gap is reflecting: is it the health professional and/or the patient/community and/or another group? • What processes will you use in the prioritization process so that all voices are heard?
<p style="text-align: center;">E</p> <p>Consider other catalysts</p>	<ol style="list-style-type: none"> 1. Consider again, what is your relationship to the project’s topic area of focus? How might your perspective impact the catalysts you have or have not considered? <ul style="list-style-type: none"> • For example, consider your personal and professional experience, values, and interests. 2. Consider again, have different perspectives, that represent a range of intersecting categories, been examined?
<p style="text-align: center;">F</p> <p>Select the practice change(s)</p>	<ol style="list-style-type: none"> 1. Who must change their behaviour and “do” the practice change(s) (e.g., a health professional and/ or the patient/citizen)? 2. Who decides which practice change(s) are prioritized over others? <ul style="list-style-type: none"> • What processes will you use in the prioritization process so that all voices are heard? • Have those who are “doing” the practice change(s) (e.g., nurses) been involved in decision-making? • Have those affected by the practice change(s) (e.g., patients) been involved in decision-making? 3. How can you take into account the intersecting categories of all those involved? <ul style="list-style-type: none"> • There is often a range of practice change(s) available to bridge an evidence-to-practice gap. Each practice change will affect, in various ways, those who are expected to change their practice/behaviour (e.g., nurses) and those who are affected by the change(s) in practice/behaviour (e.g., patients).

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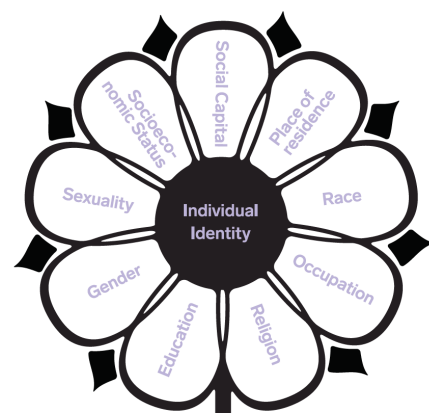


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<p style="text-align: center;">G</p> <p>Pilot the change in practice</p>	<p><i>What kinds of disaggregated quantitative or qualitative data are important to understand the different ways that diverse individuals conduct the practice change(s)?</i></p>
<p style="text-align: center;">H</p> <p>Base practice on other types of evidence</p>	<p>Expert Opinion: <i>This includes those with lived experience with the practice change(s) and those impacted by the practice change(s)</i></p>

References

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