

# DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

Peer Linkage and Re-Engagement  
November 7, 2017

Jane Fox, MPH, Boston University

DISSEMINATION OF  
**EVIDENCE-**   
 **INFORMED**   
INTERVENTIONS

# Presenter Disclosures

**Jane Fox, MPH**

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

# DEII

## CO-AUTHORS

- Ann Ferguson, RN – AIDS Care Group
- Liz Weck, MSW – Howard Brown Health Center
- Vladimir Berthaud, MD, MPH – Meharry Medical Center
- Alexis Marbach, MPH – Boston University

# DEII

## Overview

- Two HRSA cooperative agreements – AIDS United and Boston University
- Replicates four previously-implemented SPNS initiatives
- Focus on Implementation Science
- Three years of funding for performance sites
- Additional year of funding for evaluation and dissemination
- Development of four Care and Treatment Interventions (CATIs)

# DEI

## Unique SPNS Initiative

- Focused on replication and Implementation Science
- Performance sites are required to follow established program models
- Intention to fund sites not previously funded by SPNS
- Sites funded by AU not directly by HRSA

# PEER LINKAGE AND RE-ENGAGEMENT

## For Women of Color

- Intended for organizations, agencies, and clinics considering a short-term intensive peer-focused model to increase linkage of newly diagnosed and re-engagement of known HIV-positive women of color.
- Peers will work to achieve the following milestones over 4 months: attendance to two medical care visits with a prescribing provider, completion of one lab visit, and completion of one visit with a case manager.



# ADAPTED INTERVENTION PRODUCTS

## TARGET Center

- **Implementation summary**
- **Implementation plan**
  - Logic model
  - 3 year work plan
  - Budget
  - Staffing plan and position descriptions
- **Implementation manual**
- **TA Agendas**

# CROSS-INTERVENTION TRAINING AND TA

## Formative Phase Convening

- DEII Initiative Overview
- Trauma-Informed Care training
- Training on Data Collection processes
- Formative Phase & Year 1 Site Visits
- Monthly Monitoring Calls
- Virtual Trainings
  - Harm Reduction Basics
  - De-Escalation Techniques
  - Motivational Interviewing





# INTERVENTION-SPECIFIC TRAINING AND TA

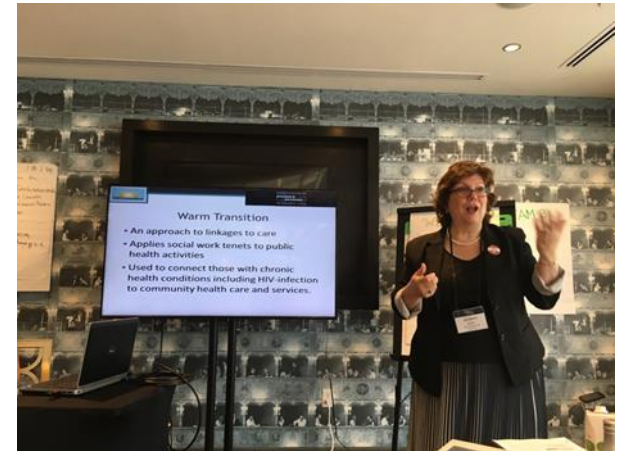
## Formative Phase Convening

- 1 ½ - 2 day intensive training on each intervention
- Additional Intervention Training
  - 2 ½ day training for Peer intervention staff
- Year 1 Site Visits
  - Training and guidance from training teams



# INTERVENTION-SPECIFIC TRAINING AND TA

- Monthly Cohort Calls
  - “Mini-trainings”
- Community of Practice Calls
  - Monthly Peer calls
  - Monthly Supervisor calls



# PEER SITES

## Meharry Medical College (Nashville, TN)

- One of the nation's oldest and largest historically black academic health science centers
- Peer services delivered from the Meharry Community Wellness Center & services are provided to women through Meharry's Hospital System



## AIDS Care Group (Chester, PA)

- Largest FQHC in South Eastern PA with the majority of HIV cases in the third poorest city of its size in the nation
- By providing Saturday clinic peers and staff are able to re-engage WOC and provide meals

## Howard Brown Health (Chicago, IL)

- Implementation of the peer program is occurring at a newly opened clinic in the Englewood Community
- Intentionally enrolling both cis and transgender women

# MULTI-SITE EVALUATION

**Using an implementation science approach, the DEC is conducting the following data collection on each of the adapted intervention cohorts:**

- Barriers and facilitators to implementation
- Fidelity to the intervention
- Interventionist activities
- Patient outcomes
  - Clinical (visit dates, HIV lab values, ART)
  - Patient level (quality of life, satisfaction, self-efficacy)
- Cost analysis

# IMPLEMENTATION DATA

Implementation data:

- Monthly monitoring calls
- Cohort calls
- Site visit reports



# PRE-IMPLEMENTATION LESSONS

- Staff turnover is challenging for the sites and for the individual interventionists. Once the in-person training opportunity has passed (convening), onboarding new staff is labor and resource intensive.
- In future iterations of the manuals, include more customizable tools such as clinic assessments, workflow diagrams.
- Training topics that should be addressed in future iterations of the interventions: boundary setting, confidentiality, trauma informed care, vicarious trauma, harm reduction, motivational interviewing

# PRE-IMPLEMENTATION LESSONS

## Facilitators:

- Clinical supervisor role/ provision of clinical supervision
- Community collaborations for referrals

## Barriers:

- Administrative-
  - HR policies related to job description;
  - Peer readiness
  - Compensation and balancing issues around disability benefits and disclosure
  - Difficult to fill the peer positions
- Dedicated space
- Variation among the experiences/professional backgrounds of the peers
- Comfort with documentation
- Challenges with patient recruitment –out of care list

# YR 1 IMPLEMENTATION LESSONS

## **Facilitators of successful implementation:**

- Clinical supervisor role/ provision of clinical supervision
- Peers integrated into the clinical setting
- Peers working outside of the office setting and in concert with key partners
- Team communication and client-centered collaboration
- Strong engaged participatory leaders

## **Barriers to implementation:**

- Staff Turnover
  - Peer readiness
  - Compensation and balancing issues around disability benefits
- Dedicated space
- Inability to access eligible population – expansion into a new neighborhood
- Challenges with patient retention – changing contact information of clients
- Challenges moving patients to SOC



# LOOKING AHEAD: CARE & TREATMENT INTERVENTIONS

- Continue monitoring implementation and multi-site outcomes evaluation.
- Analyze and summarize interim findings
- Update adapted interventions
- Training manuals will be available to complement the implementation manuals
- Release final interventions toolkits as CATIs



# QUESTIONS?

**Jane Fox, MPH**  
**Boston University**  
**617-638-1932**  
**[janefox@bu.edu](mailto:janefox@bu.edu)**