

Implementation of an Evidence-Based Intervention by 72 CBOs Over Time

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(original research and implementation research funded by NIMH)

Young gay/bisexual men (YGM), HIV/AIDS and *the Mpowerment Project*

- YGM at arguably highest risk for HIV in U.S.
- Developed *The Mpowerment Project (MP)*, an HIV intervention for YGM men
- For YGM men 18 - 29 years of age
- Tested it in 2 trials, in 6 communities in western U.S.
- Found to reduce rates of unprotected anal sex
- Independent research (Rand) found it to be among the most cost-effective approaches to HIV prevention

Change in Landscape of HIV Prevention by Community-Based Organizations (CBOs)

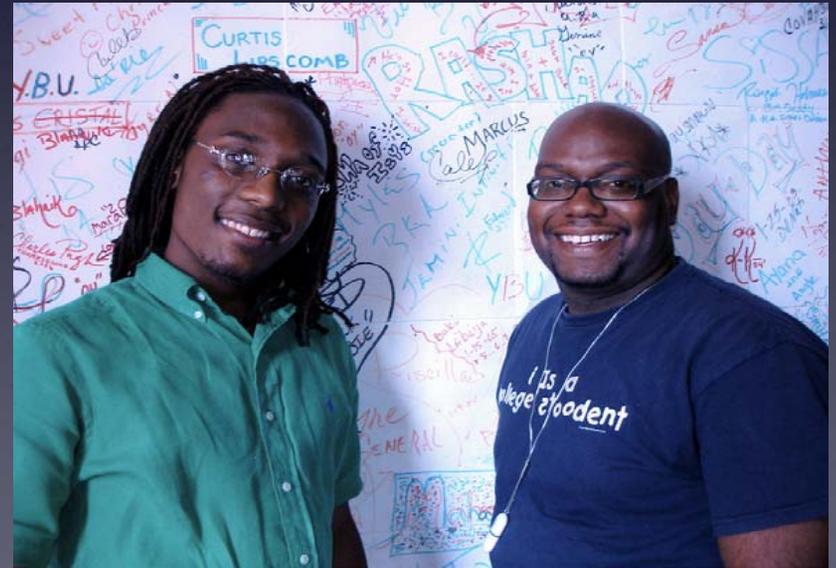
- CDC became committed to disseminating evidence-based HIV prevention interventions
- MP was part of earliest work to disseminate EBIs
- CDC began only funding EBIs and encouraging state health departments to do same
- Not necessarily buy-in by CBOs
- Yet needed to implement EBIs to get funding

MP Technology Exchange System - MPTES: An intervention for CBOs

- System of materials to help CBOs understand how to implement the MP (trainings, technical assistance [TA], web-based materials, manuals)
- Input of Community Advisory Board of CBOs, health departments, MUCH feedback from CBOs
- Sole “purveyors” of MP: provide all trainings, manuals, and most TA (though not all CBOs request them)
- Enabled us to study implementation issues
- Best guess: 125-150 CBOs have implemented MP

The Mpowerment Project (MP): Structure

- Uses many concepts from community-based participatory research methods
- YGM - volunteers make decisions & run program
- Paid staff (“coordinators”) are YGM



The Mpowerment Project (MP): Intervention

Goals:

- to reach all YGM in community with multiple HIV prevention messages through multiple channels
- to build community that supports each other about HIV prevention & coping with being gay
- to develop empowered YGM in an empowered community
- Multi-level intervention: addresses individual, interpersonal, social, and structural issues that cause YBM to be vulnerable to HIV



The Mpowerment Project

- Multiple components:
 - small one-time groups
 - outreach: attract men to project via social events, where they hear safer sex messages, join community
 - mobilize men to support each other
 - publicity campaign
 - project space (YGM community center)
- Tailored by each community for community



The TRiP Project

(Translating Research into Practice)

- Longitudinal study of 72 U.S. CBOs implementing the MP
- Nearly the universe of CBOs at the start of the study
- Recruited CBOs into the study when they contacted us for information (we did not fund them)
- Provided MPTES to CBOs
- CBOs followed for 2 years
- *Today's presentation: **What predicts effective implementation?***

What is “Effective Implementation”?

- Implement the *core elements*
- Core elements implemented according to the guiding principles/theories that underlay the intervention
- Implementation with “*fidelity*” to original research methods
- High fidelity:
 - can include tailoring/adapting when necessary for community context and/or the population
 - But must do so while maintaining the core elements & guiding principles

Methods

- Each CBO assessed at baseline, 6, 12, 24 months
- Phone interviews covered:
 - Thorough description of intervention (semi-structured interview, extensive notes taken)
 - Some quantitative measures
 - At each CBO, interviewed intervention coordinators (“front line staff”), supervisor (Director of HIV Education), 1 - 2 volunteers
- N = 2 – 5 people per CBO at each wave of data collection; total 532 interviews, with 329 people
- Mostly qualitative study

Qualitative Analysis Methods

- All notes & commentaries entered into database (including from TA providers & evaluator)
- Preliminary analyses of the data generated broad themes/organizing codes
- Monthly analysis meetings focused on emerging issues across CBOs
- Summary notes later systematically compared with organizing codes
- All themes/codes were generated from data (not determined beforehand)

Two Measures of Fidelity

- Externally-rated fidelity:
 - TA specialists kept extensive notes on TA episodes, issues arising in each CBO
 - TA specialists and evaluator read all TA notes and all interview notes per organization
 - External rated fidelity score: range 1 (no fidelity) - 10 (high fidelity)
 - Extensive work conducted to reach shared understanding of fidelity ratings
- Self rated fidelity:
 - Each CBO rated each core element: “Doing it” (1); “Modified it” (2); “Not doing it” (3)
 - Added scores, averaged by # of interviewees

Fidelity Results

- CBOs ranged tremendously in fidelity of implementation
 - Some CBOs implemented the intervention with very high fidelity
 - Other CBOs had very poor fidelity, simply unable or unwilling to implement the intervention
- CBOs' fidelity of implementation showed tremendous fluctuation over time: surprising to us

Fidelity of Implementation at CBOs with more than 1 Coordinator at Baseline to 2 Years



Organizational Characteristics Predict Fidelity (N=40-48)

	External (R)	Self (R)
Annual HIV prevention budget	0.24	.46**
Annual MP budget	0.15	.30 ⁺
Number Paid Staff on MP	.34*	.56***
Organizational Functioning	0.19	.26 ⁺
Agency self-perception of efficacy to implement MP	.47**	.49***
Staff turn-over	0.15	.29*

+p<.10

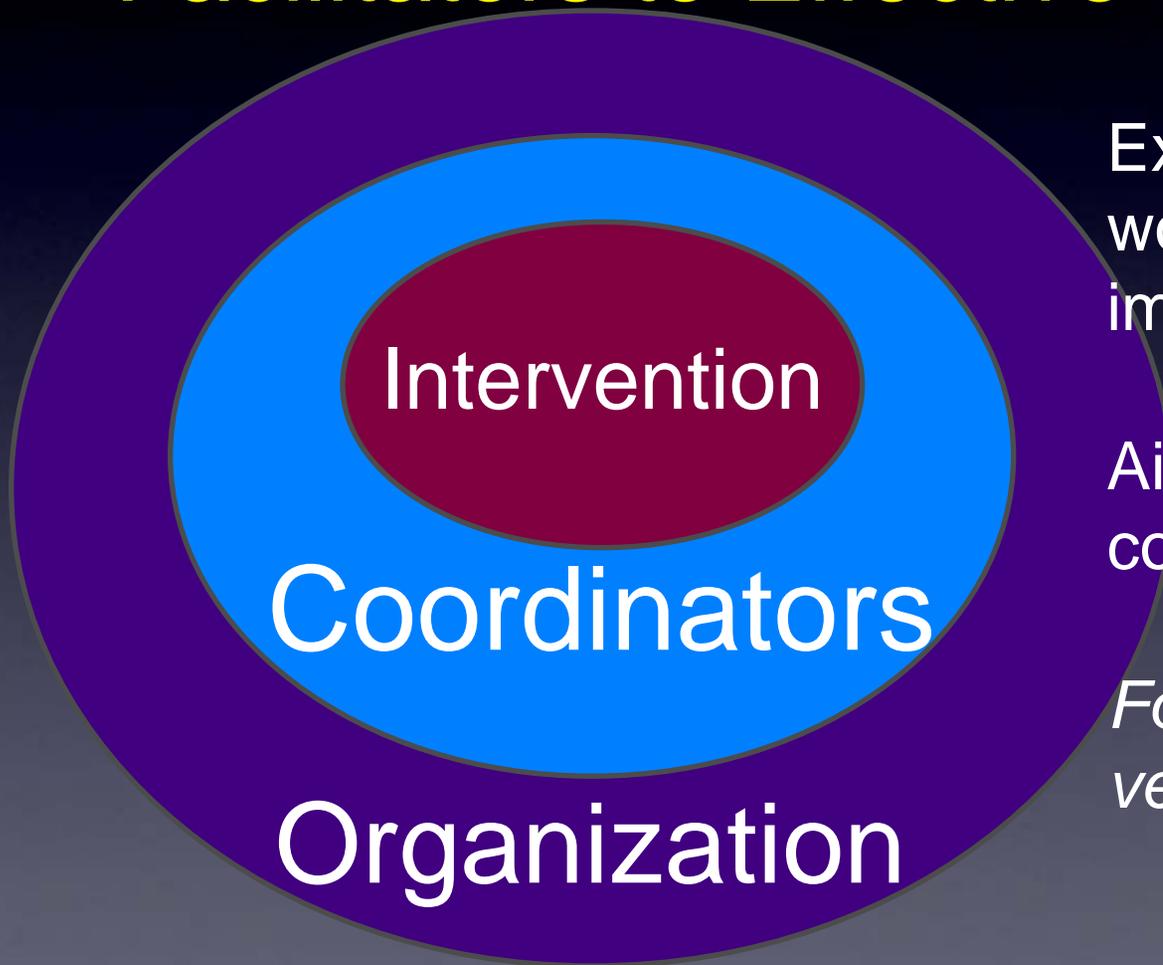
*p<.05

**p<.01

***p<.001

Qualitative Research

Original Assumption about Barriers & Facilitators to Effective Implementation



Expected that coordinators would be, by far, most important

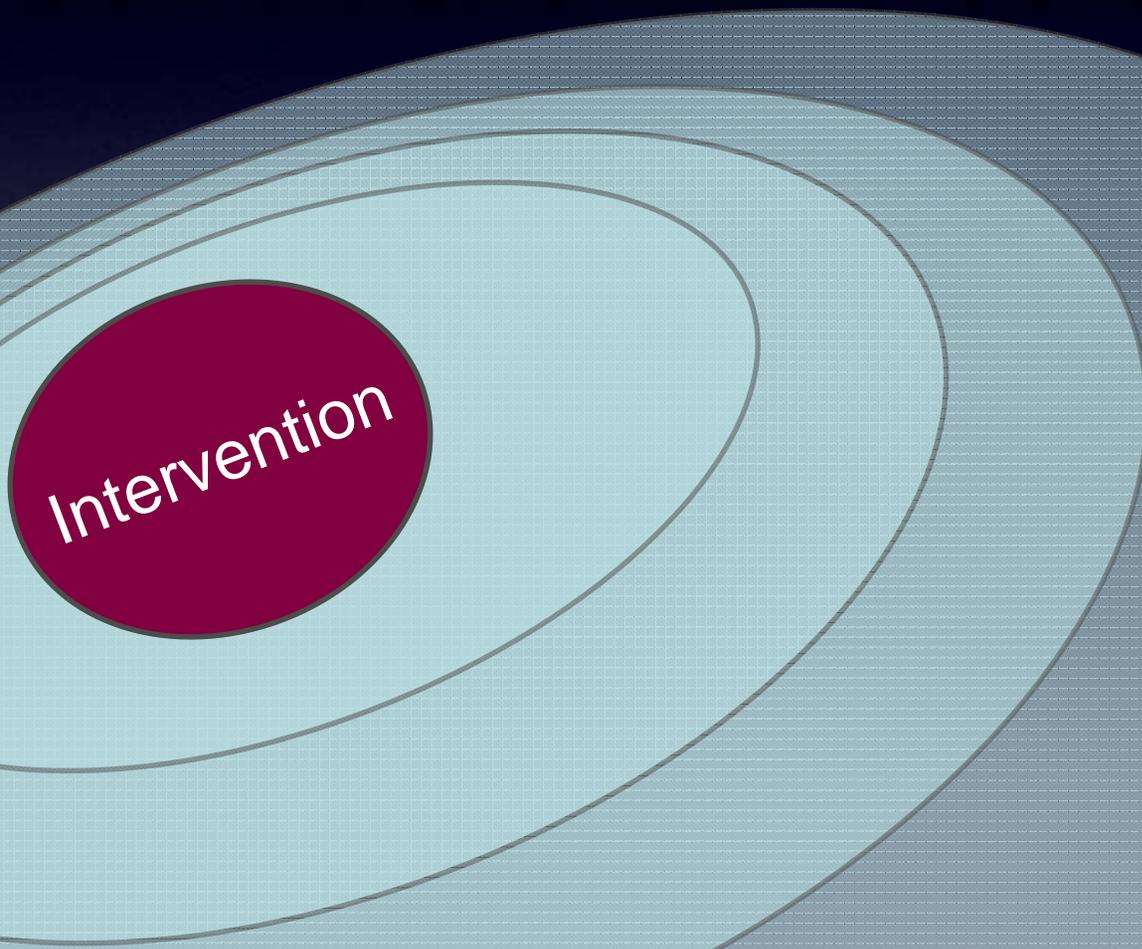
Aimed most of MPTES at coordinators/front line staff

Found issues at other levels very important:

** organizational level*

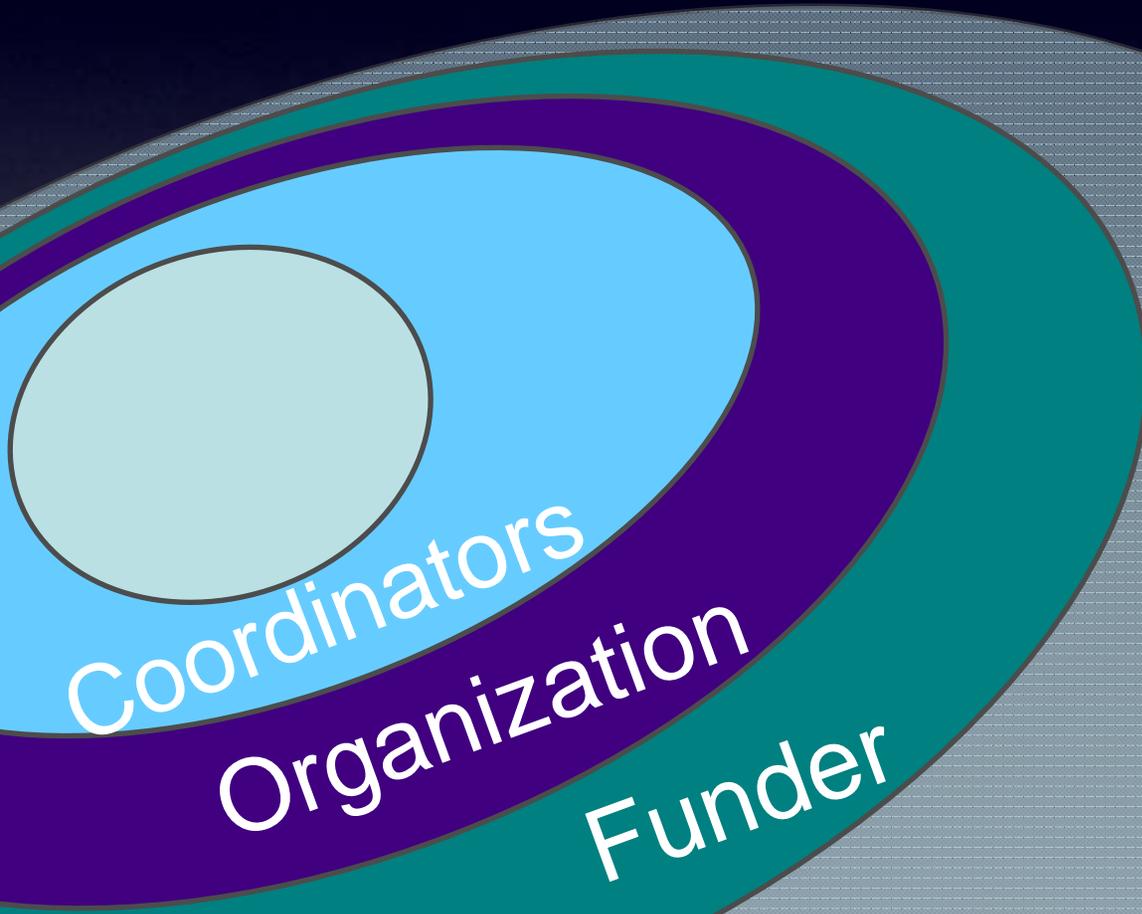
** funder (completely unexpected)*

Complex Intervention: Requires Sufficient Resources



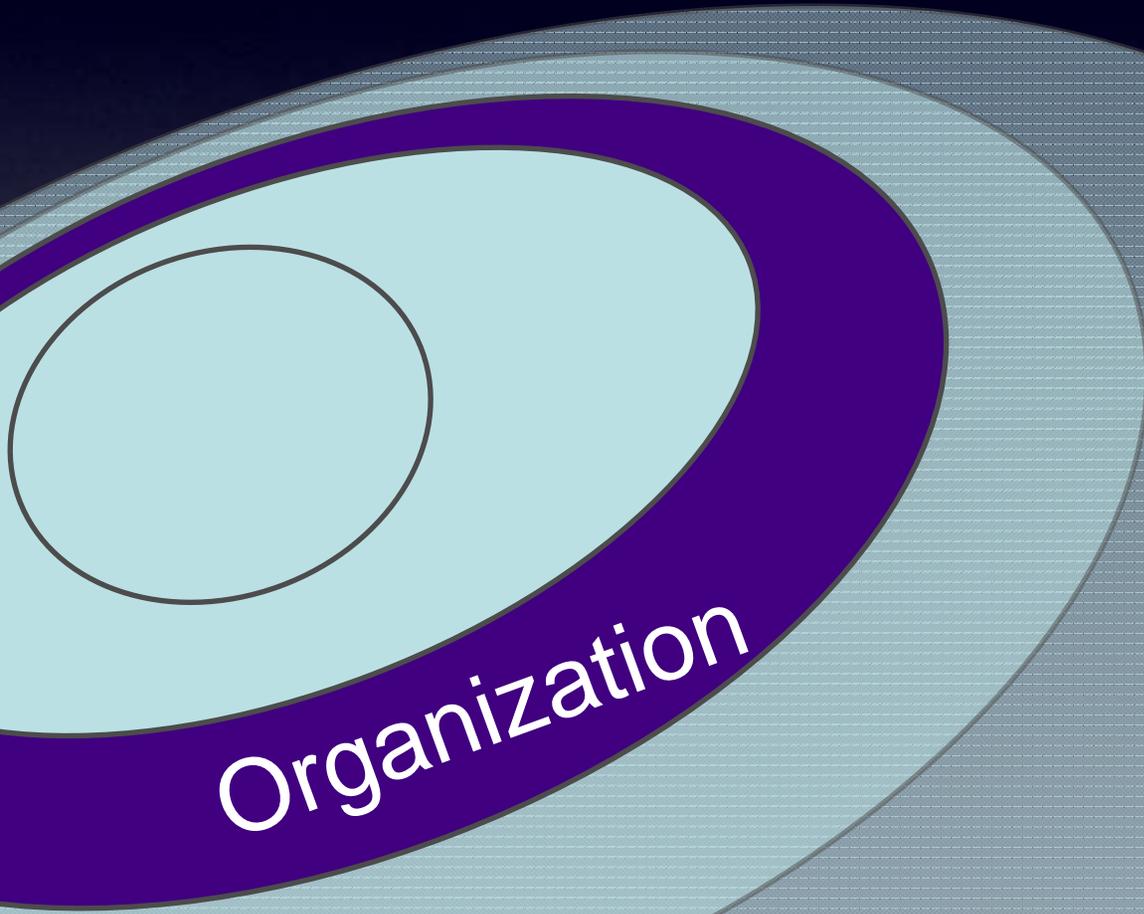
- Not simple to implement
- Multiple components (because is multi-level approach)
- Challenging conducting community mobilization, empowerment, community building
- Requires minimum of 1.5 staff and dedicated project space: often had neither
- But not the only barrier/facilitator - takes more than \$\$

Knowledge about Intervention



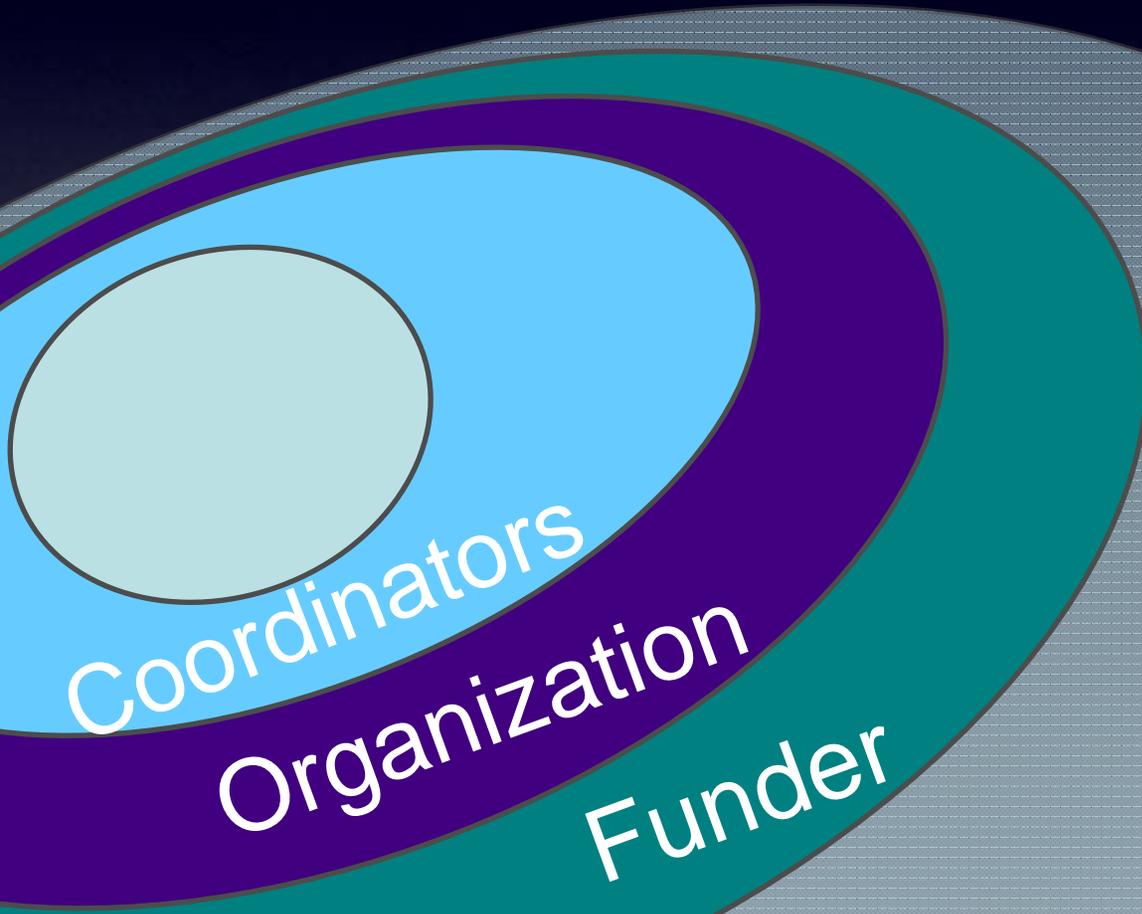
- Coordinators who understand MP better implement it more effectively
 - But many don't understand core elements: rarely read manual, did not attend trainings
 - Do not know how to start
- Other levels of the system also impact:
 - Supervisors (“organization management”) who don't know don't supervise effectively
 - Funders sometimes don't understand intervention, write contractual language that doesn't match intervention

Planning for Intervention *before* Implementation



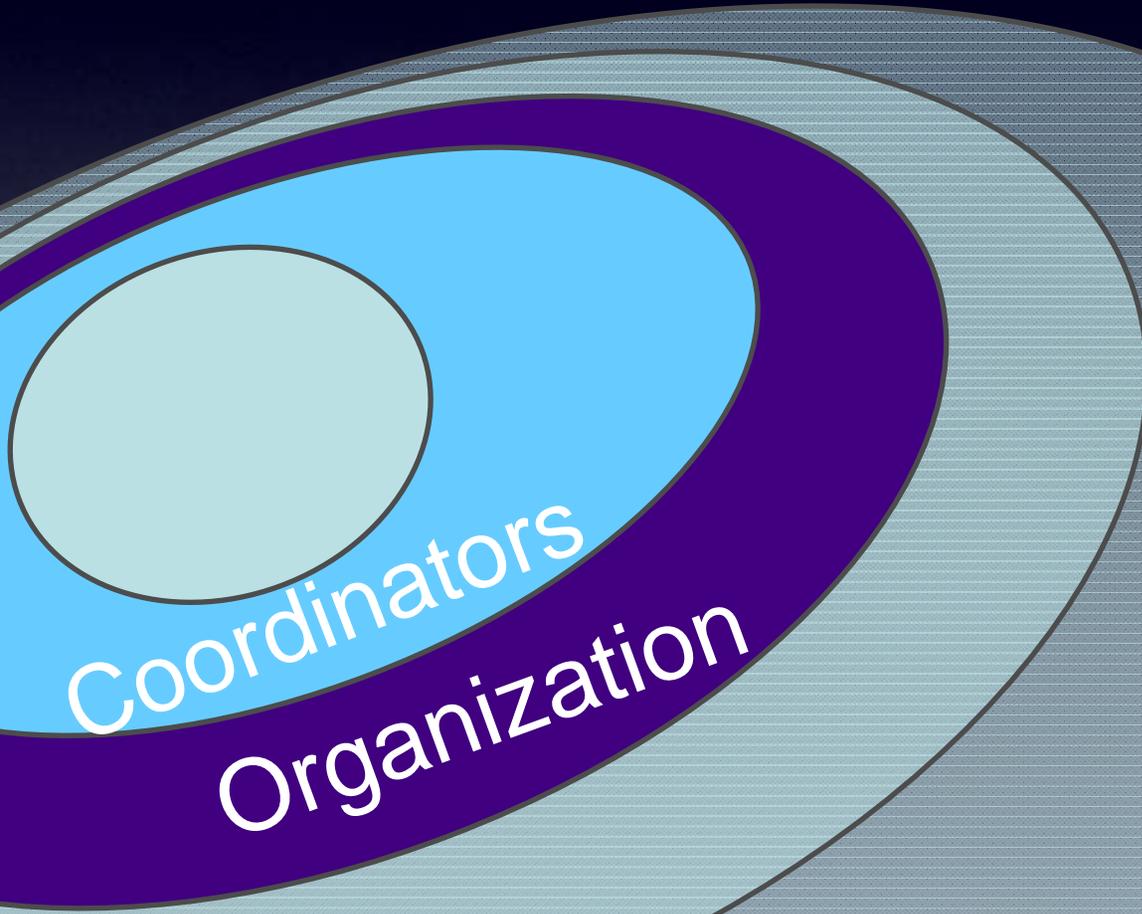
- Anticipating potential barriers (e.g., finding project space & qualified coordinators) facilitates implementation
- Understanding MP facilitates making necessary policy changes
- If plan ahead, can consider program goals and determine if sufficient resources or if need to seek more
- Organizational management may never open manual, go to training or website

Belief in Efficacy of Intervention



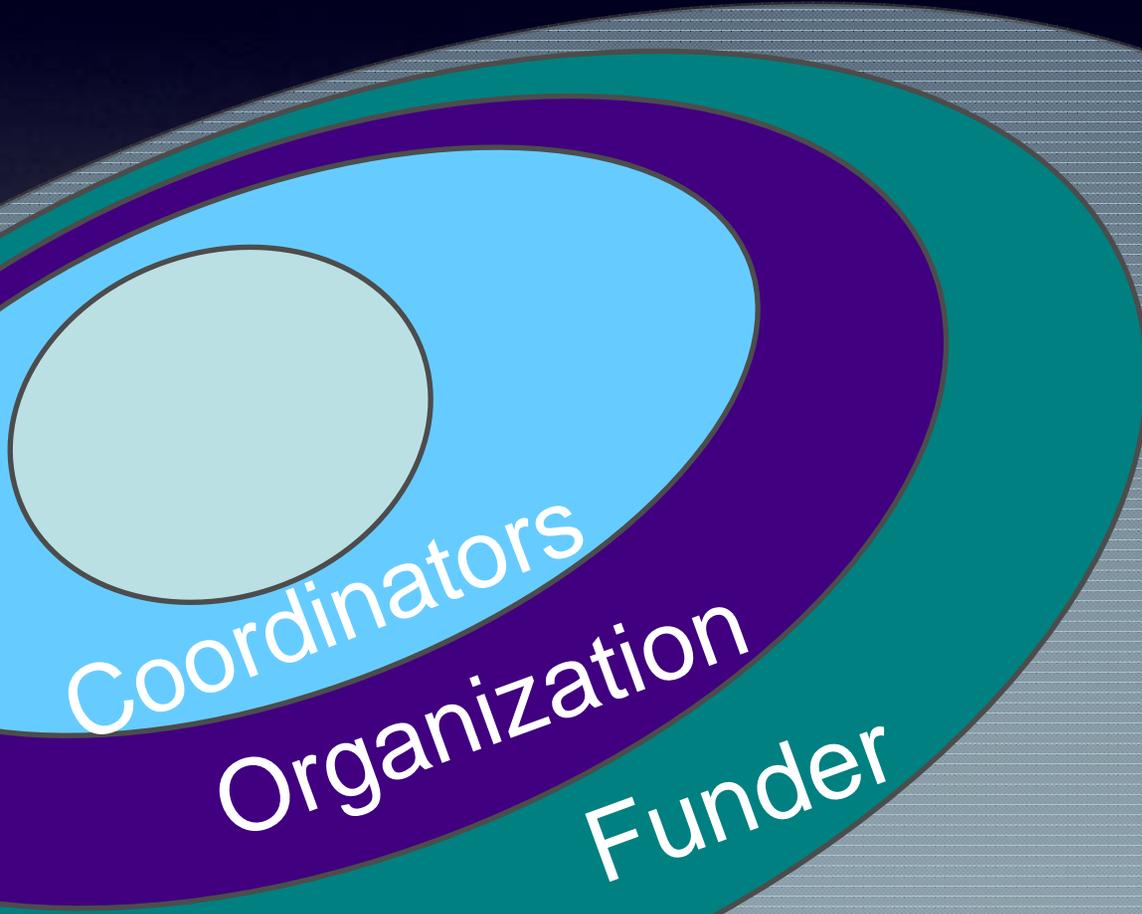
- When believe intervention is likely to work with population - more likely to implement with fidelity
- But - people at all levels (coordinators, supervisors, funders) may be skeptical about research, uncertain that intervention is relevant and effective
- Forced by funding mechanisms to implement interventions that do not believe in - builds resentment
- Sometimes discomfort with some parts of intervention: e.g., that YGM are decision-

Desire to Change Agency's Existing Prevention Approach (Adopt Innovation)



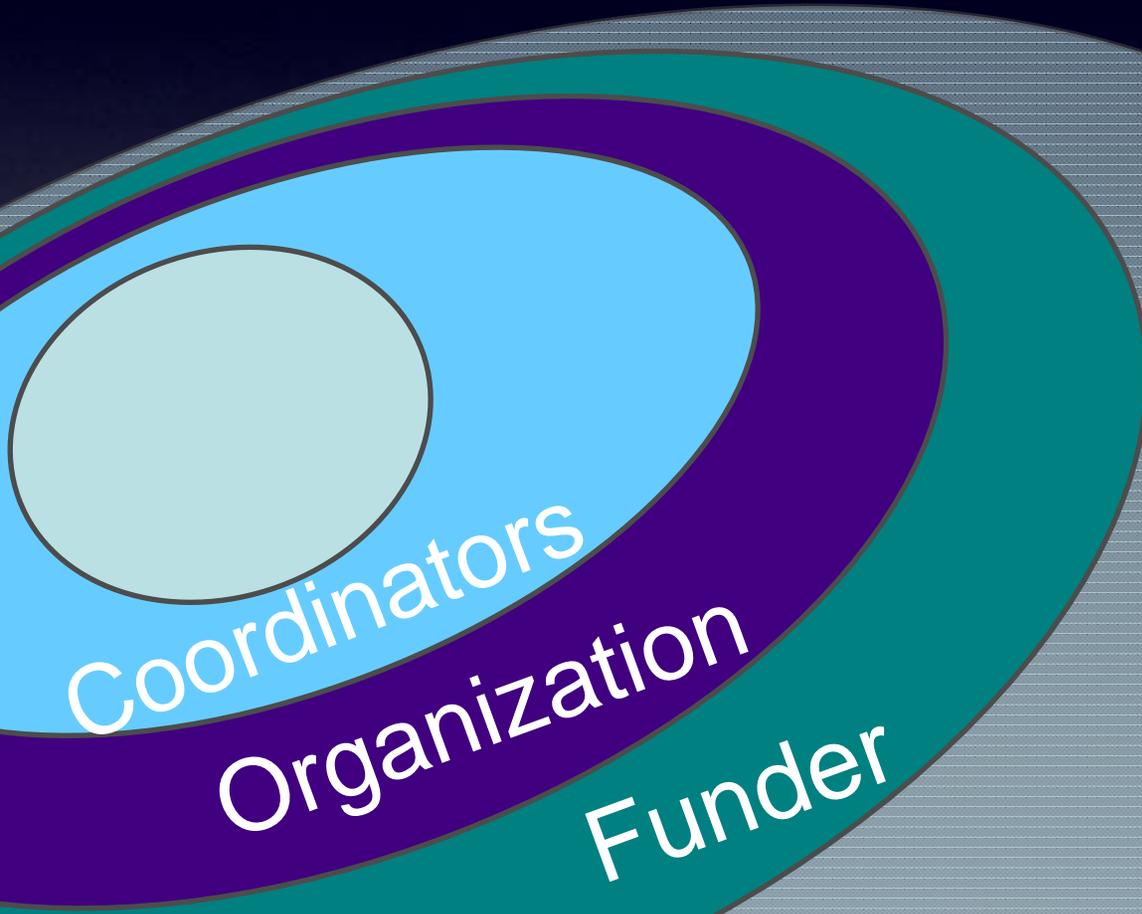
- CBOs need to want to change their existing approach to HIV: but many are committed to previous programs and staff
- Sometimes re-label their existing approaches or think it's "similar" (so don't need to change)
- Difficult to change 20+ years of "traditional approaches"

Evaluate Program's Ongoing Functioning & Make Changes as Needed



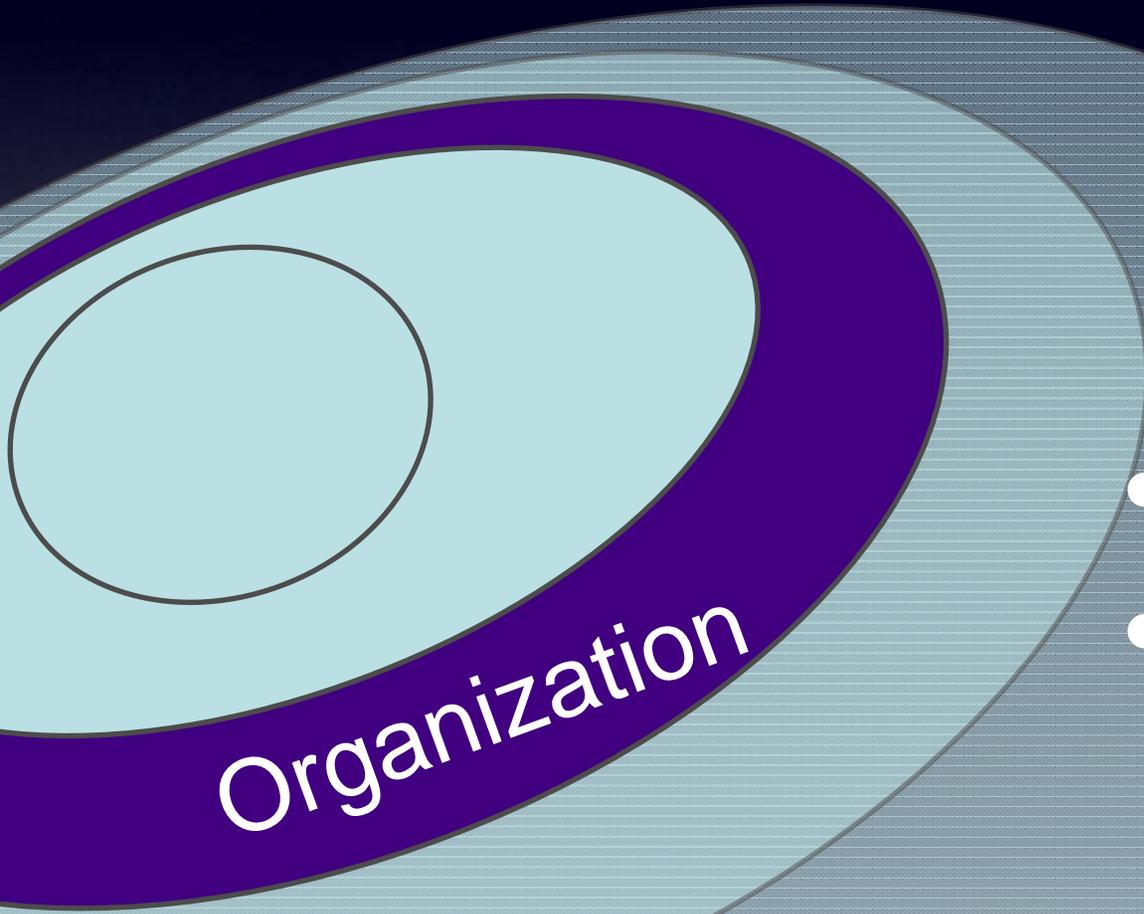
- Reflect on how project functions and subsequent ongoing revision - part of empowerment
- Coordinators & volunteers critically analyze program functioning & reach
- Supervisors support critical self-analysis
- Ongoing evaluation necessary to keep program relevant for community

Accountability for Work



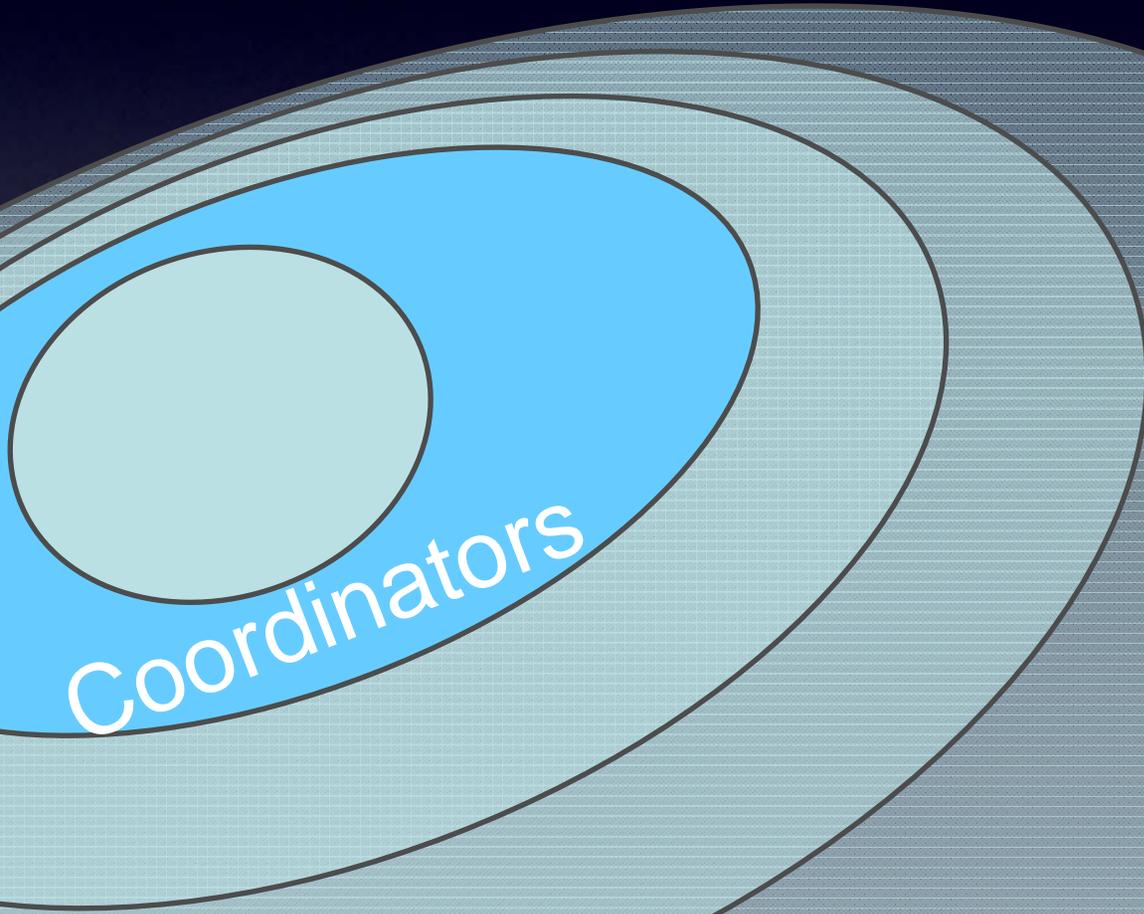
- Given the complexity of the intervention – need to accomplish many tasks
- Some coordinators had poor job performance
- Lack of oversight/accountability by CBO (supervision)
- Funders may not know what to expect if provide lower funding & tasks not translated by us into “deliverables”

Organizational Stability



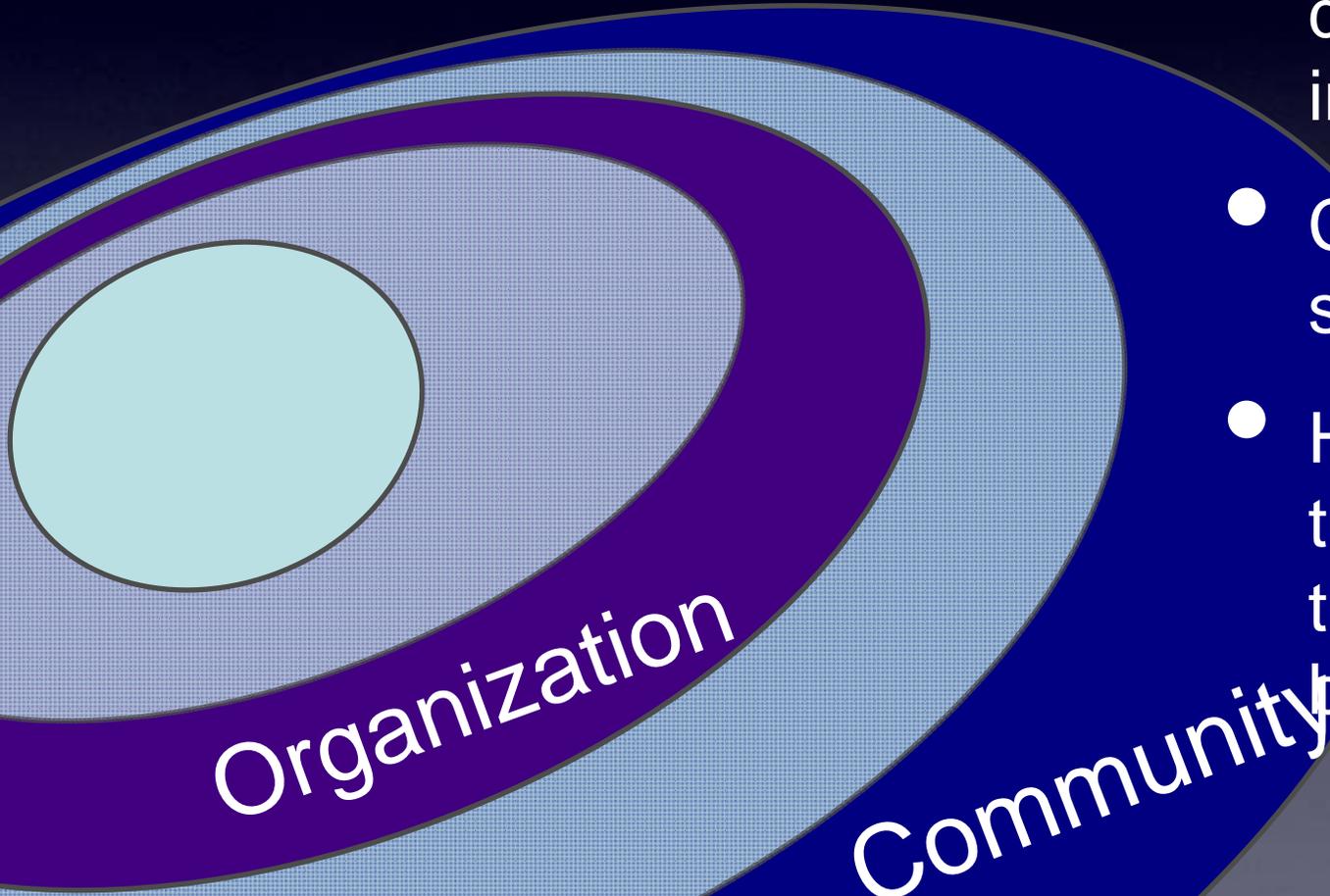
- High coordinator turnover affects implementation:
 - In first 6 months: 35% of CBOs had turnover
 - In first year:
 - 56% had turnover
 - 23% had turnover multiple times
- CBOs struggle with funding
- CBOs in turmoil have difficulty implementing innovative approaches

Appropriateness of Individual for Coordinator Position



- Position is lynchpin of entire intervention
- Sometimes coordinators are social isolates, not part of the community/population (not YGM), shy about work, poor interpersonal skills: *not good fit*

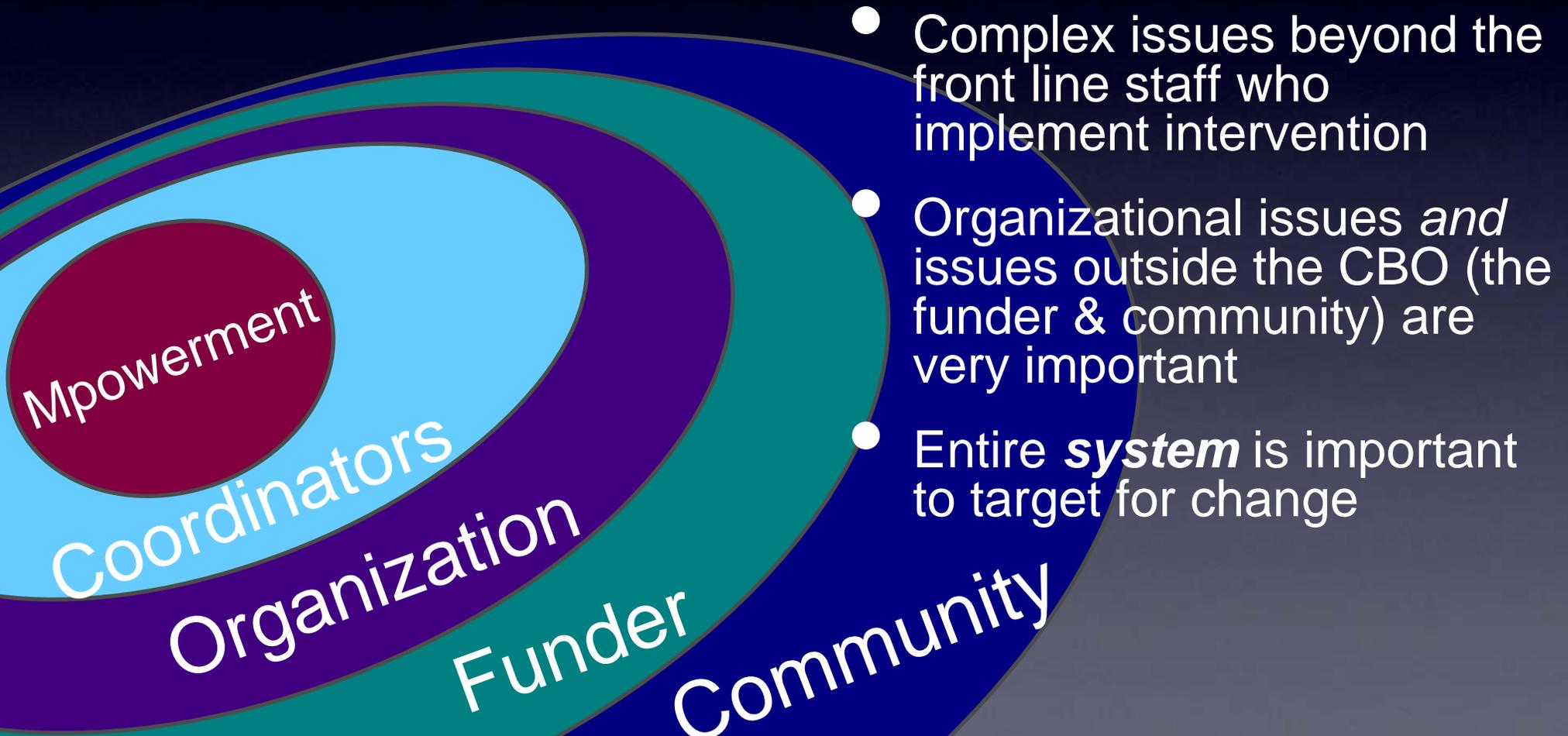
Acceptance of Young MSM



- Fear of political controversy makes it difficult to successfully implement MP
- CBOs must accept and support young MSM
- Homophobia (both in the organization and in the community) is a barrier

Conclusion.

Greater Attention to Systems is Needed to Facilitate Successful Implementation



Strive to Create Alignment: New Systems Approach to Implementation



Develop an Enhanced MPTES to address issues that function at each level of the system