Formative Program Evaluation: KIRP Harm Reduction Initiative

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KIRP Harm Reduction Initiative

The Kentucky AIDS Drug Assistance Program (KADAP) Income Reinvestment Program (KIRP) was created as a collaboration between the University of Kentucky (UK) and the Kentucky Department for Public Health (DPH). Publicly rolled out in 2019, KIRP seeks to enhance the health, safety, and wellbeing of all people in the Commonwealth of Kentucky by addressing high-risk behaviors, providing comprehensive education, and expanding state of the art medical care for persons living with HIV. One area of KIRP is the Harm Reduction Initiative (HRI), which has the mission of providing comprehensive education and screening services to those at highest risk for HIV infection and linking identified HIV-positive persons into high-quality medical care and improving access to supportive services to ensure those living with HIV enjoy health and wellbeing.

The primary objective of the HRI is to embed enhanced risk reduction screening, prevention, and education in collaboration with health department partners into already existing harm reduction programs and to assist with the development of new programs that would provide risk reduction activities. The major focus is testing and linkage to care for HIV and Hepatitis C. Other services and goals include outreach, harm reduction education, PreP access, and infrastructure improvements for HIV testing. HRI supports local health departments in hiring personnel and purchasing the necessary supplies and equipment, and to assist with managing the cascade of care needed for those infected or at high-risk of becoming infected.

KIRP INITIATIVES			
Harm Reduction Initiative	Inter-Professional Health Education Collaborative	Prevention Care and Treatment Program	Innovative Pilot Program

Formative Program Evaluation

Formative program evaluation is evaluation conducted prior to and during the development of a program, and it extends into the early implementation stage. Commonly, formative evaluation is described in four categories: Proactive, Clarificative, Interactive, and Monitoring.

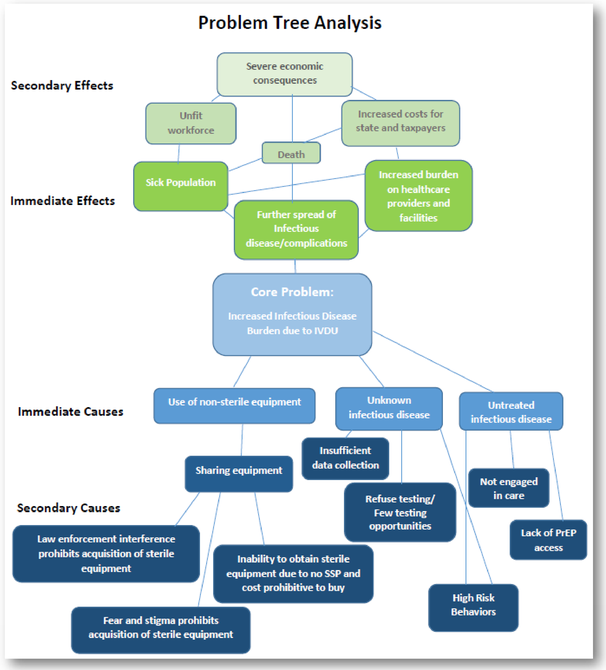
The function of formative evaluation is to first understand and clarify the need for the program (Proactive), to describe and clarify the project (Clarificative), to improve the program design after initial implementation (Interactive), and to ensure that the project is being carried out as it should be (Monitoring). Formative evaluation is largely conducted with the intent to improve the program, and this type of evaluation can also assess the readiness for summative evaluation.

Categories of Formative Evaluation

	Proactive	Clarificative	Interactive	Monitoring
When	Pre-project	Project development	Project implementation	Project implementation
Why	To understand or clarify the need for the project	To make clear the theory of change that the project is based on	To improve the project's design (continual improvement) as it is rolled out	To ensure that the project activities are being delivered efficiently and effectively

Formative program evaluation of the KIRP HRI was conducted throughout the summer and fall of 2019. Numerous meetings, interviews, presentations, and literature were analyzed in order to understand, describe, implement, and ultimately, optimize the program.

Proactive: Problem Analysis



Kentucky has been hit hard by the opioid and injection drug use epidemic, creating a crisis of increased infectious disease burden. When the funding that would ultimately become KIRP was available, the University of Kentucky and the KY Department for Public Health analyzed uses for these program funds within the context of this region's opioid epidemic. The problems that most needed addressing by DPH and local agencies were scrutinized. After fitting the problems into the scope of Ryan White allowable services due to the funding source, program activities and goals were created to address underlying causes of the problem.

Proactive: Local Needs Assessment

One priority that KIRP espoused from the start was that decisions ultimately needed to be locally-driven in order to effectively address concerns unique to each area. KIRP staff expressed no desire to dictate inflexible mandates throughout the state without regard for local nuances and conditions. In order to more fully assess local needs, publicize what the HRI program had to offer, and solicit plans and budget proposals, HRI staff sought to meet face-to-face with as many local health department directors and personnel in the state as was feasible. These meetings essentially functioned as focus groups stimulating in-depth discussion on local issues stemming from the opioid and drug use epidemic.

Despite the diversity of geographic and sociodemographic areas, **common themes** emerged through these conversations that highlighted particularly salient concerns surrounding the local harm reduction capability:

Inadequate budget/staffing: Local staff overwhelmingly cited a lack of adequate funding for effective harm reduction services, which led to scarce staffing and little time to carry out counseling, testing, outreach, or linkage to care.

Insufficient data/surveillance: Lack of real-time data or surveillance capacity at the state and local level makes it hard to identify and respond to outbreaks/clusters or other potential problems.

Services for incarcerated populations: Staff understood the necessity of reaching those involved in the justice system, as they are high-risk individuals and frequently cycle in and out of jails. However, at the time, very few local health departments had the ability (resources or official approval) to provide services for incarcerated populations.

Law enforcement interference: Staff spoke of local law enforcement intimidating SSP clients and confiscating supplies obtained from LHDs.

Local official opposition: LHD employees mentioned local officials unwilling to commit to or support harm reduction services because of what those officials deem a morality issue or because they deny there is a local drug problem.

Stigma: Staff recognized that unfavorable views held by community members, local officials, law enforcement, and also within the staff of public health organizations (including LHDs) hinders harm reduction efforts; staff using stigmatizing language (i.e.: addict, "dirty" needles) created an unwelcoming environment for those needing harm reduction services.

Clarificative: HRI Program Logic

Program: KIRP Harm Reduction Initiative
Situation: Increased burden of infectious disease due to drug use; inadequate capacity to test/educate/link to care in local communities; improve this capacity to reduce ID

Inputs (What we invest)	Outputs (What we do and who we do it to)		Outcomes – Impact (The incremental events/changes that occur as a result of the outputs)		
	Activities	*Participation*	*Short*	*Medium*	*Long*
Staff Funding for: Training Travel Technology Supplies/Test kits Ed Material/literature Office supplies/ Equipment Office improvements Office space rental Software/data collection tool Evaluation Incentives	Needs and Resource Assessment HIV Testing/Education, Referral to care for (+) HCV Testing/Education, Referral to care for (+) Syphilis Testing/Educ, Referral to care for (+) ID/STD/HR Education Referrals: ID, SUD Share Resource Knowledge Distribute Supplies Non-stigmatizing attitude/ environment Collaboration with LHDs Collaboration with local community Evaluation	Stakeholders Consumers Consumers Consumers Consumers Consumers Consumers Consumers Consumers, staff, community LHDs Local Community Staff	TIMEFRAME: FISCAL YEAR (7/1/19-6/30/20) Assign 100% of KY counties a risk index tier (1, 2, 3, 4) Hire/train/embed HRI Staff in 100% of Tier 1 and 2 counties Hire/train/embed HRI Staff in 75% of Tier 3 counties Hire/train/embed HRI Staff in 50% of Tier 4 counties Begin HIV & HCV testing, education, and linkage to care at 100% of staffed locations Begin syphilis pilot testing in Madison County	TIMEFRAME: 12 months after local HRI staff begin employment (will vary by county) Unique Individuals tested for HIV – 25% of all clients PWID HIV tests in year – 50% Frequency of HIV tests every 6 months; at least twice a year – 25% Positivity rate goals: HIV- 2% HCV-10% Syphilis-will not set at this time Linkage to care goals: HIV: Connect 90% HCV: 50% Syphilis: 100%	TIMEFRAME 12-24 months after HRI staff begin (will vary by county): Stimulate infrastructure for HIV testing: Goal: Educational contact with at least 3 unique facilities in the county PreP Access: Goal: Identify at least 3 unique providers interested in prescribing PreP/begin education. End goal to have at least 1 prescriber in each area Goal for statewide HIV/HCV rates: • See increase in the first 12-24 months • See decline within 5 years Syphilis Rates: • Monitor in conjunction with DPH

Assumptions
LHDs will be open to participation, funding will be adequate and used appropriately; Clients will want to use services/know status; programs will target correct clients; LHD staff perception of SSP/HR/PWUD will not affect service provision

External Factors
Community/law enforcement interference/support; Policies governing how funds can be used/what can be purchased/given out; Presence of existing SEP; geography and economical status of some areas of state

Program logic was clarified into a model to guide development and implementation. A Logic Model lays out the underlying theory of the program. It links outcomes with activities and processes and is a clear, visual way to depict program features. The logic model for the Harm Reduction Initiative was developed through information from program materials, literatures, handouts, and emails, as well as meetings and conversations with HRI staff.

Interactive and Monitoring

Interactive and Monitoring Evaluation remain ongoing at this time. The program has grown rapidly and many lessons were learned early on. The scope of need and local interest far outweighed initial planning. However, flexibility was built in from the start and has allowed the program to meet needs even when not explicitly anticipated.

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References

Community Sustainability Engagement: Evaluation Toolbox. Accessed 20 Aug 2019. http://evaluationtoolbox.net.au/index.php?option=com_content&view=article&id=24&Itemid=125

Owen, J. (2007). Program evaluation: Forms and approaches (3rd ed.). New York: Guilford Press.

Abbreviations

KIRP: Kentucky AIDS Drug Assistance Program (KADAP) Income Reinvestment Program
HRI: Harm Reduction Initiative
DPH: Department for Public Health
LHD: Local health department
SSP: Syringe Service Program; SEP: Syringe Exchange Program
ID: Infectious Disease; HCV: Hepatitis C Virus
PreP: Pre-exposure Prophylaxis
PWID: People who inject drugs; PWUD: People who use drugs
SUD: Substance Use Disorder
HR: Harm Reduction