

Two Sides of the Same Coin

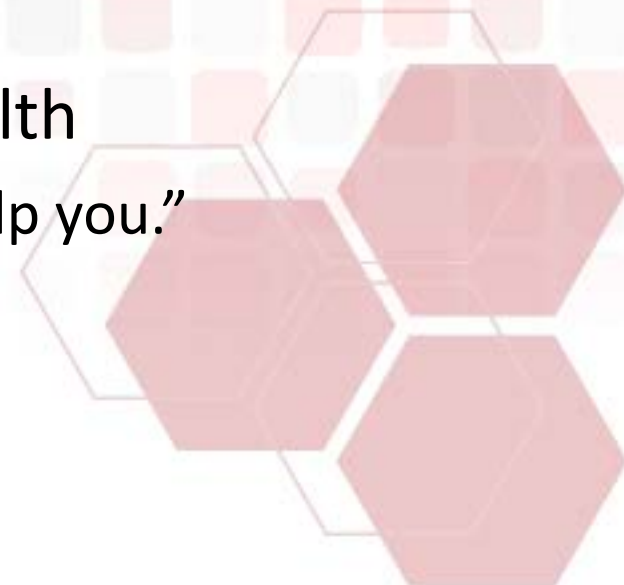
HIV Research and Public Health Practice in Jamaica

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Public Health Practice

- Center's History in Jamaica pre-2013
- Community Based Participatory Research
 - Spent time meeting and getting to know the players in HIV advocacy and care
 - Meeting with the Ministry of Health
 - “What are ways in which we can help you.”
 - “What are your priorities?”



Priorities

- Motivational Interviewing
- Evidence Based Interventions targeting MSM
 - 32-33% Rate of HIV in Jamaican MSM
 - Anti-Buggery Law
 - Conservative Environment



Priorities

- Many Men Many Voices (3MV)
 - Identity building and HIV prevention
 - SWAJ
 - The Colour Pink
 - Ashe Company
 - UWI CHARES Clinic
 - Children First
 - CVC
 - JN+



Priorities

- Prevention with Positives (PWP)
 - Only type of intervention which hasn't been tried;
 - Eight modules which include information on identity, viral load and medications, and disclosure
 - Can be done in a one-on-one counseling session or in a group setting



Simple, Right?

- Challenges:
 - Out of sight, out of mind
 - Attrition
 - Foundation of incentives
 - Workshop fatigue



Motivational Interviewing (MI)

- The “successful” and completed pilot of an evidence based intervention has been MI.
- For those who are unfamiliar with:
- *MI is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior. MI is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.*

Motivational Interviewing

- The evidence has shown that MI improves outcomes across the HIV continuum of care all the way through viral load suppression, particularly in vulnerable, youth populations.



Motivational Interviewing

- Implementation
 - Two day Workshop
 - Ongoing Coaching for Six Months
 - Standard Patient Protocols
 - Recorded Patient Interactions
 - Each session is scored for fidelity (0-4)
 - Final competency score is provided (3.5/4.0)

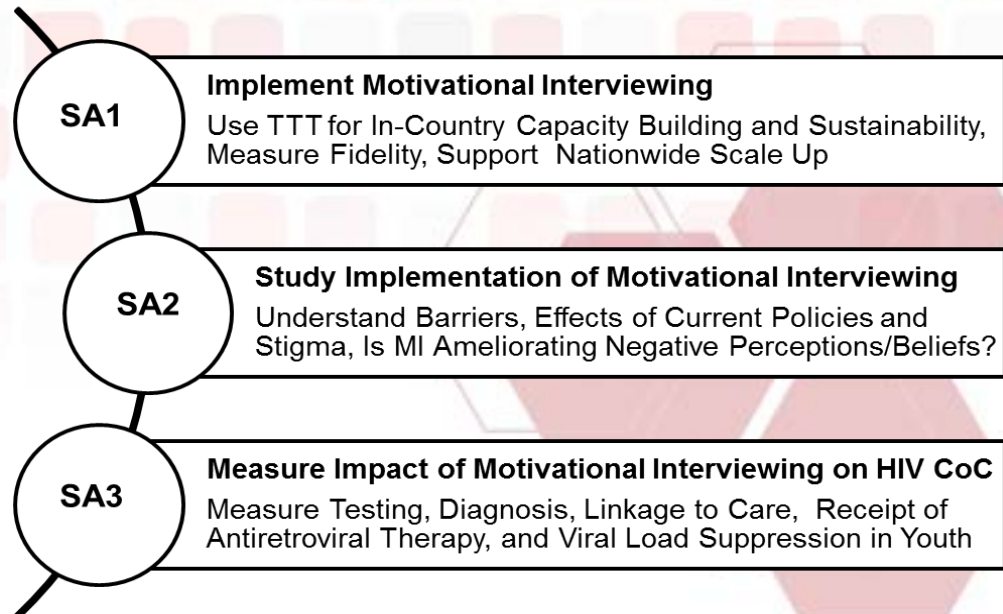
Cycle 1 and Cycle 2

- Cycle 1: Introduce leadership to this design and to Motivational Interviewing
 - July 2014
- Cycle 2: Implement a Train and Trainers workshop to build in sustainability and local capacity
 - January 2015



MI in Jamaica

- Cycle 1, 2014: Submitted a targeted R01 (RFA) to NICHD.
 - Issues with approach
 - Focused on cascade outcomes (Ministry priority)



Cycle 2, Specific Aims

- Aim 1: To test nationwide MI implementation strategies for resource-poor settings guided by the [REMOVED] framework in a mixed methods study.
- Aim 2: To explore the role of the barriers and facilitators to implementation identified in the [REMOVED] framework as these impact on the extent and quality of MI implementation in study sites.
- Aim 3: To determine the cost effectiveness of each implementation strategy by combining cascade and fidelity outcomes attained from Aim 1 with monies spent implementing each approach.

Specific Aim 1

- Aim 1: To test nationwide MI implementation strategies for resource-poor settings in a mixed methods study.
 - Primary Measure: MI Fidelity
 - Secondary Measures: Cascade Outcomes
 - Testing and CBOs?
 - Innovative?

Note: SA1 2015 = SA1 and 3 2014



Specific Aim 1

- 2 by 2 Factorial Design
 - However, with 35 Ministry treatment facilities plus 3 NGO sites, each sending three care providers, can we power on fidelity?

		Boosters	
		With Boosters	Without Boosters
Coaching	With Coaching	WO+B+C (9 Sites)	WO+C (9 Sites)
	Without Coaching	WO+B (8 Sites)	WO (9 Sites)

Specific Aim 2

- Aim 2: To explore the role of the barriers and facilitators to implementation identified in the [REMOVED] framework as these impact on the extent and quality of MI implementation in study sites.
 - Qualitative



Specific Aim 3

- Aim 3: To determine the cost effectiveness of each implementation strategy by combining cascade and fidelity outcomes attained from Aim 1 with monies spent implementing each approach.
 - Particularly important when interested in incremental cost



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