Conducting culturally responsive and inclusive evaluations of population health programs:

A case study of the monitoring and evaluation of ACCELERATE!

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Program evaluation occurs at **EVERY** step of program planning and implementation!
Program evaluation occurs at EVERY step of program planning and implementation!
### Key Differences: Research vs Program Evaluation

<table>
<thead>
<tr>
<th></th>
<th>Research</th>
<th>Evaluation</th>
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</thead>
<tbody>
<tr>
<td><strong>Goal/Purpose</strong></td>
<td>Creation of new knowledge for prediction</td>
<td>Program decision making</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social accountability</td>
</tr>
<tr>
<td><strong>Questions addressed</strong></td>
<td>Scientist's own questions</td>
<td>Questions derived from program goals and impact objectives</td>
</tr>
<tr>
<td><strong>Appropriate techniques</strong></td>
<td>Sampling, statistics, hypothesis testing...etc</td>
<td>Techniques that fit with the program being evaluated</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td>Research skills</td>
<td>Communication, political, managerial and social skills; cultural sensitivity</td>
</tr>
</tbody>
</table>
Challenges of Program Evaluation

Consideration of stakeholders' views, concerns and needs

- Stakeholder Credibility
- Scientific Credibility

Adhere to scientific principles & methods

Positive program evaluations have a balance between scientific and stakeholder credibility
If you talk to a man in a language he understands, that goes to his head. If you talk to him in his language, that goes to his heart.

—Nelson Mandela
Guiding Principles for Evaluators

- **Cross-cultural skills** are necessary to understand the culture in which both the program and the evaluation are embedded
  - Culture of the organization
  - Culture of the stakeholders
Evaluators should strive to move up the continuum

Essential principles of cultural competence from the American Evaluation Association

- Acknowledge the complexity of cultural identity
- Recognize the dynamics of power
- Recognize and eliminate bias in social relations
- Employ culturally congruent epistemologies, theories, and methods
The use of a culturally competent evaluation approach will likely lead to **better evaluations** and greater use of the evaluation findings.

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Conducting Responsive and Inclusive Evaluations

- Include members of the target cultural group as **full participants**
- Ensuring that the **values and traditions** of the culture are taken into account in the design evaluation
Conducting Responsive and Inclusive Evaluations

- Considering **cultural factors** in the choice of measures and data collection protocols

- Having members of the cultural group **interpret the findings** of the evaluation and **develop recommendations** for decision makers
A MONITORING & EVALUATION Framework FOR ACCELERATE!

University of Mississippi Medical Center
ACCELERATE!
CONNECTING THE COMMUNITY
Advancing the HIV Response in Baltimore and Jackson
ACCELERATE!

• ViiV Healthcare’s four-year, $10 million commitment

• Community-driven activities

• Strengthen the health and well-being of Black gay and bisexual men in Baltimore and Jackson
ACCELERATE!

Emerged from clear, urgent calls from the community to address:

The need for increased local coordination to deliver the HIV standard of care to all who are living with or affected by HIV

And the persistent, disproportionate impact of HIV on Black gay men
Goals

- Decrease stigma experienced by men
- Fuel community-driven solutions informed by men
- Increase access to the standard of care
GRANTEE INVESTMENT OPPORTUNITIES

Network Strengthening

Making Testing a Bridge to Prevention, Care, and Treatment

Making Sex Education Relevant

Strengthening Peer Navigation Services
HIV in the South

- 52% of HIV diagnoses occur in the South
- 19% of the USA
- 13% of the USA
- 16% of the USA
HIV in the South

Rankings: rate of new HIV diagnoses among metropolitan statistical areas of residence

State of Health in MS

"...on average, Mississippian live sicker and die earlier than our national counterparts..."

OHDE Annual Health Disparities and Inequalities Report, 2015
## Sex and HIV Education Policies

<table>
<thead>
<tr>
<th>State</th>
<th>Sex Education Mandated</th>
<th>HIV Education Mandated</th>
<th>When provided, sex education must include</th>
<th>When provided, HIV education must include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maryland</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Cover</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Mississippi</td>
<td>✓</td>
<td></td>
<td></td>
<td>Stress</td>
</tr>
</tbody>
</table>

When provided, sex education must include:
- Contraception
- Abstinence

When provided, HIV education must include:
- Condoms
- Abstinence

Maryland
- Cover

Mississippi
- Stress
"... I considered driving to New Orleans, or Memphis or Birmingham for my own care continuum because I lost confidence in the system as a whole here."

31, PLWH
Preliminary Findings

Jackson Grantees

5Voices@6 in Action

Wellness • Empowerment • Leadership

The SPOT
Safe Place Over Time

Open Arms
HEALTHCARE CENTER

MAC
MEN ACTING COURAGEOUSLY

MISSISSIPPI CENTER FOR JUSTICE

Denouncers • Health Disparities
Through Your Eyes

Stigma & discrimination surveys and discussions

Know Your Rights Trainings
Advocacy trainings
My Good Judy
Town Hall Events
As Much As I Can
Community Listening Sessions
Patient navigation services:

Case management
Mental health services
Housing services
Insurance assistance
Fishbowl
Straight Up Socials
Ask the Expert
Block Party
Man in the Mirror

Mobile Testing Van
Make Testing a Bridge to Prevention, Care and Treatment

36 Activities HIV Testing
357 Black MSM reached

Linkage to Care and Services
388 participants linked to HIV prevention and care and ancillary services

Boosting Empowerment and Strengthen Networks
127 Empowerment Activities
1187 Black MSM reached

Jackson Grantees
Process Indicators
ACCELERATE!
Participant

"... I've gone to a ton of listening sessions and they all are like really good. It's like every time I leave one [session] I feel a little bit more empowered, and I think that was one of the goals of ACCELERATE!, too."
ACCELERATE!
Participant

"I think the first event I went to... was an empowerment workshop and when I saw how many guys was there, I was just like, **this is the first time we ever had this many people come sit down and actively be engaged in the conversation.**"
Non-Grantee Key Informant

"...the conversations have been really good. The guys are aware, I think awareness is the biggest thing that I can say has been successful for the ACCELERATE! initiative... where Afro American MSM, along with, uh, heterosexual people have been benefiting from the conversations and the education material that has been put out since ViiV has been here..."
Participant Characteristics
M&E Participants' Demographic Characteristics

<table>
<thead>
<tr>
<th>Category</th>
<th>T1 n = 126</th>
<th>T2 n = 197</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participated in ACCELERATE!</td>
<td>40.5%</td>
<td></td>
</tr>
<tr>
<td>Criminal justice system in last year</td>
<td>26.4%</td>
<td></td>
</tr>
<tr>
<td>No insurance</td>
<td>36.5%</td>
<td></td>
</tr>
<tr>
<td>Ever in criminal justice system</td>
<td>37.6%</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>35.7%</td>
<td></td>
</tr>
<tr>
<td>Below federal poverty line</td>
<td>68.0%</td>
<td></td>
</tr>
<tr>
<td>Homelessness</td>
<td>25.9%</td>
<td></td>
</tr>
<tr>
<td>PLWH</td>
<td>49.5%</td>
<td></td>
</tr>
</tbody>
</table>
Non-grantee Key Informant

"... the high-risk population, once you stand up in front of them and you educate them on HIV, once they come back, its hard to grab their attention again, they're gonna think that that's the only thing that you're going to talk about, which [HIV] is definitely not the only thing that our community is dealing with..."
Engagement in HIV care among PLWH
Engagement in HIV care among PLWH

100% 100% 95% 96%

T1 n=44  T2 n=93

Seen an HIV Care Provider

Seen an HIV Care Provider in the past 12 mo.
Engagement in HIV care among PLWH

- Ever Taken ART: 100% (T1 n=44) vs. 100% (T2 n=93)
- Currently Taking ART: 97% vs. 98%
Engagement in HIV care among PLWH

- Ever experienced HIV treatment interruptions:
  - T1: 41%
  - T2: 46%

- Could not obtain ART at some point in the past 12 mo.:
  - T1: 19%
  - T2: 29%

T1 n=44  T2 n=93
PrEP Uptake Among HIV-Participants
PrEP Uptake Among HIV- Participants

Heard of PrEP: 98% (T1 n=79), 91% (T2 n=91)
Aware of where to get PrEP: 90% (T1 n=79), 79% (T2 n=91)
Ever taken PrEP: 52% (T1 n=79), 42% (T2 n=91)
Currently taking PrEP: 52% (T1 n=79), 42% (T2 n=91)
Taken PrEP in past 12 mo.: 51% (T1 n=79), 35% (T2 n=91)
Recency of HIV testing among HIV-negative participants
Recency of HIV Testing Among HIV- Participants

- Tested for HIV 0-6 mo. ago: 65%
- 6-12 mo. ago: 28%
- >12 mo.: 11%

T1 n=78  T2 n=91
ACCELERATE!
Participant

“It started me to get tested… and start bringing people so that they could get tested"

28, HIV Unknown
Linkage to HIV prevention services and information by peer navigators
Linkage to HIV prevention services and information by peer navigators in the past 12 months among HIV- (n=17)

- Talked about PEP: 44%
- Linked to PEP: 12%
Linkage to HIV prevention services and information by peer navigators in the past 12 months among HIV- (n=17)

- Talked about PrEP: 100%
- Explained how PrEP works: 94.1%
- Linked to PrEP: 76.5%
Linkage to HIV care services and information by peer navigators in the past 12 months among PLWH (n=21)

- Support for ART use: 76.2%
- Linked to an HIV care provider: 47.6%
Perceived HIV stigma among PLWH
Participants who strongly agreed or agreed that most people in Jackson...

<table>
<thead>
<tr>
<th>PLWH</th>
<th>HIV -</th>
</tr>
</thead>
<tbody>
<tr>
<td>48%</td>
<td>38%</td>
</tr>
<tr>
<td>52%</td>
<td>45%</td>
</tr>
<tr>
<td>46%</td>
<td>31%</td>
</tr>
<tr>
<td>48%</td>
<td>56%</td>
</tr>
<tr>
<td>31%</td>
<td>43%</td>
</tr>
<tr>
<td>56%</td>
<td>56%</td>
</tr>
<tr>
<td>74%</td>
<td>51%</td>
</tr>
<tr>
<td>84%</td>
<td>83%</td>
</tr>
</tbody>
</table>

- Support the rights of a person with HIV to live and work where they want to
- Would not be friends with someone with HIV
- Think that people who got HIV through sex or drug use have gotten what they deserve
- Would discriminate against someone with HIV
Non-Grantee Key Informant

"...There's still a stigma. I mean...just cause it's Mississippi. And, you know, of course in the Jackson Metro area, it's a little bit...but it's still stigma around HIV, and it's still stigma around, men loving men, and it's still stigma around, the LGBTQ community.."
Linkage to ancillary services and information by peer navigators
## Linkage to ancillary services and information by peer navigators, past 12 mo. among PLWH

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing services</td>
<td>52%</td>
</tr>
<tr>
<td>Insurance assistance</td>
<td>48%</td>
</tr>
<tr>
<td>Case management services</td>
<td>33%</td>
</tr>
<tr>
<td>Transportation</td>
<td>29%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>24%</td>
</tr>
<tr>
<td>Substance use services</td>
<td>5%</td>
</tr>
<tr>
<td>Intimate partner violence...</td>
<td>0%</td>
</tr>
<tr>
<td>Employment services</td>
<td>0%</td>
</tr>
</tbody>
</table>

T2 n = 21
Lessons Learned
UMMC M&E Team

LESSONS LEARNED

• ACCELERATE! programs in Jackson positively impacted the lives of many participants
  • Boosted self empowerment
  • Enhanced HIV knowledge
  • Enhanced awareness of PrEP
  • Linkage to ancillary services
  • Established social networks
BMSM in Jackson are experiencing extreme levels of social and structural disadvantage

- Poverty
- Homelessness
- Unemployment
- Perceived discrimination
Needs of BMSM in Jackson include:

- HIV prevention services
- HIV care and treatment
- Ancillary care to address social determinants of health
• Needs of ACCELERATE! grantees in Jackson include:
  
  • **Additional training** in program evaluation and monitoring
  
  • **Technical assistance** to ensure accurate reporting
• **Continue and expand** Community Learning Sessions and Community Listening Sessions

• **Support** novel and innovative programs that address social enablers
  - Peer navigation services
  - Housing assistance
  - Re-entry programs and services
  - Transportation services
- Amplify capacity building for grantees
  - Technical Assistance
  - Funding for data capturers/reporting

- Replicate and expand programs that include *community driven solutions* and *community engagement* that target high risk populations in non-clinical settings
  - As Much As I Can
  - The Spot
Thank You

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Darnell Lewis

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Tonia Poteat
Andrea Wirtz
Mannat Malik
Jordan White
Questions