ESCALATE

Ending Stigma through Collaboration And Lifting All To Empowerment – Implementation Science Evaluation

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NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

ESCALATE Partners

NMAC – Lead Agency, Training Program, TA Provider (2022-24)

Abt and Associates – TA Provider (2020-2022)

NORC – Learning Collaboratives Facilitator

TRX Development Solutions – Evaluators

HRSA – Ryan White HIV/AIDS Program, Collaborative Agreement

ESCALATE – 3 Components

ESCALATE trains and builds the capacity of participants to recognize and address HIV stigma within the Ryan White HIV/AIDS Program (RWHAP).

1. Training: the impact of HIV-related stigma, bias, and discrimination in health care; skills to have the "difficult dialogues" needed to address HIV stigma; and build the capacity of agencies and individual staff to raise awareness of, and address directly, HIV-related stigma in the Ryan White system.

   Provided in cohorts of up to 30 persons, who participate as "Stigma Reduction Teams" (SRTs) within a specific Ryan White-funded agency.

ESCALATE Components

2. Technical Assistance (TA): time-bound, targeted projects to develop or enhance specific tools or strategies to address stigma inside an agency.

   Teams are smaller and work closely with subject matter experts.

3. Learning Collaboratives (LCs): A group of 8 or more SRTs undertake individual stigma-reduction strategies and practices through repeated Plan-Do-Study-Act (PDSA) cycles and share their learning with each other over an extended period of time.

   SRTs complete 5 learning and PDSA cycles over a year to 18 months.

Implementation Science Evaluation: RE-AIM

Reach is the extent to which the ESCALATE program and its components have been disseminated across RWHAP communities nationally. Reach lays the basis for ESCALATE's ability to create the critical mass of change agents throughout the RWHAP system.

Effectiveness is the extent to which ESCALATE, in all its components, has been able to create a knowledge base across the RWHAP system that provides consistent, actionable practices to reduce and eventually eliminate HIV stigma in RWHAP organizations.

RE-AIM

Adoption concerns how individuals and agencies are able to implement anti-HIV stigma practices in their home agencies and communities.

Implementation addresses the costs and consistency of implementing stigma reduction activities in the SRTs' home agencies.

Maintenance is the extent to which a stigma reduction becomes institutionalized or part of routine organizational practices and policies.

ESCALATE: Reach

- Participants
  - Training: 148 individuals
  - TA: 40 individuals
  - Learning Community: 38 individuals
- 28 States (including DC), widely dispersed
- 50 Ryan White-funded Organizations or Agencies, including Parts A, B, C, D, and subrecipients of Parts A and B
  - Training: 35
  - TA: 14 organizations
  - Learning Community: 9 organizations

Effectiveness

- Early evaluation results indicate that knowledge is retained and assimilated from all parts of the curriculum.

- Self-assessment in skills is also retained

- Limitation: need to improve numbers in follow-up surveys to substantiate the finding

Effectiveness – ESCALATE: Training Evaluation
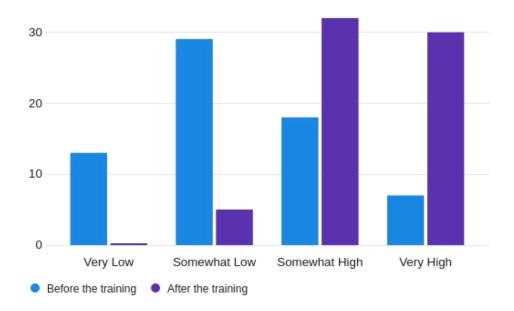
Knowledge self-assessment over time

- 2 follow-up sessions—1 month and 2 months following training

- Self-assessment asked again at 2 months following training

- Change in **knowledge** self assessment for participants in all three surveys (n=11)
  - Pre-training to post-training = 0.82
  - Post-training to 2 months following = -0.02
  - Pre-training to 2-months following = 0.80

- Pattern: Perception of change in knowledge remains 2 months following training

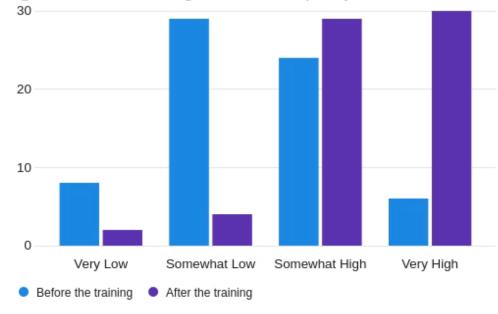- Limitation: small number (11) – need to monitor and document if change remains the same

Question: For each item, please rate your individual **level of knowledge BEFORE THE TRAINING**, and then indicate the level of knowledge you possess **NOW AFTER THE TRAINING**. Use the 4-point scale provided, in which 1=very low; 2=somewhat low; 3=somewhat high; and 4=very high.

How "rolling with resistance" reduces tension in a difficult dialogue.

Understanding the difference between my opinion of an organization and its organizational capacity.
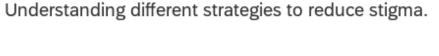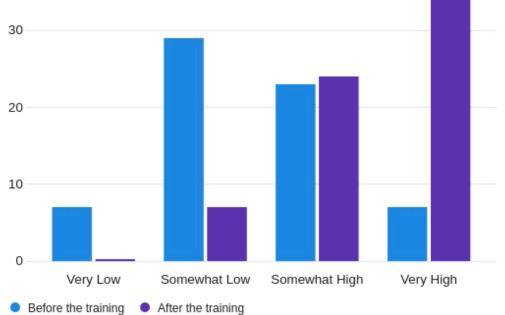
Skills self-assessment over time

- 2 follow-up sessions—1 month and 2 months following training

- Self-assessment asked again at 2 months following training

- Change in <u>skills</u> self-assessment for participants in all three surveys (n=11)
  - Pre-training to post-training = 0.92
  - Post-training to 2 months following = -0.13
  - Pre-training to 2-months following = 0.78

- Pattern: Perception of change in KSB remains 2 months following training, with slight dip for skills self-assessment

- Limitation: small number (11) – need to monitor and document if change remains the same

Skills: shift before and after training
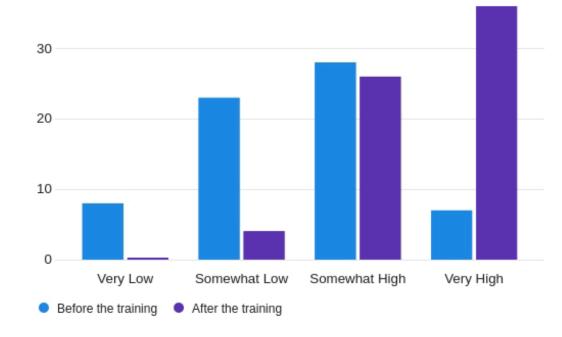
Please rate the **level of skills** you had for each **BEFORE THE TRAINING**, and then tell us the level of skills you have **NOW AFTER THE TRAINING**. Use the 4-point scale provided.

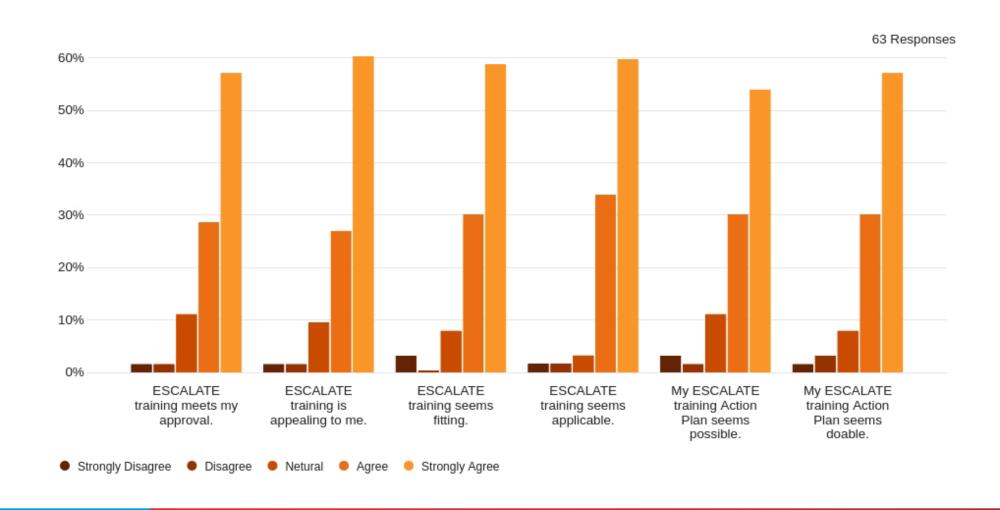Understanding different strategies to reduce stigma.

Using "cultural humility" to understand processes that might stigmatize others.

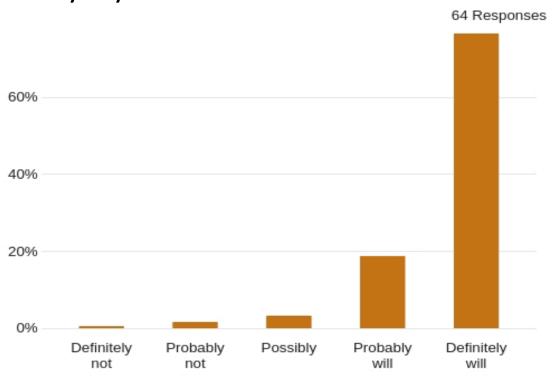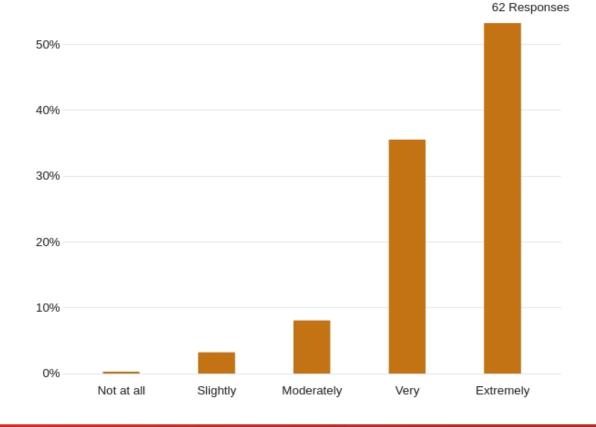# Adoption: Acceptability, Feasibility, Appropriateness

Adoption: Usefulness & Relevance

Will you use what you learned in this course in your work or everyday life?

64 Responses

How relevant is this course to your work or everyday life?

62 Responses

Implementation: Personal and Material Support

Which of the following will support your ability to use what you learned in your work?

54 Responses

Chart with response categories:
- The training addressed what I needed in my work. (~20%)
- My agency has policies in place to address stigma. (~8%)
- I will have the resources to support this in my department, organization, or workplace. (~20%)
- I already know what opportunities there are to use this training in my work. (~8%)
- My supervisor supports addressing stigma in our workplace. (~20%)
- My colleagues support addressing stigma in our workplace. (~22%)

Implementation: Challenges & Barriers

Main Barriers: open-ended answers naming the main challenges to stigma reduction actions

- Lack support, resources, or tools
- Refusal to acknowledge, acceptance, inertia, apathy, prejudice, lack of awareness, mindset
- Organizational Barriers
- Lack of voice
- Bystander Effect
- Community values, cultural resistance, language, cultural acceptance
- Burnout
- Need to educate
- Fear, trauma, existing damage, existing stigma

Implementation: Further Explorations

ESCALATE is a four year project, 2020-2024

- Year 1 (8/20-7/21): Build and rollout of project
  - COVID-19 limited rollout, and entire first year was provided in virtual format
  - TYA and Learning Collaborative were begun in the last quarter of the 2020-21 program year
- Year 2 (8/21-7/22): In-person, virtual, and blended formats
  - TA begins with 11 Stigma Reduction Teams
  - Learning Collaborative begins with 9 Stigma Reduction Teams
- Year 3 (8/22-7/23): Add assessing Implementation and Follow-up
- Year 4 (8/23-7/24): Present ESCALATE Organizational Self-Assessment & Case Studies

ESCALATE Organizational Self-Assessment (EOSA)

- 4-part part self-assessment tool

- Created for ESCALATE SRTs and participating agencies

- Assesses organizational features, culture, and practices that can help reduce or eliminate HIV-related stigma and other stigma

- Taken individually, assessed in agency groups

- Used in Training, TA, and Learning Collaboratives to identify gaps, action steps, and goals

- Will establish a baseline for HIV-stigma across agencies that participate in ESCALATE

EOSA: Policy and Organizational Culture

Less common ← → More common

- Formal Policy – Confidentiality (A5)
- Complaints Process (A10)
- Commitment to Address Stigma (A3)
- Formal Policies – Other Stigmas (A4)
- Formal Policies – How Effective (A2)
- Providers Discuss HIV Stigma (A9)
- Formal Policies, HIV Stigma (A1)
- Display Policies – Other Stigmas (A7)
- Display Policies – HIV Stigma (A6)
- Discuss HIV Stigma & Policies (A8)

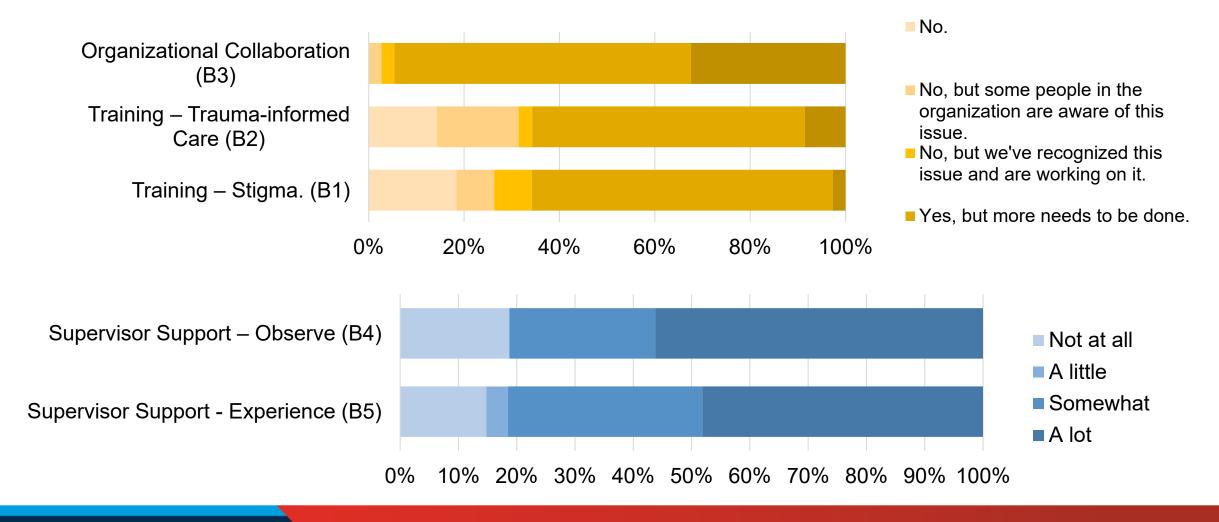0%   20%   40%   60%   80%   100%

10 questions assessed the presence or development of stigma reduction policies or organizational measures, using a 5-point scale.

- No.
- No, but some people are talking about this.
- No, but our organization is developing this policy.
- Yes, we have formal policies, but more needs to be done.
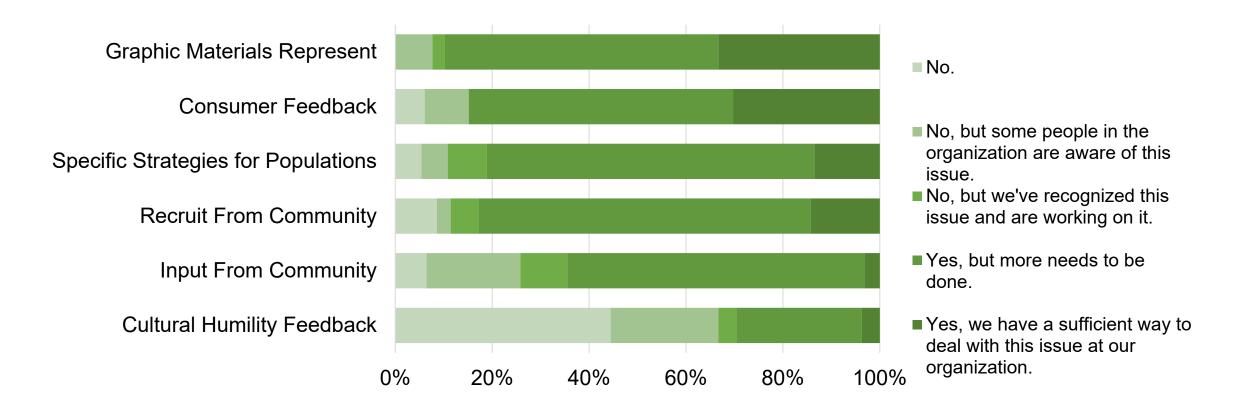- Yes, we have sufficient policies.

EOSA: Staff Competencies and Support

Legend (top chart):
- No.
- No, but some people in the organization are aware of this issue.
- No, but we've recognized this issue and are working on it.
- Yes, but more needs to be done.

Categories (top chart):
- Organizational Collaboration (B3)
- Training – Trauma-informed Care (B2)
- Training – Stigma. (B1)

Axis: 0%, 20%, 40%, 60%, 80%, 100%

Legend (bottom chart):
- Not at all
- A little
- Somewhat
- A lot

Categories (bottom chart):
- Supervisor Support – Observe (B4)
- Supervisor Support - Experience (B5)

Axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

CONTACT

TRX Development Solutions, LLC is a consultancy serving community-based organizations across the Health and Human Services spectrum, including community health, primary care, HIV/AIDS services, behavioral health, social services, legal services, community justice, and LGBTQ+ services and advocacy, among others.

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