



National Dissemination of Evidence-Based Interventions for HIV Prevention: An Introduction to the Synthesis-REP-DEBI Model

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Disclosures

Accelerating the Dissemination and Translation of Clinical Research into Practice

**The Following Faculty have No Relevant Financial Relationships
with Commercial Interests**

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Panel Discussion II: Integrating Dissemination into Existing
Practice: Models used for Successful Translation



The Center for Community-Based Health Strategies



HIV Prevention Research Synthesis

The CDC's Division of HIV/AIDS Prevention reviewed over 35,000 peer reviewed publications (published from 1988 until 2006) to identify 49 behavioral interventions with the highest level of efficacy.

cdc.gov/hiv/topics/research/prs/publications

Dissemination

- Of these 49 efficacious behavioral interventions (delivered in community based organizations, reproductive health clinics, STD clinics, and Ryan White funded clinics) a total of 25 have been selected for broad national diffusion into HIV prevention practice.
- Effectiveinterventions.org

Dissemination of Evidence-Based Interventions: An Eight-Step Process

- 1 System level and intervention level planning.
- 2 Health Marketing and Customer Profiling
- 3 Policy and Incentives
- 4 Intervention package design
- 5 Training
- 6 Capacity Building and TA
- 7 Quality Assurance
- 8 Evaluation

Results

- The interventions were diffused through 597 trainings over the last 5 years.
- A total of 2818 community based organizations were trained.
- A total of 675 city, county, state, and territorial health departments were trained.
- A total of 823 clinics and academic medical centers were trained.

What works?

- It is easier to diffuse multiple technologies/innovations rather than just one technology/innovation because you are providing customer choice.
- Marketing techniques and a customer-centered focus facilitated diffusion. Behavioral interventions were easier to market when they were given brand names (i.e. SISTA).
- Manipulation of the policy and incentive environment facilitated diffusion.

What doesn't work?

- An intervention for HIV positive adolescents was found to be efficacious in a two city RCT. The intervention was packaged for distribution to clinics that serve HIV positive teens. The intervention requires that the HIV positive teens attend 21 group discussions on various topics around medical adherence, drug and alcohol use, abstinence and safer sex. After 4 years of marketing the intervention NO prevention agencies have requested this intervention package for implementation.

Incentives

Diffusion Theory

**Social/Health
Marketing**

What were the roadblocks? How were they overcome?

- Innovation selection. Matching innovation complexity to agency capacity.
- Building implementation and sustainability capacity.
- Building evaluation capacity.
- Top Down vs. Bottom Up

What are the persistent roadblocks?

- Turnover of trained frontline staff.
- Underestimate of the costs of evidence-based practice.
- Understanding and facilitating the adaptation process.
- Monitoring the reinvention process.
- Top Down vs. Bottom Up