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 the 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.

Formative Program Evaluation

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

Proactive: Problem Analysis

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 jail. 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 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, literature, 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


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
P4P: People who inject drugs
P4PU: People who use drugs
SUD: Substance Use Disorder
HIV: Harm Reduction