



HIV implementation science metrics

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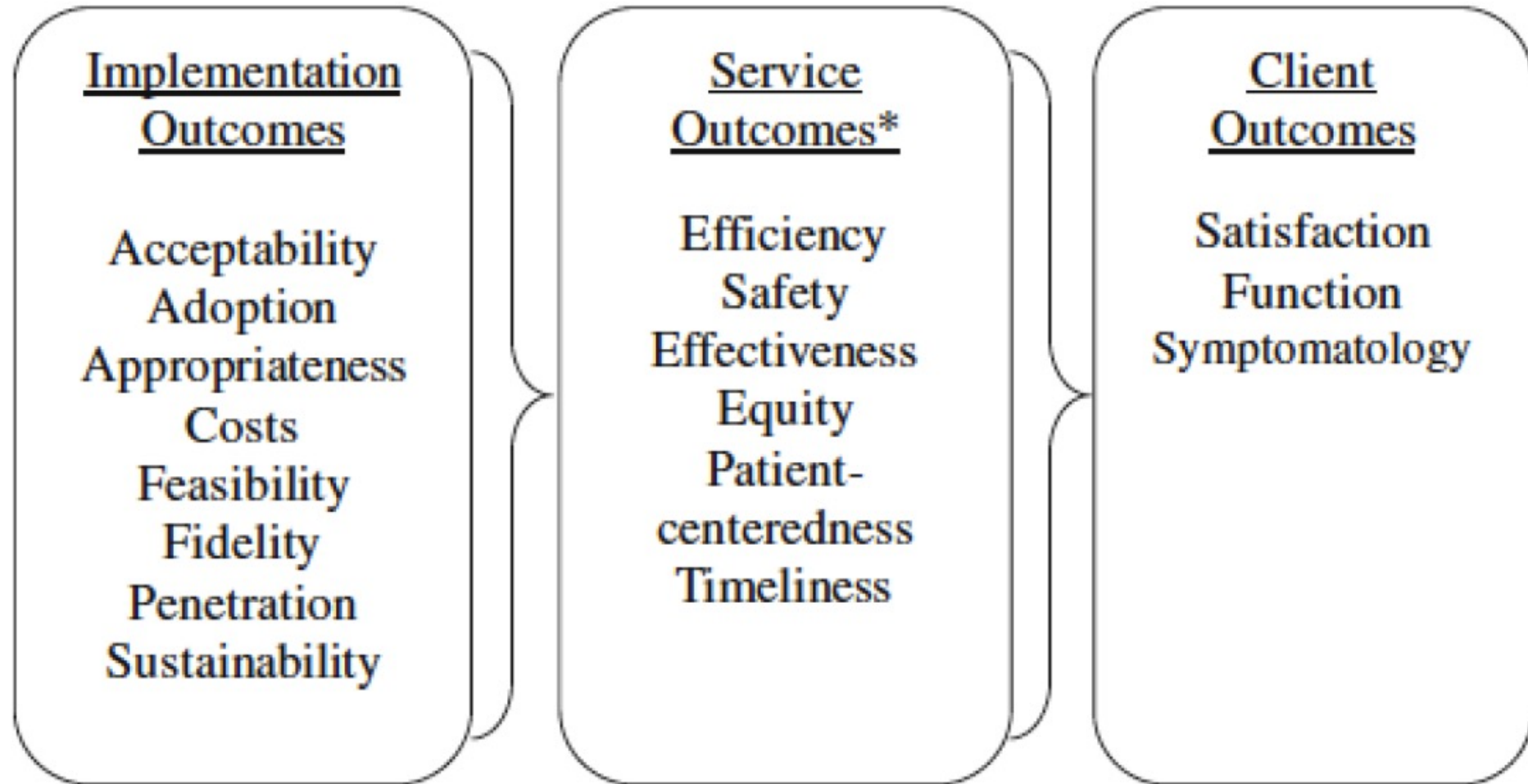
“When efforts to transport new programs, or the information about them, from laboratory settings to community health and mental health venues fail—as they often do (2/3 of efforts fail)— we must be able to determine if failure occurred because the intervention was ineffective in the new setting (intervention failure), or if a good intervention was conveyed and deployed incorrectly (dissemination/ implementation failure).”

(Lewis, Proctor, Brownson, 2018)

IS Metrics

- Key to differentiate IS metrics from measurement of program effectiveness.
- Measurement of implementation **process**: *how an evidence-based practice, program, intervention, etc is implemented.*
 - What are the barriers and facilitators of implementation?
 - Consideration of the stages of implementation (e.g., Exploration, Preparation, Implementation, Sustainability [EPIS; Aarons et al., 2012]).
- Measurement of implementation **outcomes**: *was the implementation strategy effective at moving the evidence-based intervention into practice?*
- Measurement can occur at the individual (e.g., healthcare worker) or organizational/system level (e.g., CBO, health department).

Implementation research outcomes



*IOM Standards of Care

Challenges to IS metrics

- Many theories, models, and frameworks to inform metrics. Often they must be combined (e.g., RE-AIM plus EPIS).
- No strong consensus on critical metrics. Most measures have only been used in a single study (Lewis, Proctor, Brownson, 2018)
- Few psychometrically strong or validated measures. Surveys dominate. Use of the same words to mean different things. (Lewis, Proctor, Brownson, 2018).
- Little known about inter-relationships of outcomes and mediators