UCSF Implementation Science Program

A Global Health Career: Past and (Hopefully) Future

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Temperature Check

Outline

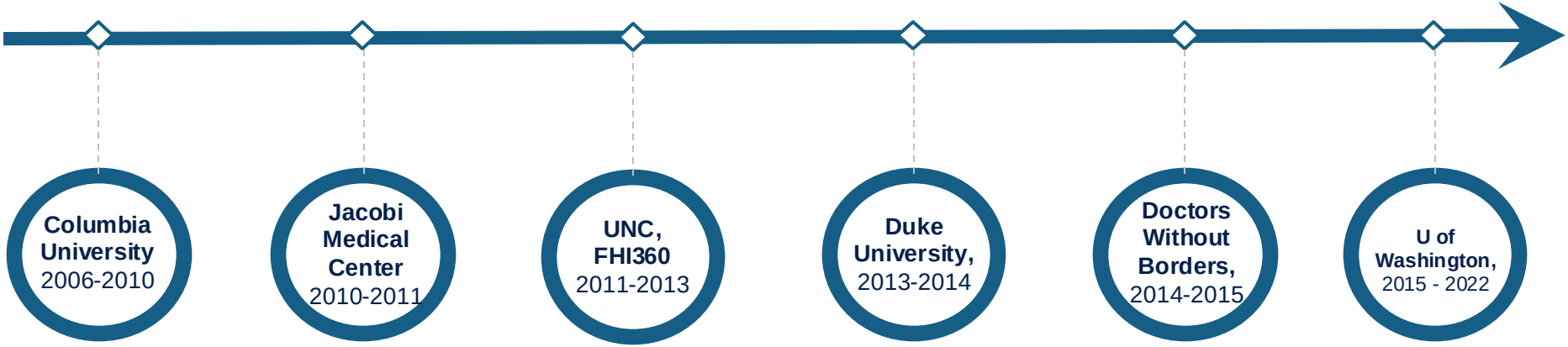
- Background and motivations
- What worked in the past global health paradigm
- What I hope will work in the future global health paradigm
- Questions

Positionality and Identity

Mentors and Collaborators

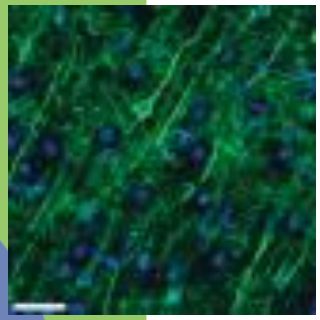
My story in academic terms

Implementation scientist focused on **global mental health** and **sexual health** for women



Interdisciplinary methods training in **behavioral science**, **clinical epidemiology**, **implementation science**, **psychology**, **human-centered design**, **causal inference**, and **qualitative** analyses

My story in non-academic terms



Career Goal: To advance the discovery and delivery of effective HIV and mental health interventions, particularly for adolescent girls and young women

My “Why”

Mary Nyaboke is a **18 year old young woman** living outside of Nairobi. She is **in a relationship** and learns that **her partner is cheating** on her. She suspects she is **at risk of contracting HIV**. She learned about the HIV prevention pills (HIV pre-exposure prophylaxis or PrEP) from a friend and goes to the clinic to be dispensed PrEP. She is a casual laborer with **no consistent source of income**. On a good day, she earns 200 Kenyan Shillings (equivalent of $1.50) and that money is supposed to sustain her and her partner as **he doesn’t have a job right now**. In addition, her parents who live in the rural area expect her to **send them money every month** to support them since they are old and are **taking care of her son**. She feels ***overwhelmed with her circumstances and has feelings of suicidal intent and ideation***.

Where Mary spends her time

Clinic

Home

School

Church

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JiTunze Study

- **Problem:** Common mental health disorders (CMDs) are prevalent among adolescent girls and young women seeking HIV services but HIV providers struggle to identify and treat them
- **Implementation Strategy:** Simulated patient encounters (SPEs) with patient actors to train HIV providers on mental health service delivery
  - *Qualitative interviews*
  - *Four case scripts*
  - *Actor training*
  - *Didactic provider training with SPEs*
  - *Assessed provider competencies*
  - *Pre-post study design of impact on CMD screening & referral*

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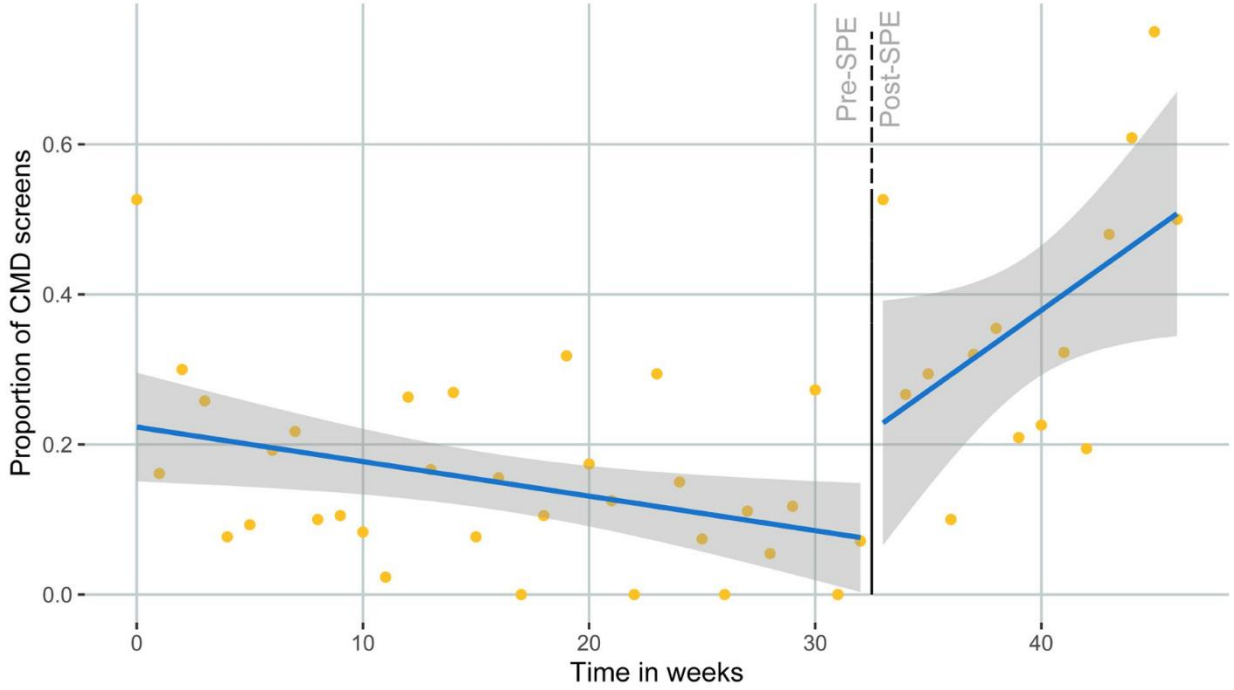
JiTunze Study (UW Pilot Grant)

3 months following the SPE training resulted in an **11%** relative increase in CMD screening proportion compared to 7 months pre-SPE (RR: 1.11; 95% CI: 1.04-1.17)



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CHOMA Study (K99/R00 Award)

- **Problem:** Evidence-based psychotherapy approaches have had limited success with adolescent girls in resource-limited settings due to issues of retention, fidelity, and personnel
- **Friendship Bench Intervention:** 5 individual counseling sessions, 1 group counseling session
- **Implementation Strategies:** Remote counseling sessions, lay counselor support and supervision streamlined mental health and sexual and reproductive health service delivery
- **Study Design:** Hybrid effectiveness-implementation trial assessing impact on mental health and HIV prevention outcomes through 3 months

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Adolescent Shamba Maisha (R01)

- **Problem:** Incidence of HIV, STIs, and common mental disorders is high among adolescent girls and young women in Western Kenya and has been driven by upstream structural factors like food insecurity and poverty
- **Shamba Maisha Household-Level Intervention:**
  - *Agricultural commodities*
  - *Training in sustainable farming practices at school-based demonstration farms*
  - *Caregiver-adolescent relationship strengthening training*
- **Study Design:** Cluster RCT with 800 girl-caregiver dyads in Western Kenya
  - **Aim 1:** Determine the effect of Shamba Maisha on adolescent HIV/STI outcomes
  - **Aim 2:** Determine the effect of Shamba Maisha on intermediate outcomes (e.g., food insecurity, household wealth, depression, anxiety)
  - **Aim 3:** Identify barriers and facilitators to implementation and “spillover effects”

What worked in the past global health paradigm?

The Passion

- Centering your “why” for yourself
- Identifying program officers, funders, and funding mechanisms that align with your vision
- “Right-sizing” projects – can’t tackle everything at once and need time to build a portfolio
  - Strategic pilot awards to build NIH portfolio
- Make the case for why this is a health problem, why we should address it now, and why you are the best person to address it
  - Takes practice to learn how to write the story

The Passion

Table 1. Overview of publications related to K99/R00

Thematic area	Publications relevant to proposed K99/R00 work
Qualitative perspectives on psychosocial factors and HIV risk among women	1. *Velloza et al., JIAS, 2020* 2. Velloza et al., Substance Abuse & Misuse, 2015 3. Velloza et al., Global Public Health, 2015
Depression and psychosocial factors as barriers to PrEP and ART adherence for women	1. *Velloza et al., AIDS & Behavior, 2020* 2. Velloza et al., JAIDS, 2018 3. Velloza et al., AIDS & Behavior, 2017
Adaptation of psychosocial interventions for women in resource-limited settings	1. *Velloza et al., BMC Psychiatry, 2020* 2. Watt, Wilson, Sikkema, Velloza, et al., Eval & Program Planning, 2015
Desires for integrated mental health interventions and PrEP delivery services for AGYW	1. Velloza et al., Current Opinion HIV/AIDS, 2019 2. WHO Implementation Tool for PrEP: Module 12 (Velloza contributor)
Integrated mental health and PrEP intervention for AGYW	***Planned publication products from K99/R00***

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The People


Lets meet up next week!
I'll talk to someone in my network for you!
Lets do some research!
I've got exactly the right thing for you!
YAY! Youre doing really well!
THE COMPANION
THE ADVOCATE
THE SEARCH ENGINE
THE MASTER
THE CHEERLEADER

The People

ORIGINAL ARTICLE OPEN ACCESS

An Application of Evidence-Based Approaches to Engage Young People in the Design of a Global Mental Health Databank

Augustina Mensa-Kwao[1] | Lakshmi Neelakantan[2] | Jennifer Velloza[3] | Emily Bampton[4] | Swetha Ranganathan[5] | Refiloe Sibisi[6] | Joshua Bowes[7] | Lilliana Buonasorte[8] | Damian Omari Juma[9] | Manasa Veluvali[5] | Megan Doerr[10] | Tamsin Jane Ford[11] | Christine Suver[10] | Carly Marten[10] | The MindKind Consortium | Pamela Y. Collins[1]

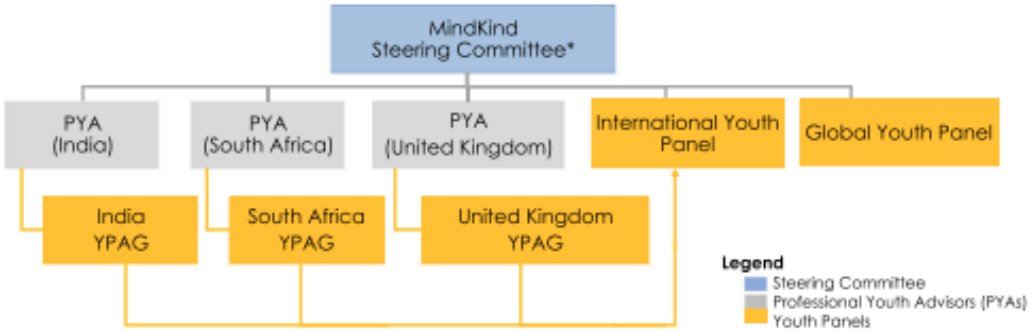


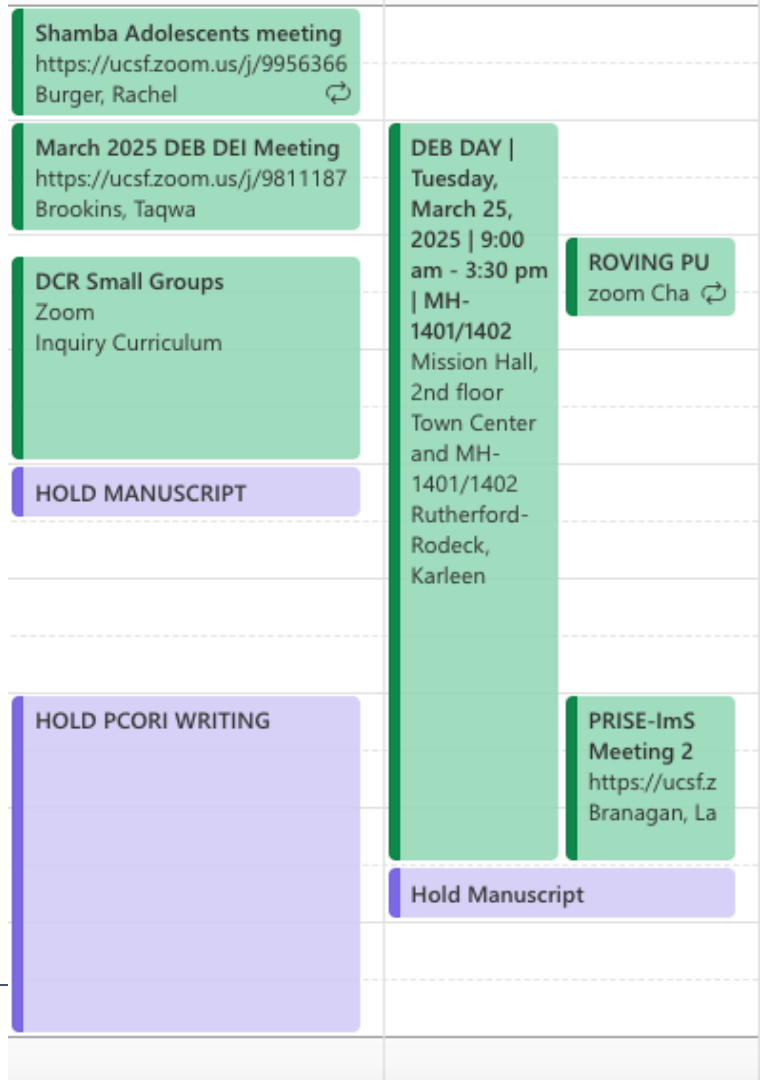
FIGURE 2 | MindKind project governance and structure. *Steering committee members were representatives from all institutions involved in the project.

The Balance

- Individual Development Plans (IDPs) and to-do lists to review tasks
- Be intentional and protective with your time
- What do I need in my career right now? Structure time around that
  - Publications? Grants funding? New collaborators? Teaching time?

The Balance

- Writing/thinking time is critical – try to set up a regular writing practice and not schedule over your writing time
- Build in time for peer review, program officer review, and CAB feedback



The Balance

Desire to be with kiddos + hard stops for daycare pick up/drop off + mental load + illnesses/sleep deprivation = LOWER PRODUCTIVITY

- Plan my week out in advance
- Negotiate with partners/sitters/family when work blocks are needed
- Simplify other aspects of life when possible
- Exercise my “No” muscle – only yes when aligns with my why and rarely can I make time for urgent requests
- Weird call hours for global health work means taking breaks during day

What I hope will work in the future?

The Passion

- Identifying new non-federal program officers, funders, and funding mechanisms that align with your vision
  - Foundations, pharmaceutical companies, donors, funding bodies in other countries?
- Networking to identify new opportunities
- Need time to build up new portfolio – what things can you do to keep yourself funded and here in the meantime? Your ”why” but possibly expanded
- Balance of breadth and depth

The People

- Mentorship around a new model of global health work
- Career coaching
- Changes to funding model may mean fewer shared resources (e.g., lower indirects could mean hiring grant management teams within grants themselves)
  - Leadership or management training
  - Building a group of colleagues to share resources with
- Centering global collaborations in transparency

The Balance

- Protecting your mental space (turning off news, taking a break from social media)
- Writing time is all the more critical – figure out if you need to get work out there (publish) or get more funding
- Kiddo time is centering!
- How can I do enough to continue this work while also protecting my peace?

Questions