

Research Statement | Katie McCormick, MSW

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The U.S. is amid a public health crisis, having reached historic rates of opioid overdose deaths. Given that researchers predict 2023 to be the deadliest year on record, there is a pressing need to invest in and expand harm reduction interventions, an evidence-based approach aimed at minimizing the harmful consequences of health behaviors (e.g., drug use, sex). HIV Service Organizations (HSOs) are promising sites for the implementation of harm reduction interventions, as they serve communities disproportionately impacted by the intersecting HIV and overdose epidemics, and often apply harm reduction philosophy and practices in relation to HIV health promotion. Despite the pressing need, little research has examined the efficacy of harm reduction interventions, or the factors related to their implementation, in HSOs. Using equity-centered implementation science, socio-ecological frameworks, and mixed methods, my program of research seeks to address these knowledge gaps to inform the development and implementation of interventions that advance harm reduction strategies in response to the HIV and opioid overdose epidemics. In the long term, my research has the potential to improve individuals' physical and mental health outcomes, strengthen the HSO workforce, and positively impact policy and systems change.

My research agenda is inspired by my extensive experience as a Program and Evaluation Manager where I implemented and evaluated grantmaking and capacity-building interventions aimed at enhancing evidence-based service provision among HSOs in the Southern U.S. I managed data collection for the programmatic evaluation of 14 distinct capacity-building interventions serving 140 HSOs throughout the South. I also co-designed and co-facilitated four harm reduction learning collaboratives with 56 service providers from 26 HSOs. I co-authored a manuscript describing the development of the intervention in the *Journal of Social Service Research*, and first-authored the manuscript evaluating the pilot study of this intervention. Using sequential explanatory mixed methods, I found that participation in the intervention was associated with positive changes in harm reduction-related knowledge, attitudes, and skills; and positive organizational changes including integration of harm reduction into organizations' mission/vision and meaningful involvement of people living with HIV. These findings are significant because they demonstrate the preliminary effectiveness of the intervention in facilitating provider and HSO adoption of harm reduction philosophy and approaches. This work was recently published in the *Journal of HIV/AIDS & Social Services*. I have also presented this work at several conferences including the *National Conference on Social Work and HIV/AIDS* and the *International Social Work and Social Development* conference.

My latest research project is a systematic review of harm reduction interventions for opioid overdose prevention. This review demonstrates that extant individual- and community-level harm reduction interventions are effective at reducing opioid-related harm. In contrast, evidence for policy-level interventions is mixed. This is a first-authored manuscript currently in the revise and resubmit stage at *Drugs: Education, Prevention and Policy*.

I have also examined factors that influence the implementation of harm reduction interventions at the organizational level. The first study was a cross-sectional survey and policy context analysis focused on the implementation context of harm reduction interventions in the Southern U.S. and the impact of different contexts on HSOs' implementation of harm reduction. I found that a harm reduction-friendly policy contexts significantly predicted HSO adoption of harm reduction strategies. Findings underscore the need to consider structural factors that may influence implementation, and call for continued policy advocacy, financial resources, and capacity building to increase HSO adoption of harm reduction. This study is published in *BMC Health Services Research*. Building on this work, the second study leveraged a convergent mixed

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methods design to understand southern HSOs' operationalization of harm reduction. I found that HSOs most commonly operationalize harm reduction in outward-facing organizational domains (i.e., outreach, advocacy) and less so internally (i.e., organizational infrastructure), underscoring the need to advocate for harm reduction-oriented service provision. This is a first-authored manuscript recently published in *The Journal of Behavioral Health Services and Research*. I have also presented this work at the *Society of Social Work Research* conference and the *Southern Harm Reduction Conference*.

It has become clear through my work and research that the frontline providers working to address the HIV and opioid overdose epidemics are operating under insurmountable stress yet are an overlooked intervention point in epidemic response efforts. This has led me to examine the needs of harm reduction workers (HRWs) specifically as they are responsible for conducting field and street outreach. In this work, HRWs are exposed to high rates of occupational stress and secondary traumatic stress, which are associated with PTSD and other mental health challenges. This is particularly concerning as HRWs often lack access to necessary mental health supports and resources, which may be a driver of significant unmet mental health needs, relapse, burnout, and turnover. Furthermore, the sociopolitical context of harm reduction in Texas poses an additional stressor, as many harm reduction services are illegal and thus force HRWs to operate “underground” and risk legal repercussions. My three-study dissertation examines the mental health and occupational well-being of HRWs in Texas. Study One examines what interpersonal micro-system factors predict burnout among HRWs. Study Two investigates how HRWs perceive peri- and extra-organizational factors to impact their mental health and occupational stress. Study Three qualitatively explores HRWs' experiences of work-related stress and burnout. Taken together, this research provides insight into the occupational health of Texas HRWs and will inform the development, adaptation, and implementation of interventions to support their well-being. In recognition of my scholarly work and my potential to become an independent investigator, I was awarded two prestigious graduate fellowships: the Harry E. and Bernice M. Moore Fellowship offered by the Hogg Foundation for Mental Health and the Donald D. Harrington Fellowship offered by the University of Texas at Austin Graduate School.

My long-term career goal is to become an independent investigator at a research-intensive academic institution and conduct community-engaged research that promotes harm reduction practice and policy. I aim to secure funding from a variety of sources to support my program of research, including federal (e.g., National Institute of Drug Abuse [NIDA], National Institute of Mental Health) and private (e.g., Gilead Sciences, ViiV Healthcare) sources. In the near term, I will collaborate with Drs. Suzannah Creech and Kasey Claborn on the implementation of a NIDA grant (R61/R33) aimed at adapting and piloting a multi-level stress reduction intervention for Texas HRWs. I also plan to apply for NIDA funding (R61/R33) in partnership with Dr. Samira Ali to adapt and test the feasibility and efficacy of the aforementioned harm reduction learning collaborative intervention. I plan to collaborate with interdisciplinary scholars (e.g., clinical and organizational psychologists) to advance my research agenda. As an affiliate researcher of the SUSTAIN Center and Addictions Research Institute, I am connected to researchers and advocates with whom I have established collaborations to support my goal of developing, implementing, and evaluating community-centered harm reduction interventions.

Given my strong history of productivity and ongoing collaborations, I am confident that my program of research will fulfill my goal of advancing harm reduction by translating research findings into real-world policies and practices to improve the health and well-being of people who use drugs, people living with HIV, and the professionals who serve them.