Social Determinants of Health and DEBI Implementation: How CBOs are Responding

Alice Gandelman, MPH
California STD/HIV Prevention Training Center (CA PTC)
Background

- In order to receive funding from CDC, CBOs are now required to apply for one or more interventions from the Diffusion of Effective Behavioral Interventions (DEBI) program.
- DEBI implementation requires strict adherence to core elements, most of which are intended to impact behavioral determinants of risk.
- Many DEBIs do not explicitly address the influence of social determinants on health and risk taking behaviors for HIV.
DEBIs Present Both Advantages and Disadvantages for CBOs

**Advantages**
- evidence-based with positive behavioral and/or biological outcomes
- available training and technical assistance

**Disadvantages**
- not all agencies have required capacity
- home-grown, or untested interventions are no longer (or rarely) allowed by funders
Individual and group-level DEBIs

- Internal Focus
  - may acknowledge social determinants of health, but primary outcomes based on behavioral determinants affecting behavioral or biological changes:
    - Perceived risk/susceptibility
    - Perceived Severity
    - Self efficacy/skills
    - Intentions
    - Subjective norms
    - Attitudes/beliefs
Community - Structural Level Interventions

External Focus

- more likely to acknowledge external conditions that influence individual risk behaviors:
  - Cultural and religious influences
  - Social norms
  - Power dynamics
  - Economic conditions
  - Racism, homophobia
  - Political conditions
  - Environmental conditions
Examples of GLI and CLI DEBIs That Address Broader Social Contexts

- **Group-level DEBIs**
  - Many Men, Many Voices
  - NIA
  - SIHILE
  - Sista
  - VOICES/VOCES

- **Community-level DEBIs**
  - Community PROMISE
  - d-up!
  - Mpowerment
  - Popular Opinion Leader
  - RAPP

- Most DEBI outcomes place emphasis on *internal* factors or behavioral determinants, which in turn bring about associated behavioral changes.
Problem Statement

**VOICES/VOCES** is designed for Latino and African-American, heterosexual, male and female adults, not known to be HIV-positive, who are seeking care at STD clinics. This population is at risk of HIV due to having unprotected sex with heterosexual partners. Major risk factors for HIV include: lack of knowledge about HIV/STD transmission, condom use as a means of protection, and types and features of condoms; negative attitudes about using condoms (do not like to use condoms); lack of intentions to use condoms; lack of awareness of their own and their partner’s risk for HIV/STD; lack of comfort and ability to obtain and use condoms; and lack of comfort and ability to negotiate condom use with partners.

### **VOICES/VOCES** Behavior Change Logic

<table>
<thead>
<tr>
<th>Behavioral Determinants</th>
<th>Activities</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Determinants</td>
<td>To address behavioral determinants</td>
<td>Expected changes as a result of activities targeting behavioral determinants</td>
</tr>
<tr>
<td><strong>Knowledge about HIV/STD transmission and condom use</strong></td>
<td>View brief, culturally relevant video using peer actors that provides information about HIV/STD risk and condom use, portrays positive attitudes about condom use, targets risk awareness, and models self-efficacy and skills for condom use and negotiation. Participate in small-group discussion to highlight key video messages and to practice skills related to condom use and negotiation. Participate in condom board demonstration of proper condom use and education on condom types. Choose samples of condoms to bring home.</td>
<td>Increase knowledge of HIV/STD transmission. Increase knowledge of correct condom use and types and features of condoms. Increase positive attitudes about condoms. Increase perceived risks of their own and partner’s behaviors. Increase intentions to use condoms. Improve client’s confidence in obtaining condoms. Improve client’s confidence in using condoms and negotiating condom use with partners. Improve client’s skills in choosing and using condoms, and in condom negotiation with partners.</td>
</tr>
<tr>
<td><strong>Attitudes about condoms</strong></td>
<td></td>
<td>Increase condom acquisition. Increase condom use.</td>
</tr>
<tr>
<td><strong>Intentions to use condoms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Perceptions of their own and partner’s risk</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Self-efficacy for obtaining, using, and negotiating condom use with partners</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Skills for choosing and using condoms, and negotiating condom use with partners</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Problem Statement for Intervention**

Black men who have sex with men (MSM) face several kinds of discrimination, including homophobia, racism, and rejection by their families. This discrimination and rejection, which can include a loss of support from family and faith institutions, create different levels of stress, distress, and helplessness that impact these men's sexual risk. The men in these networks are in need of skills to communicate about and support one another in safer practices. The social networks of Black MSM need greater emphasis on social norms that are supportive of safer practices.

---

**d-up! Behavior Change Logic**

<table>
<thead>
<tr>
<th>Behavioral Determinants</th>
<th>Activities To address behavioral determinants</th>
<th>Outcomes Expected changes as a result of activities targeting behavioral determinants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social norm related to risk.</td>
<td>Influential, admired friends (opinion leaders), at 15% of each friendship group, clique, or “pocket” of the social network (or subculture) of Black MSM, endorse or promote the risk-related social norm to their Black MSM friends and acquaintances who most admire them.</td>
<td>The social network or subculture of Black MSM friends embraces the social norm related to the risk behavior.</td>
</tr>
</tbody>
</table>
| Bias-based attitudes about race and sexuality. | Discuss experiences of bias, how these experiences relate to sexual risk, and skills for coping with racial and sexual bias. | • Increased skills for coping with bias  
• Decreased bias-based attitudes among the men in the social network. | Increased behavioral skills for coping with bias that impacts sexual risk. |
### d-up! Training of the Opinion Leaders

<table>
<thead>
<tr>
<th>Behavioral Determinants</th>
<th>Activities To address behavioral determinants</th>
<th>Outcomes Expected changes as a result of activities targeting behavioral determinants</th>
</tr>
</thead>
</table>
| Self-efficacy, attitudes, intention, knowledge, and norm to communicate safer practices to friends. | - Brainstorm how experiences of bias impact safe sex practices.  
- Teach elements of effective communication.  
- Practice the communication.  
- Plan and make commitments to communicate about protecting one another and self. | Increased self-efficacy, attitudes, intention, knowledge, and norm to communicate safer sex practices to Black MSM friends and acquaintances.  
Increased communication about safety by the men in the targeted social network of Black MSM. |

"d-up: Defend Yourself! A community-level intervention for Black MSM"

---

**d-up!**  
**Problem Statement Draft June 2008**
Considerations for CBOs

How have CBOs

- adapted to a different way of doing things (i.e. DEBI requirements)?
- addressed social issues beyond behavioral determinants that impact the communities they serve?
- integration into existing services?
California HIV Research Program (CHRP) Study

- CA PTC funded for small formative study by California HIV Research Program to enhance understanding of the translation of EBIs into practice

- Directors and implementers of six CDC-funded CBOs in CA were interviewed to help answer questions related to diffusion and implementation
CBO directors and staff were asked about several DEBI program areas, including:

- Why they chose a particular DEBI
- Community factors that influenced selection
- Organizational factors that influenced selection
- Challenges and facilitators to implementation
- Strategies to overcome challenges
Interview Content, Cont.

- How successful had they been in actual implementation?
- While not explicitly asked about social determinants affecting the communities they served, these issues came up in some responses
Community Characteristics Affecting Implementation

- Primary community factors affecting implementation (fidelity and adaptation):
  - Group affiliation/group dynamics (too many members sharing too few commonalities)
    - Age and class differences of group members
    - Stigma, homophobia, unstable populations
  - Language Issues
  - Legal Status (including incarceration)
  - Eligibility requirements
Community Characteristics Affecting Implementation, cont.

- Class Differences
  - Too many members sharing too few commonalities:

  “And the class had to do with even the conversations they wanted to have…regarding relationships….The folks with the higher SEC backgrounds were having different discussions around dating versus folks who were at the lower spectrum that might have been doing things for money, etc.”
"...if you have a 20 year old sitting with a 40 year old, it's very different, and we have class differences. We do have people who identify as gay or bi, and some who do not identify, .....and that's a challenge in having two different groups of individuals in the room. And we also have people who are not a person of color and would say they are,...and they're really interested in the material and that's really hard."
Stigma

- Reducing high-risk behaviors – a primary aim of most EBIs, created tension for some members, due to the underlying context for which their behavior occurred:

  “So for transgenders, the stigma about, because to be realistic, most of these clients do sex work for a living… we have a more challenging time bringing them into this intervention because of that factor, their sex work. So, it's stigma about being HIV positive (and their ongoing sex work).” (Implementer)
Transient nature of Community

- Recruitment of active drug users into an EBI also created challenges for providers:

“...this population is SO challenging. ...I really don’t understand how other sites or how the original research group was able to get people to come in and come in again and come in again...the same group. ....it’s like the most unstable population. These are people who, you see them in the street, you tell them about it, they say, yeah I’ll come. You see them an hour before, they say yeah, I’ll come, 15 minutes maybe you see them; we’ve actually ..... sent people out like the hour before to round people up, and they don’t show up.”
Other Community Implementation Challenges

- **Language**
  
  "Well, the first change was to change the language, to translate the curriculum.... So all the curriculum had to be translated. We had to identify video clips to be culturally, linguistically appropriate for the community we serve."

- **Legal status**
  
  "... the IDU population is always in the move. They have to move around quite often. They been pressured by the police. Some of them, specially the Latino population, they don’t, some of them, they don’t have documents to be in this country, so ...have to even move and they are more persecuted than any other population."
Community Implementation Challenges, Cont.

- **Incarceration**
  
  “…we pride ourselves on our efforts to keep confidentiality a priority, so it’s a hurdle as far as advertising ___DEBI without saying this is the time and place for HIV positive women, there’s this great group,…So it’s a struggle, we know they’re out there but finding them is difficult.”

- **Eligibility requirements**
  
  “The challenge we are having is with the enrollment form. You have to…. ask 15 questions which have 6 parts of each question…. So it’s a clash of the research and the practical. We have a population that’s very um, hesitant to give out personal information, …..anything that’s formal or government-driven,…they’re just very suspicious and unlikely to respond.”
Incorporating the DEBI into existing services

“The reason that I think we work well is that we have other supportive services in-house. And I don’t know if all the [other funded] agencies have other supportive services as well. If they’re not, then it will be a big challenge. [DEBI] is not a stand-alone program. You need to have other things in place”

“Yeah—I think we were looking for another intervention that would um, just buy us time and keep us engaged with the clients until they were ready to make a bigger commitment to possibly sobriety, even though that may never happen, and it doesn’t have to happen. But it keeps us engaged at least”
Adding Additional Sessions to Address Client/Community Concerns

- “We talked more about stigma. Homophobia. Internalized homophobia, discrimination. All the Latino cultural factors”

- “We’ve actually added on usually a sixth session,… we follow the curriculum for the five sessions and then we hold a sixth [session] and they have time to just ask questions or bond and talk and share”
Conclusions

- Some CBOs have responded to the broader needs facing their clients by
  - adding sessions to DEBIs to address social determinants (racism, homophobia, etc)
  - integrating DEBI into existing services, which provide for more holistic services

- Many CBOs continue to face challenges as they navigate the required parameters of the DEBI, and the larger needs of the communities they serve
Questions for Discussion

- How do your agencies incorporate social determinants of HIV risk into your DEBIs?
- What other social issues should be addressed in evidence-based interventions?
- Once identified, what strategies could be implemented to address them?
- How can funders assist in this process?
- How can researchers assist in this process?