Fieldwork Summary Report: California STD/HIV Prevention Training Center

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Fieldwork Summary Report: California STD/HIV Prevention Training Center

Maureen L. Ryan

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Abstract

This fieldwork summary report encapsulates the author’s fieldwork internship at California STD/HIV Prevention Training Center (CA PTC) in Oakland, California. Students in the University of San Francisco (USF), Master of Public Health (MPH) program are required, as a final phase of their studies, to participate in a 300-hour fieldwork internship to demonstrate competency in the Core Knowledge areas as outlined by the Council on Education for Public Health (CEPH). Students choose their fieldwork placement site based on an area of particular interest and focus.

My fieldwork experience was different from many of my colleagues, in that I did not work on a specific project, rather my fieldwork experience was more about achieving insight into how a national organization works at the federal, state, and local levels. I accomplished this by (1) participating in many project meetings to assist HIV prevention programs throughout the country with evidence-based training and technical assistance needs; (2) conducting literature reviews for training and technical assistance projects to inform work for funding opportunity announcements; (3) developing clinical decision support tools to assist medical providers in discussing sensitive patient information regarding sexually transmitted diseases (STDs) including human papillomavirus (HPV) vaccination for adolescents; and (4) assisting with administrative activities to gain an understanding of the fiscal, human resources, and programmatic activities required to run a successful organization.

The fieldwork entailed many new terms and acronyms, which can be found in Appendix A.

*Keywords*: sexually transmitted disease (STD), sexually transmitted infection (STI)
Sexual Health and Well-Being

Introduction

The Centers for Disease Control and Prevention (CDC) (2013), estimates there are 20 million new sexually transmitted infections (STIs), annually in the United States (US), at a cost of $16 billion per year. These estimates include reportable and non-reportable STIs, and are inclusive of HIV infections. Youth aged 15-24 years make up 50% of the new cases, yet only account for 25% of the sexually active population (CDC, 2013). Untreated STIs can lead to more serious health problems including sterility, cancer, and HIV. STIs are preventable, and lowering the incidence of infection will not only reduce the fiscal burden on health care, it will decrease the lasting harmful results of STIs (CDC, 2013). Several National Network of STD/HIV Prevention Training Centers (NNPTC) provide training to health care providers to improve their knowledge and proficiency in sexual health in an effort to reduce the incidence and prevalence of STIs (NNPTC, 2014).

Agency Background

CA PTC has been funded by the CDC for almost twenty years and is a joint project of the Public Health Foundation Enterprises (PHFE), the University of California San Francisco, School of Medicine (UCSF), Bixby Center for International and Reproductive Health. CA PTC is part of a NNPTC created in partnership with health departments and universities who are funded by the CDC. There are ten CDC Regions in the US; CA PTC is located in Region 9, which includes Arizona, California, Hawaii, and Nevada. CA PTC is one of eight clinical PTCs, and one of three Disease Intervention Service Training Centers (DISTC) in the US. CA PTC provides training and technical assistance to both private and public health professionals in local and state health department settings, and community building organizations (CBO), addressing
STD/HIV prevention, capacity building, and the social determinants of health. CA PTC provides face-to-face trainings as well as virtual e-learning trainings. Many of CA PTC’s trainings qualify for continuing education credit. CA PTC’s four core programs are as follows:

1. Capacity Building Assistance Program (CBA) provides evidence-based training and technical assistance to health departments focusing on HIV testing, policy, prevention and persons living with HIV centering on the CDC’s high impact prevention program (HIP) utilizing biomedical, behavioral, and structural interventions, and public health strategies (Danya, 2012). CBA works with providers who administer to those disproportionately impacted by HIV: MSM, people of color, injection drug users (IDU), and commercial sex workers (CSW). CBA also provides trainings on the social determinants of health (SDH) and health disparities and inequities facing those impacted by HIV.

2. DISTC Primarily works with health departments training disease intervention specialists in linking people, who know their STI/HIV status, to care and assisting them in identifying their partners bringing them in for testing and care.

3. California Personal Responsibility Education Program (CA PREP) works in conjunction with the California Department of Public Health (CDPH) to train providers in evidence-based program models (EBPMs) delivering and implementing strategies in prevention to reduce the risk of HIV/STIs and pregnancy of at-risk juveniles at outreach programs, detention centers and in schools.

4. STD clinical training centers provide continuing education to medical providers and clinicians on STIs and HIV (CA PTC, 2014).

CA PTC measures and evaluates fidelity of its trainings through electronic follow up surveys at three-month and six-month intervals. Additionally CA PTC trainers attend and
observe implemented trainings to ensure providers adhere to the CDC guidelines, and to address any of the providers concerns.

**Student Learning Contract: Goals and Competencies**

**Goal 1.** Explore the role of a public health professional. To achieve this goal my objective was to attend an organizational meeting. I attended a minimum of one to two organization meetings per week. These meetings were both internal and external. Internal meetings were held to discuss the agendas of future training requests. Many of these trainings were in the CBA program. All of the CBA trainings during my fieldwork were held out of state with the exception of the Couples HIV Testing and Counseling (CHTC) held in San Francisco. External meetings were teleconference meetings between CA PTC and CDC. I attend three of these high-level meetings. The first of these three meetings was a one-hour virtual site visit by CDC as a third and final review for an FOA. This was an opportunity to see how grants are reviewed and selected after they have been submitted. Grantees are not given questions prior to the virtual site visit so they must be able to think and respond quickly to the review board’s questions. Alice was very professional, poised, prepared, and articulate. The team managers were equally prepared. At the end of the meeting Alice asked for feedback in the form of my impressions and suggestions. I attended an additional two virtual teleconferences with CDC only this time they were to congratulate the CA PTC on being selected for grant awards.

In addition to the virtual meetings with CDC I attended an all day, all staff meeting. This was the first all staff meeting the CA PTC had had in a year. Mangers and staff from the DISTC branch office in Long Beach, California flew in to attend the meeting. This was another excellent opportunity to witness the fine leadership skills and professionalism of Alice. She was able to keep to the agenda and keep the room on topic without a lot of sidebar.
Attendance at the internal and external meetings gave me an opportunity to witness both leadership and professionalism and fulfilled both these competencies as well as my objective.

**Goal 2.** Observe the day-to-day operations of the public health organization. This objective was accomplished through the many meetings I participated in and my daily interactions with managers and staff. I spent time with every person at the agency, and inquired about their functions at CA PTC. Alice was very good about bringing me in on even the smallest meetings. Alice asked me to observe a podcast she was recording for Northwestern University on HIV Evidenced-Based Behavioral and Social Interventions (Appendix B). Tracking measures were verbal feedback elicited by Alice. Leadership, professionalism, and cultural diversity were the competencies addressed.

**Goal 3.** Gain knowledge and experience in the conceptualizing, planning and implementation of a training program. Through this goal I was able to observe diversity and culture, program planning, leadership and professionalism. This objective was realized during the many program planning meetings with the CBA team regarding a training in Louisiana on stigma, homophobia, and transphobia. I attended three different trainings while interning at CA PTC. Each training directed at different programs and their providers. The first training I attended was a one-day facilitation training aimed at providers who work with at risk youth using EBPMs. The objective of this training was to develop effective facilitation skills for working with youth (CA PTC, 2014). The providers in attendance were full of energy and engaged. The atmosphere in the room was lively. I was invited to participate in a couple of the ice breaking games and was included in discussions. The facilitators, Maria and Melissa made sure to explain all of the acronyms and asked participants to do the same as I was new and observing. The second training, “Effective Recruitment & Retention Strategies,” was a two-day training aimed
at providers who work with individuals who are recently diagnosed with HIV or who have dropped out of a HIV treatment program. Providers were trained on how to locate, engage and motivate individuals into prevention and care. This training was challenging due to the demographics of the providers. The first training all of the provider/facilitators were working with youth, but in different settings. The recruitment and retention providers were working with people with varied social determinants of health (SDH) and health inequities. This at times caused some animosity in the room, and had to be diffused. One of the more intense trainings I attended was the Couples HIV Testing and Counseling (CHTC) training in San Francisco. CHTC is an evidence-based, high impact prevention (HIP), public health strategy for couples wanting to receive HIV testing and counseling together. Possible negative outcomes of CHTC is discordant results may lead to partner violence or the relationship may end (Danya, 2012). For these reasons this training is a two-day training to ensure providers develop the knowledge and skills necessary to facilitate and effective outcome.

CA PTC and a member of the CDC, Division of HIV/AIDS Prevention (DHAP), facilitated CHTC training. Due to the sensitivity of the training I was only allowed to observe not participate. This was difficult as this training is very intense and involves multiple mock counseling sessions between participants. At the end of the second day of training you could see the toll the training had on the participants. While this was a very emotionally challenging observation, it provided real insight into the intensity of an actual couples’ counseling session.

**Goal 4.** Continue to educate myself regarding HIV/STIs, interventions, prevention programs and solutions. This objective was originally self-study, but became more hands-on after a clinical training.
According to the CDC (2013), one of the most common sexually transmitted infections is the human papillomavirus (HPV) affecting 79 million people currently in the US, and it is estimated approximately 14 million are infected each year. More than half of those infected are in their early teens to early 20s (CDC, 2013). The HPV vaccine prevents certain types of infections which can lead to HPV related cervical cancer and genital warts (CDC, 2013). The CDC recommends the HPV vaccine be given prior to an adolescent’s first sexual experience, roughly around 11 or 12 years old. As of 2013, only 37.6% adolescent girls and 13.8% of adolescent boys received all three recommended doses of the HPV vaccine (CDC, 2013). There are two vaccines available for use, Gardasil, which protects against four strains, and Cervarix, which protects against two strains. Only Gardasil is approved for adolescent boys (CDC, 2013). HPV immunization could prevent an estimated 21,000 HPV-related cancers each year (CDC, 2013).

The STD Clinical Training Manager, Linda Creegan, RN, MS, FNP attended a conference wherein the low HPV vaccination rates of adolescents were discussed. I was asked to do a literature review on low HPV immunization rates. Jacobson (2014) finds parents are either unaware of the consequences of HPV and fail to vaccinate their children, deem it is unsafe, or report it was not recommended by a clinician. I was asked to develop a clinical decision support tools to assist medical providers in discussing sensitive patient information regarding STIs including HPV for distribution at future clinical trainings. The fact sheet needed to be easy to read by clinicians so it could be used in the exam room maybe handed out to parents or the clinicians could have with them as it as an aid to prompt them for questions regarding HPV. Jacobson (2014) discusses a model called “C.A.S.E.” used for establishing a dialogue with parents. C. A. S. E. is a four-step process developed by Alison Singer, Founder and President of
the Autism Science Foundation; she is also the mother of an autistic child. Ms. Singer developed the process as a way to teach clinicians how to engage in a dialogue with parents about vaccines and autism (Webinar, 2010). Ms. Singer believes if clinicians were to personalize and engage in a pedagogical conversation with parents versus didactic parents would be more open to vaccines (Webinar, 2010). Using both the C.A.S.E. model and information from the CDC I designed and developed the requested clinician support tool which has been utilized at a clinical training and was well received (Appendix C).

Conclusion

CA PTC provided me with an opportunity to put the fundamentals of my USF MPH program into practice. The organization fostered both personal and professional growth allowing me to explore my interest in sexual health and well-being providing an invaluable experience. I was provided with ample opportunity to explore leadership, professionalism, and diversity and culture. I was able to apply the knowledge gleaned in biostatistics and epidemiology into synthesis of technical literature reviews. My preceptor was an excellent mentor demonstrating amazing leadership skills and professionalism. She inspired me on a daily basis encouraging me every step of the way instilling confidence and suggesting I look closer at program planning as a career path in sexual health. You can learn the fundamentals in the classroom, but it is not until you enter the public health field when you able to see all of your efforts over the past six semester culminate into a rewarding experience. I have said it before, and I will say it again, working at CA PTC and with Alice Gandelman was the greatest professional experience I have had in my adult life. I am grateful every day for the honor and opportunities bestowed on me and look forward to an exciting career in public health.
### Appendix A

#### Glossary of Terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>APS</td>
<td>Adult Prep Subjects</td>
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<tr>
<td>ARS</td>
<td>Audience Response System</td>
</tr>
<tr>
<td>ARTAS</td>
<td>Antiretroviral Treatment and Access to Services</td>
</tr>
<tr>
<td>CalREDIE</td>
<td>California Reportable Disease Information Exchange</td>
</tr>
<tr>
<td>CLEAR</td>
<td>Choosing Life: Empowerment! Action! Results!</td>
</tr>
<tr>
<td>CQI</td>
<td>Continuing Quality Improvement</td>
</tr>
<tr>
<td>DEBI</td>
<td>Diffusion of Evidence Based Interventions</td>
</tr>
<tr>
<td>DIS</td>
<td>Disease Intervention Specialist</td>
</tr>
<tr>
<td>ELMO</td>
<td>Enough Let’s Move On!</td>
</tr>
<tr>
<td>HIP</td>
<td>High Impact Prevention</td>
</tr>
<tr>
<td>IDU</td>
<td>Injection Drug User</td>
</tr>
<tr>
<td>IPV</td>
<td>Intimate Partner Violence</td>
</tr>
<tr>
<td>LOVER</td>
<td>Listen, Observe, Verify, Evaluation and Respond</td>
</tr>
<tr>
<td>MACH</td>
<td>Maternal-Child Health care</td>
</tr>
<tr>
<td>PI</td>
<td>Principle Investigator</td>
</tr>
<tr>
<td>PIE</td>
<td>Program Implementation and Evaluation</td>
</tr>
<tr>
<td>QI</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>TA</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>SHARP</td>
<td>Sexual Risk Reduction and Adolescent Risk Prevention</td>
</tr>
<tr>
<td>THOT</td>
<td>That Hoe Over There</td>
</tr>
<tr>
<td>TOT</td>
<td>Trainer of Trainers</td>
</tr>
<tr>
<td>VCA</td>
<td>Visual Case Analysis</td>
</tr>
</tbody>
</table>
Appendix B

C.A.S.E. for Human Papillomavirus (HPV) Vaccine

C
- Determine, acknowledge, and validate the parents' concerns.
- For example: Parent feels child is too young for vaccine and/or not sexually active:
- “I understand your concerns; let’s take a closer look at both your concerns and what we know.”

A
- Discuss how you have educated yourself on the benefits/risks of the HPV vaccine versus contracting HPV.
- For example: “I keep abreast of the latest research by attending conferences and reading the latest journals and research articles.
- Additionally, “I have given the vaccine to my son/daughter.”

S
- HPV vaccine has been shown to be very effective and very safe.
- Prevents cervical cancer and genital warts in both females and males
- Since 2006, 57 million doses have been distributed in the U.S.
- Side effects are minor; no serious safety concerns have been found
- Getting the HPV vaccine does not make kids more likely to have sex

E
- Recommend the HPV vaccine series the same way you recommend other adolescent vaccines.
- For example, you can say: "Your child needs these shots today," and name all of the vaccines recommended for the child’s age.

| C | Determine, acknowledge, and validate the parents' concerns.  
|   | For example: Parent feels child is too young for vaccine and/or not sexually active:  
|   | "I understand your concerns; let's take a closer look at both your concerns and what we know." |
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|   | For Example: "I keep abreast of the latest research by attending conferences and reading the latest journals and research articles.  
|   | Additionally, "I have given the vaccine to my son/daughter." |
| S | HPV vaccine has been shown to be very effective and very safe.  
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|   | Side effects are minor; no serious safety concerns have been found  
|   | Getting the HPV vaccine does not make kids more likely to have sex |
| E | Recommend the HPV vaccine series the same way you recommend other adolescent vaccines.  
|   | For example, you can say: "Your child needs these shots today," and name all of the vaccines recommended for the child's age. |

Introduction to HIV Evidence-Based Behavioral and Social Interventions

CALIFORNIA STD/HIV PREVENTION TRAINING CENTER (CA PTC)

ALICE GANDELMAN, MPH
Agenda

• Use of evidence-based behavioral and social interventions (EBIs) in HIV prevention
• Definition of key terms
• Social Determinants of Health (SDH)
• Current National Initiatives
• Implementing EBIs in practice – both science and art
Use of Evidence-Based Approaches in Public Health and Medicine

- Evidence-based interventions increasingly used in all aspects of public health and medicine
  - Based on scientific evidence, research, or data
  - Used in screening, testing, diagnosis and treatment of medical conditions
  - Biomedical interventions – most commonly used evidence-based approaches
  - Evidence-based behavioral/social interventions more recently used in primary prevention to reduce high-risk behaviors for preventable conditions
Federally-Funded Evidence-based Behavioral Intervention Programs

- Diffusion of Effective Behavioral Interventions (DEBI) – CDC DHAP
- Evidence-based Program Models (EBPM) – OAH, FYSB
- Evidence-based Practices – (SAMSHA ATTCs)
The materials on this site are designed for HIV/AIDS prevention with persons at risk for acquiring or transmitting HIV. They are meant to be resources used by HIV prevention providers such as health departments and community-based organizations so as to provide the best evidence-based HIV prevention services. These materials are not meant for the general public. They are not meant for children. They are not school-based HIV prevention strategies.
Fact Sheet: Personal Responsibility Education Program

The mission of the Family and Youth Services Bureau (FYSB) is to promote safety, stability, and well-being for people who have experienced or been exposed to violence, neglect or trauma. FYSB achieves this through supporting programs that provide shelter, community services and prevention education for youth, adults and families.

**Purpose**

Through the Personal Responsibility Education Program (PREP), FYSB awards grants to State agencies to educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS. The program targets youth ages 10-19 who are homeless, in foster care, live in rural areas or in geographic areas with high teen birth rates, or come from racial or ethnic minority groups. The program also supports pregnant youth and mothers under the age of 21.

PREP projects replicate effective, evidence-based program models or substantially incorporate elements of projects that have been proven to delay sexual activity, increase condom or contraceptive use for sexually active youth, or reduce pregnancy among youth. Through a systematic review, the Department of Health and Human Services (HHS) selected 29 models that States could use, depending on the needs and age of the target population in each State.

**Services**

In addition to education on abstinence and contraceptive use, PREP projects also offer services to prepare young people for adulthood by implementing activities that address three or more of the subject areas below:

- Healthy relationships, including development of positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage and family interactions;
- Positive adolescent development, to include promotion of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects;
- Financial literacy, to support the development of self-sufficiency and independent living skills;
- Parent-child communication skills;
- Education and employment preparation skills; and
- Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

States may also provide referrals to youth for pregnancy prevention-related health care services and may help enroll eligible youth in public assistance programs, like Medicaid, CHIP or any other Federal or State assistance program for which they may be eligible.
Implementing Evidence Based Practices in the Addiction Treatment Field

Technology by definition deals with the application of "scientific knowledge" to practical purposes in a particular field. In other words, technology deals with how we use the "tools of our trade" to do our job. In the treatment field, these tools fall into one of three broad classes: knowledge, skills and attitudes. The job of research is to constantly examine and evaluate these tools and any innovations or additions that occur over time.

Since technology changes over time, we depend on research to continually examine and evaluate technology changes for us. The technology used by our field provides answers to questions such as "how can prevention and treatment efforts yield better outcomes for clients?"

Given the mounting pressures to contain health care costs and the increasing emphasis on "outcome funding," entities connected to the prevention and treatment of substance use disorders have had to focus on improvements in practice that positively impact client outcomes. Yet there is mounting evidence indicating that much of the scientific knowledge gained from addiction-related research is often not utilized in practice.

So the question becomes, how do we transform what is useful into what is actually used? How do we move technology developed academically into standard professional practice?
SPECTRUM OF DETERMINANTS AFFECTING HEALTH
Behavioral Interventions

- A group of activities that are based on behavioral theory, intended to change
  - Knowledge
  - Attitudes, beliefs or intentions
  - Skills
  - Behaviors or practices

of individuals and/or their social groups to reduce high-risk behaviors for certain conditions, such as STDs, HIV
Informed by Theory

- Some Behavioral Theories
  - Health Belief Model
  - Social Cognitive Theory
  - Theory of Reasoned Action
  - Trans-theoretical Model (Stages of Change)

- Some Social/Ecological Models
  - Empowerment models
  - Theory of Gender and Power
  - Social and structural influences
Focus of Behavioral Interventions

- **High-risk behaviors**
  - Behaviors that can directly result in STD/HIV transmission
    - Unprotected sex
    - Injection drug use

- **Behavioral determinants**
  - Specific behavioral aspect that influence risk-taking behaviors
  - Come directly from behavior science theory
  - Often must change before risk behaviors change
    - Knowledge
    - Attitudes and beliefs
    - Personal perception of risk
    - Skills
    - Self efficacy
    - Intentions
    - Social and/or subjective norms
Evidence-based Behavioral or Social Interventions

- Based on scientific evidence, research, or data shown to be efficacious in controlled research setting
- Address behavioral or social determinants that influence HIV acquisition or transmission
- May also address behavioral or social factors
EBI Adaptations

• *Adaptation* is a process of making changes to an EBI to make it more suitable for a particular population or an organization’s capacity

• Can EBIs be adapted?
  • Yes, as long as they do not compromise their core elements or components (the components of the intervention that are responsible for it’s effects)
EBI Adaptations, Cont.

• **Common adaptations - changes in:**
  • location or setting where intervention conducted
  • target populations (e.g., age, race, ethnicity)
  • time intervals for implementation
  • additional session at the end of the intervention

• **Less Common (and typically unacceptable) adaptations:**
  • deletion of intervention session(s)
  • partial implementation of sessions
  • changes in the order of how sessions are conducted
Assess Before you Implement

- Community Needs (Risk factors)
- EBI Requirements
- Agency Capacity
From Individual to Social Determinants

OF HEALTH
Spectrum of Risk Determinants

- Risk determinants
  - Conditions that influence HIV acquisition or transmission
  - Can be biologic, behavioral, social, or structural
    - genetic or hereditary factors
    - low perception of STD/HIV risk
    - lack of condom-use skills
    - substance use
    - stigma, homophobia, discrimination
    - poverty
    - living in high HIV morbidity area
    - lack of access to health care
# Types of Health Determinants

<table>
<thead>
<tr>
<th>Biologic/Genetic</th>
<th>predisposition or susceptibility to disease, or disease conditions due to biologic and/or genetic factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial/Behavioral</td>
<td>thoughts (e.g., knowledge, attitudes and beliefs), motivations, and skills that may make a person more vulnerable or resistant to disease or health conditions</td>
</tr>
<tr>
<td>Community/Social</td>
<td>effects of relationships including social influence and group norms among family, friends, and social networks that make persons susceptible or resistant to health conditions</td>
</tr>
<tr>
<td>Intermediate Social/Structural</td>
<td>characteristics of larger social groups, organizations, and/or physical environments that may support or undermine health</td>
</tr>
<tr>
<td>Macro Social/Structural</td>
<td>extremely large forces that impact entire nations or regions, such as national economic policies, societal, political, or environmental conditions (e.g., poverty, racism, homophobia, gender inequality) that impact health</td>
</tr>
</tbody>
</table>

= individual determinants  
= social determinants
Social Determinants of Health (SDH)

- Conditions in which people are born, grow, live, work and age, including the health system;
  - shaped by distribution of money, power and resources at global, national and local levels, which are themselves influenced by policies
- SDH mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between communities

*World Health Organization*
Examples of SDH

- Stigma – (gay, HIV+, transgender, sex worker, drug user)
- Racism
- Homophobia
- Lack of access to health insurance, health care
- Homelessness
- Poverty
- Living in an environmentally unhealthy location
Characteristics of SDH

- Complex, integrated, and overlapping social structures and economic systems, often linked to
  - lack of opportunity and resources to protect, improve, and maintain health
- Social/Structural-level interventions
  - Non-personal in nature (*do not aim to change behaviors*)
  - E.g., condom distribution as a SLI
    - Does not focus on increasing perception of risk, or self efficacy/skills to use condoms
    - Focus on making condoms more available and/or accessible in the environment
SPECTRUM OF DETERMINANTS AFFECTING HEALTH
EXAMPLES OF HIV-RELATED INTERVENTIONS

- **Biomedical**
  - Male circumcision
  - ART, PrEP, PEP

- **Behavioral**
  - Programs to ↑ Condom use, ↓ unprotected sex

- **Comm-Social**
  - Social mktg campaigns to ↓ stigma, homophobia;

- **Structural**
  - Legalizing syringe purchase
  - ↑ access to care (ACA)
Reach of Interventions on Determinants

Social Determinants

SLIs

CLIs

ILI-GLIs

Individual Determinants
Why Consider SDH Perspective in HIV Prevention?

- **Behavioral Interventions**
  - aim to identify and modify behavioral (individual) determinants that contribute to HIV risk

- **Biomedical Interventions**
  - aim to identify persons with HIV, link (and keep) them in care and treatment (testing, treatment adherence, etc)

- Do not address the larger social, environmental, and structural factors that also impact risk for acquisition and transmission of HIV
  - laws that prevent risk reduction practices
  - economic conditions, such as poverty, that prevent persons from accessing and correctly using health services
  - societal attitudes and beliefs including racism and homophobia

- **Social and Structural-level approaches** that address these issues must also be implemented for prevention efforts to be successful
Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.
Combination Approaches -- Best Strategies to Achieve Success

- Comprehensive HIV prevention programs include:
  - Biomedical strategies
  - Behavioral approaches
  - Social marketing and media advocacy activities
  - Structural-level interventions

- Considering how social determinants affect health outcomes is an important step towards development of comprehensive programs
References


