Structural Change and Youth HIV Prevention: Addressing Root Causes

Adapted by Connect to Protect®
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Successes and Challenges in HIV Prevention

• We’ve been successful at taking people away from their environments and reducing their risk.

• Too often, however, we return people back to environments which don’t support our interventions.

• We need to change the environments as well.
CDC’s Health Impact Pyramid

- Increasing Population Impact
- Counseling and Education
- Clinical Interventions
- Long-Lasting Protective Interventions
- Socioeconomic Factors

Changing the Context to Make Individuals’ Default Decisions Healthy

Thomas Frieden, MD, MPH, CDC Director, 2010
Thinking Upriver: A metaphor
Causes & Contributors of Risk

Macro Level
Racism, Stigma, Poverty, Gender Inequality, Migration

Structural Level
Resource availability
Physical Environment
Organizational Systems
Laws/Policies

Community Level
Networks
Social Capital/
Collective Efficacy
Relationships
Community Norms

Individual Level
Behavior
Attitudes
Knowledge
Perceptions
Biology

Individual Susceptibility
Some Examples

**Problem:** Young women are being infected by partners recently released from local Juvenile Correctional facilities.

- **Individual Intervention:** Young women are taught condom negotiation skills

- **Community Intervention:** Launch a media campaign about the risk of unprotected sex

- **Structural Intervention:** New policy at Department of Juvenile Justice (DJJ) requiring all arrested individuals to receive HIV/STI counseling & testing
C2P Structural Change

New or modified programs, practices or policies that

...are logically linkable to HIV transmission and acquisition

...can be sustained over time, even when key actors are no longer involved.

...may directly or indirectly impact individuals

...may also impact the physical environment
Familiar Structural Changes

• **Smoking** – Many cities have passed policies against smoking in public places such as restaurants; clubs; bars)

• **Seatbelts** – Click-it or Ticket Seatbelt enforcement laws

• **Obesity** – Many corporations have included sidewalks to encourage walking or gyms to encourage exercise for their employees.
Bridging the GAP between Individual Risk and Structural Solutions
C2P Logic Model

Structural Changes

Core Risk Factors = Individual Level Outcomes

Long-term Outcome
(Primary Pathways)

Ultimate Outcome

Root Cause/SCO

Partner selection (high-risk vs. low-risk)

Number of partners

Multiple partners at the same time (concurrency)

Condoms/clean needles

STI Co-Infection

Viral load

Reduce chances of transmitting virus if a partner is infected

Reduce incidence and prevalence of HIV among YOUR TARGET population

Reduce chances for people to have infected partners
**Vision:** HEALTHY YOUTH

**Mission:** To reduce HIV/AIDS among adolescents and young adults through.....

**Structural Changes**

**CORE RISK FACTORS = Individual Level Outcomes**

**Long-term Outcome**

**Ultimate Outcome**

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**Reduce incidence and prevalence of HIV**

- **Reduce the chances of transmitting virus if a partner is infected**

**Tax incentive for businesses who provide condoms**

- **Encourage Salons to provide condoms**

- **Encourage clubs to provide condoms**

- **Policy that condoms are available on pharmacy aisles**

- **Condoms = increase condom use**

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**Vision: HEALTHY YOUTH**

**Mission: To reduce HIV/AIDS among adolescents and young adults through.....**
Root Cause Analysis (RCA)

- Process to reveal underlying issues that contribute to individual level risk
- Dig below the symptoms to find the fundamental issues that led to the undesired consequences
- Identify more targeted and concrete solutions
- More than one root cause contributing to an issue/problem
RCA Steps

1. Define the problem factually
   – Write a problem statement:
     *Issue*: Homelessness among YMSM
     *Problem Statement*: LGBT youth are at risk for HIV/AIDS because of unstable housing

2. Gather data and evidence to describe the problem
   – Collect local data via reports, partners, newspaper, etc
   – Use maps – great resource
   – Identify stakeholder (s) who can offer insight
3. Identify the reasons associated with the problem (“But why?”)
   – Probe at least 2 layers deep to get at core of problem

4. Brainstorm systems that may intersect with identified root causes
   – What entities/systems have influence over the issue?
   – What entities/systems control funding?
   – What entities/systems have the broadest reach?
5. **Identify stakeholders**
   - Who has decision making power within targeted entities/systems?
   - Who knows the inner workings of the entity/system?
   - How can we engage this stakeholder? Who has contacts?

6. **Initial identification of solutions**
   - What are some preliminary ideas (structural change solutions) that come to mind to fix the problem/address the root cause?
   - Who can help develop these ideas and/or facilitate moving these ideas forward? Invite to next WGM.
BUT WHY?

1. Identify root cause
2. BUT WHY?
3. Identify root cause
4. BUT WHY?
5. Identify root cause
6. BUT WHY?
7. BUT WHY?

PROBLEM

[1] Being an effective Coalition using the Strategic Prevention Framework; National Coalition Institute Champions for Change CADCA & Coalitions Presentation; November 2005
Example 1

- Predatory behavior of older men
- Young men hanging out at adult venues
- Lack of safe spaces for young men
-给你们的想法？
- Businesses
- Lack of shelter space
- Economic Need
- YMSM hooking up with older men
- Number of partners
- Partner selection (high-risk vs. low-risk)
- Multiple partners at the same time (concurrency)
- BUT WHY?
- No job to pay rent
- Employers require 2 forms of ID
- No experience
- Job training Center has limited hours
- Sector/System
- SCO Idea?
- SCO Idea?
PROBLEM
Youth diagnosed with HIV are not accessing care

CAUSE
Youth cannot access services as a dependent with “income”

WHY?

CAUSE
Youth cannot disclose HIV status to Parents/guardian

WHY?

SCO Solution
As of June 2013, local Ryan White Parts A&B Begin a new practice to Exempt minors from income verification

Example 2
Creating a Package of Upriver SCOs

Comprehensive solutions require **broad and diverse perspective**

SCOs require **linking and leveraging existing resources** rather than creating new ones

Coalition is an **agent of change**, NOT a program implementer

Include **large and long range ideas** with some that are **shorter and easier to achieve**

**Focus on target population and geographic area to concentrate effort (remember: effects will be diffused)**
Using the NHAS to Create Structural Changes
Connect to Protect Subcommittee

The subcommittee is comprised of:

• Community based agencies (testing, ARTAS)
• Representatives from the local health department (HIV, STD program, DIS)
• Linkage to Care representatives
• Clinical staff (MD, ARNP)
• Social work staff
Connect to Protect Subcommittee

• The subcommittee met monthly
• Recorded barriers in linkage to care
• Organized and themed these barriers
• Audited membership to determine sectors needed to address barriers
• Asked a youth advisory board if the solutions were appropriate when needed
• Used the National HIV/AIDS Strategy to track progress
Monitoring of Open Structural Change Objectives

- Testing (2)
- Linkage to Care (3)
- Engagement to Care (0)
- Retention in Care (1)
- Lower Community Viral Load (E)
Documenting Completed Structural Change Objectives

![Bar chart showing engagement in HIV care](chart.png)

- **HIV-infected**: 1,178,350
- **HIV-diagnosed**: 941,950
- **Linked to HIV care**: 725,302
- **Retained in HIV care**: 480,395
- **On ART**: 426,590
- **Suppressed viral load (≤200 copies/mL)**: 328,475

Engagement in HIV care

*Data as of 11/19/14*
Structural Changes for HIV

\[ X + Y + ? = \text{“Solution”} \]

Have we considered all of the underlying ‘root’ causes of high risk behavior among “INSERT TARGET POP” in CITY?

Does our Action Plan (SCOs active and new) attack the issues fueling HIV risk behavior among our population of focus from various angles?

Does our overall approach add up to a lasting solution to HIV infection among “INSERT TARGET POP” in CITY?

Have we invited the key players/stakeholders into our coalition? Key players and stakeholders include people who are instrumental in moving our objectives forward as well as those who can be valuable in adding new and different objectives into our action plan.
### Selected Examples

<table>
<thead>
<tr>
<th>SCO #</th>
<th>SCO Language</th>
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<tbody>
<tr>
<td><strong>SCO #75</strong></td>
<td>By December 2012, the Hillsborough County Health Department and University of South Florida will establish a Memorandum of Agreement that formalizes linkage-to-care procedures for all STI (including HIV) positive individuals and includes accurate information provision to disease intervention specialists.</td>
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<td><strong>SCO #107</strong></td>
<td>By December 2013, Tampa General Hospital will begin a new policy to add a specific HIV testing prompt within the electronic medical records system (All Scripts) in order to capture informed consent and routinize HIV testing by healthcare providers.</td>
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<td><strong>SCO #118</strong></td>
<td>By December 2013, Metro Wellness and Community Centers will begin a new practice of referring newly diagnosed youth in Falkenburg jail to linkage to care services in the community to include the SMILE program.</td>
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<td><strong>SCO #124</strong></td>
<td>By August 2014, specialty care nursing and provider staff at the Hillsborough County Health Department will begin a new practice of enrolling youth living with HIV into the discounted farecard system.</td>
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<td><strong>SCO #126</strong></td>
<td>By August 2014, Metro Wellness and Community Centers will begin a new practice of enrolling ethnic and minority youth who are transitioning from pediatric HIV care to adult care into the Anti-Retroviral Treatment and Access to Services (ARTAS) program.</td>
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## Current Work

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<td>SCO #78</td>
<td>By July 2015, Florida state statutes that govern HIV testing will be amended to eliminate required written informed consent for minors being tested for HIV, allowing minors to verbally consent for HIV testing.</td>
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<td>SCO #115</td>
<td>By July 2015, the Child Protection Team will begin a new practice of a standard operating procedure (SOP) that refers sexual assault survivors for Post Exposure Prophylaxis (PEP) with patient follow up after referral.</td>
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<td>SCO #111</td>
<td>By October 2014, Tampa General Hospital will begin a new policy to provide routine HIV rapid testing in the hospital emergency department.</td>
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“Never doubt that a small group of thoughtful, committed citizens could change the world. Indeed, it's the only thing that ever has.”

--Margaret Mead
Questions?