

d-up: Defend Yourself!

DESCRIPTION

d-up: Defend Yourself! (d-up!) is a community-level intervention that seeks to mobilize an existing social network of black men who have sex with men (MSM) to support condom use and improve their sense of self-worth. *d-up!* uses specific social network members, called opinion leaders, who are respected and trusted by their peers, to promote the benefits of consistent condom use and increase self-worth among their friends and acquaintances. *d-up!* is an evaluated cultural adaptation of the Popular Opinion Leader intervention model for social networks of black MSM; it incorporates culturally relevant messages, materials, and activities throughout the intervention. Opinion leaders endorse condom use and deliver messages to affirm a sense of authority, pride, and confidence in themselves as black MSM by having casual one-on-one conversations with their friends and acquaintances. Opinion leaders are identified through the social settings of the targeted social network, where the size of social network can be estimated, friendship groups observed, and opinion leaders identified.

d-up! has been packaged by CDC's Replication of Effective Interventions and Diffusion of Effective Behavioral Interventions projects. Information on obtaining the intervention training and materials is available at www.effectiveinterventions.org.

Goals

The overall goal of *d-up!* is to increase the number of black MSM who use a condom when they have sex. To accomplish this, *d-up!* focuses on changing the target social network's condom use norms. *d-up!* has the following primary objectives:

- Identify a target social network of at least 100 black MSM, its social venues, friendship groups, and opinion leaders through community discovery activities.
- Enlist the support of gatekeepers.
- Create *d-up!* logos or conversation starters.
- Recruit, train, and support a minimum of 15% of friendship group members (opinion leaders) to carry out risk reduction conversations with their friends and acquaintances.

How It Works

d-up! helps create a social environment in which black MSM feel comfortable making the decision to practice safer sex. The intervention creates this change by mobilizing opinion leaders to alter a social norm by endorsing condom use with their friends and acquaintances. The process of changing social norms involves 3 critical stages:

1. Community discovery

- Identify and target an appropriate social network of black MSMs.
- Identify condom use norms among social networks.

- Identify and use social venues frequented by the targeted network.
- Identify key influential people in the social networks' smaller groups.

2. Preparation of opinion leaders

- Increase their awareness regarding the extent of the HIV/AIDS epidemic among black MSM.
- Enhance their understanding of social and cultural factors that contribute to sexual risk taking among black MSM.
- Build their comfort, confidence, skill, knowledge, "buy-in," and intention to endorse condom use and social support to cope with bias among friends and acquaintances

3. Mobilization of opinion leaders

- Endorse condom use.
- Communicate the benefits of safer-sex behaviors to friends and acquaintances.
- Enhance their friends' and acquaintances' self-worth during risk-reduction conversations.
- Endorse or promote social support to cope with bias.
- Refer and recruit other potential opinion leaders until 15% of each friendship group is trained to endorse condom use and promote positive self-worth.

Theories Behind the Intervention

The *d-up!* intervention is based on and supported by 2 theories: preparation for bias and diffusion of innovation.

Preparation for bias

Preparation for bias (also called race-related socialization) refers to strategies used to promote positive identification with one's own racial or ethnic group to prepare people to succeed in the face of racial bias. It is a class of protective and adaptive practices used by ethnic and racial minority parents to promote children's functioning in a world that is stratified by ethnicity and race. Preparation for bias involves positive identity development, negotiation of racial barriers, and an emphasis on culture, history, and heritage.¹

d-up! opinion leader training raises awareness of how racism, homophobia, and community and family rejection contribute to risky sex behaviors. The training prepares opinion leaders to identify social and cultural issues that arise in conversations, and it teaches them how to craft messages to help modulate potential negative effects.² Opinion leaders model and promote social network support for coping with bias, thereby reducing risk-taking among network members.

Diffusion of innovations

Diffusion of innovations³ suggests that if a practice or behavior is endorsed by key members of the community, that practice or behavior will be adopted by community

members over time. For this to happen, community members must believe that there is some advantage to adopting the practice or the behavior, the practice or behavior can be observed, it is easy to execute, there are communication channels through which the adoption is disseminated, it is compatible with existing community values, and it can be integrated into social norms.

d-up! opinion leaders are members of the social network who are socially significant within specific segments of the social network. Opinion leaders have influence and credibility with those in their social network who most admire them. They endorse safer sex practices and communicate the benefits, their support, and the ease of adopting safer sex practices. As this message is communicated within the social network, behaviors or practices are impacted as the social norms targeted become operant within the social network.

Research Findings

Surveys conducted with the target population found significant reductions in risky behaviors and an increase in consistent condom use. Unprotected receptive anal intercourse (URAI) was significantly decreased at 4 months (24%), 8 months (25%), and 12 months (44%). Unprotected insertive anal intercourse (UIAI) was significantly decreased at 8 months (35%), and any unprotected anal intercourse was significantly decreased at 12 months (32%). Also at 12 months, the average number of URAI partners decreased by 40%, and the average number of episodes of UIAI decreased by 53% and episodes of URAI decreased by 57%. The number of black MSM who reported that they always used condoms for insertive and receptive anal intercourse increased by 23% and 30%, respectively.²

CORE ELEMENTS, KEY CHARACTERISTICS, AND PROCEDURES

Core Elements

Core elements are those parts of an intervention that must be done and cannot be changed. They come from the behavioral theories on which the intervention or strategy is based; they are thought to be responsible for the intervention's effectiveness. **Core elements are essential and cannot be ignored, added to, or changed.**

d-up! has the following 10 core elements:

- Direct *d-up!* to an identified at-risk population in well-defined community venues where the population's size can be assessed.
- Use key informants and systematic observation to identify the target population's social networks and identify the most respected, credible, trustworthy, listened to, empathetic, and self-confident people in each friendship group.
- Recruit and train as opinion leaders 15% of the people from each friendship group in the intervention venue.
- Raise opinion leaders' awareness of how negative social and cultural factors impact affect black MSM sexual risk behavior to promote a norm of positive self-

worth in their social networks and teach them to address these biases in their conversations, as needed.

- Teach opinion leaders skills for putting risk-reduction messages into everyday conversations with friends and acquaintances.
- Teach opinion leaders the elements of effective behavior change messages that target attitudes, norms, intentions, and self-efficacy related to risk. Train opinion leaders to personally endorse the benefits of safer behavior in their conversations and offer practical steps to achieve change.
- Hold weekly sessions for small groups of opinion leaders to help them improve their skills and gain confidence in giving effective HIV prevention messages to others. Instruct, model, role-play, and provide feedback during these sessions. Make sure all opinion leaders have a chance to practice, shape their communication skills, and get comfortable putting messages into conversations.
- Have opinion leaders set goals to hold risk-reduction conversations with at-risk friends and acquaintances in their own social network between weekly sessions.
- Review, discuss, and reinforce the outcomes of the opinion leaders' conversations at later training sessions.
- Use logos, symbols, or other items as conversation starters between opinion leaders and others.

Key Characteristics

Key characteristics support the core elements but are those parts of an intervention (activities and delivery methods) that can be adapted to meet the needs of the community based organization or target population.

d-up! has the following key characteristics:

- Elicit the involvement, support, and cooperation of key gatekeepers in the community.
- Recruit opinion leaders by emphasizing their potential positive role as an HIV prevention resource to others.
- Provide opinion leaders with correct HIV risk-reduction information.
- Provide opinion leaders with practical advice on how to change behaviors to reduce HIV risk.
- Incorporate culturally-appropriate music, images, and activities to create a comfortable and familiar training environment.
- Organize reunions with all opinion leaders from each wave and key community gatekeepers to discuss the maintenance of *d-up!*
- Monitor and evaluate intervention phases to identify if *d-up!* was implemented as planned and is achieving desired outcomes.

Procedures

Procedures are detailed descriptions of some of the elements and characteristics listed above. Some of the procedures for *d-up!* are as follows:

Community discovery

Community discovery (also known as formative evaluation) is a process in which implementing agency staff attempt to learn about social networks of black MSM, prioritize a social network to target, and learn more about the social network selected for targeting. Community discovery helps define the specific way *d-up!* will be implemented in a given area and selected network and must be conducted before implementation. Information collected during community discovery informs intervention planning process and the development of tailored *d-up!* materials and major implementation activities so they are appropriate for the targeted black MSM social network. Detailed information that is gathered includes the following:

- Targeted intervention population or social network and the main social environment serving the network (social venue).
- Friendship groups (units in the social network).
- Trusted and credible opinion leaders (in the friendship groups).
- Network norms and attitudes toward condom use and toward social support for coping with bias experienced by black MSM.

Training opinion leaders

Getting opinion leaders to involve their friends in conversations that endorse safer sex is the core of *d-up!*. Opinion leaders are recruited and participate in a 4-session training. The training sessions prepare opinion leaders to endorse the safer sex to their friends. The content and structure of the training sessions are intended to build the knowledge, confidence, comfort level, intention, and “buy in” of opinion leaders to converse with their friends and acquaintances about risk reduction. The training sessions are structured so opinion leaders learn from and motivate each other in role-plays and gain feedback on experiences with actual conversations. Opinion leaders need to interact with one another in the sessions. Multiple sessions also reinforce learning and messages over time. Time between sessions allows opinion leaders to practice their conversations and reflect on those experiences; they refine their approaches in later sessions. The facilitators model conversations for the opinion leaders so that they see an example of what they are to do in the community. Opinion leaders set goals for conversations, which build their intentions to engage in the conversations. Opinion leaders learn about condom use and social support for coping with biases faced by black MSM so that they will be more willing to endorse the social norms targeted by *d-up!*

Maintaining opinion leaders

During the third opinion leader training session, each opinion leader is asked to invite 2 friends to the fourth session. The fourth session is the last session for the outgoing wave of opinion leaders and the first session for the incoming wave. The two groups meet during the first part of the session and then separate. These referrals, along with staff identification and recruitment of opinion leaders, are repeated for each wave of opinion leaders until at least 15% of each friendship group in the targeted social network has been trained as an opinion leader.

Reunions are held to support opinion leaders and to express agency appreciation for their efforts. Reunions typically are social gatherings for previously trained opinion leaders

and serve as a way for the opinion leaders to get together, become motivated again, and discuss their experiences having risk-reduction conversations. Reunions are also a way to further develop opinion leaders' skills in having these conversations. Facilitators gather information from opinion leaders during the last training sessions to help plan reunions.

ADAPTING

Adapting means modifying the intervention to appropriately fit the local context in a way that does not violate the core elements of the intervention. Adapting *d-up!* involves customizing the delivery of the intervention and ensuring that training activities are appropriate for the opinion leaders and that messages are appropriate for the targeted social network of black MSM without altering, deleting, or adding to the intervention's core elements. Adaptations should not affect the core elements of the intervention. Instead, they should enhance the delivery of the intervention and allow creativity and ownership of the intervention.

d-up! is an adaptation of the Popular Opinion Leader intervention and is designed specifically for black MSM who are in social networks with other black MSM. Popular Opinion Leader should be used for adaptations to respond to the needs of other populations.

RESOURCE REQUIREMENTS

Staff and Volunteers

d-up! needs paid staff members and volunteers. An estimate of the amount of time needed by paid staff members depends on the number of opinion leaders. At minimum, a *d-up!* program needs the following levels of staffing:

- 1 program coordinator, 0.5 full-time equivalent (FTE).
- 1 senior facilitator, 0.5 FTE.
- 1 junior facilitator, 0.25 FTE.
- 1 administrative assistant, 0.10 FTE.
- 2 volunteers, 0.10 FTE each.

All staff members should have extensive experience working with black MSM, and they should be culturally competent for working with members of this population.

The program coordinator will be primarily responsible for overseeing and coordinating the implementation of *d-up!* Depending on the size of the social network and available resources, the program coordinator may also take on some or all of the roles of a facilitator.

Opinion leader facilitators will be responsible for conducting community discovery and identifying, recruiting, training, and monitoring *d-up!* opinion leaders. Each training

session should be conducted by 2 facilitators. Two volunteers will be needed to assist the paid facilitators during the fourth session when the paid facilitators will split to facilitate session 4 with the outgoing wave of opinion leaders and session 1 with the incoming wave of opinion leaders.

The administrative assistant will provide project support and help coordinate intervention logistics, such as maintaining files, arranging catering, and placing advertisements. Opinion leaders and gatekeepers are volunteers, but they may be paid stipends to compensate them for costs they may incur.

Space

d-up! needs space for trainings and staff meetings (may be the CBO's office space).

Training and meeting space should meet the following requirements:

- Comfortable seating for having discussions and watching videos.
- In the same place for each session (e.g., meeting at a business during the hour before it opens).
- Convenient to where opinion leaders live, work, and socialize.
- Easy to get to by using public transportation.
- Each training space should fit 12 to 15 people comfortably, where they have room to get up, interact, and conduct role-plays.
- Large enough so that 2 sessions can be conducted at the same time, since opinion leaders will bring a friend to go through the training at session 4.

Materials and Supplies

- *d-up!* implementation manual.
- *d-up!* facilitator's guide.
- *d-up!* opinion leader handbook.
- *d-up!* CD-ROM.
- Incentives (e.g., transportation passes, snacks).

RECRUITMENT

Successful implementation of *d-up!* requires careful selection, identification, and recruitment of 15% of the members of each friendship group in a targeted network to be trained as opinion leaders. Information gathered during community discovery can inform and guide recruitment strategies. Identification of opinion leaders is assisted by staff observations and key informant interviews. Recruitment is an ongoing process, conducted by project staff. Initial recruitment of opinion leaders can be aided by community gatekeepers who may provide introductions. Recruitment of subsequent waves of opinion leaders is assisted by previous opinion leaders who identify and recruit other members of the targeted network to be trained as opinion leaders. The *d-up!* implementation manual provides additional guidance on recruitment strategies.

POLICIES AND STANDARDS

Before a CBO attempts to implement *d-up!*, the following policies and standards should be in place to protect clients, the CBO, and opinion leaders.

Confidentiality

A system must be in place to ensure that confidentiality is maintained for all participants in the program. Before sharing any information with another agency to which a client is referred, signed informed consent from the client or his or her legal guardian must be obtained.

Cultural Competence

CBOs must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be representative of and sensitive to different cultures. In addition, they should offer materials and services in the preferred language of clients, if possible, or make translation available, if appropriate. CBOs should facilitate community and client involvement in designing and implementing prevention services to ensure that cultural issues are incorporated. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, which should be used as a guide for ensuring cultural competence in programs and services. (Please see Ensuring Cultural Competence in the [Introduction](#) of this document for standards for developing culturally and linguistically competent programs and services.)

Data Security

To ensure data security and client confidentiality, data must be collected and reported according to CDC requirements.

Personnel Policies

CBOs conducting outreach must establish a code of conduct. This code should include, but not be limited to, the following: do not use drugs or alcohol, do use appropriate behavior with clients, and do not loan or borrow money.

Safety

CBO policies must exist for maintaining safety of workers and clients. Plans for dealing with medical or psychological emergencies must be documented.

Selection of Target Populations

CBOs must establish criteria for, and justify the selection of, the target populations. Selection of target populations must be based on epidemiologic data, behavioral and clinical surveillance data, and the state or local HIV prevention plan created with input from state or local community planning groups.

Volunteers

CBOs should know and disclose how their liability insurance and worker's compensation applies to volunteers. All training should be documented. CBOs must also ensure that volunteers sign and adhere to a confidentiality statement.

QUALITY ASSURANCE

The following quality assurance activities should be in place when implementing *d-up!*.

CBOs

Implementation plan

Have an implementation plan to ensure that all of *d-up!*'s core elements and key characteristics are included and followed. CBOs conducting *d-up!* are encouraged to complete and use the *d-up!* implementation planning and program objectives tool, available at www.effectiveinterventions.org/interventions/d-up!/tools.cfm.

Leadership and guidance

Provide hands-on guidance to improve opinion leaders' skill and comfort in initiating and having risk-reduction conversations with peers in their social networks.

Training

Train staff so that they have the skills necessary to do all of the following:

- Thoroughly understand the intervention and its underlying theory.
- Know correct risk-reduction information.
- Identify social networks and their opinion leaders.
- Facilitate groups.
- Recruit and train successive waves of opinion leaders.
- Maintain and evaluate the intervention.

Fidelity to core elements and key characteristics

Ensure fidelity to core elements to ensure program effectiveness. Have a quality assurance fidelity checklist to track whether all of *d-up!*'s key characteristics were followed.

Clients

Feedback loops should be used to improve delivery of the intervention. Information should be shared with opinion leaders, whenever possible, to encourage their continued involvement.

MONITORING AND EVALUATION

Specific guidance on the collection and reporting of program information, client-level data, and the program performance indicators will be distributed to agencies after notification of award.

General monitoring and evaluation reporting requirements for the programs listed in the procedural guidance will include the collection of standardized process and outcome measures. Specific data reporting requirements will be provided to agencies after notification of award. For their convenience, grantees may utilize PEMS software for data management and reporting. PEMS is a national data reporting system that includes a standardized set of HIV prevention data variables, web-based software for data entry and management. CDC will also provide data collection and evaluation guidance and training and PEMS implementation support services.

Funded agencies will be required to enter, manage, and submit data to CDC by using PEMS or other software that transmits data to CDC according to data requirements. Furthermore, agencies may be requested to collaborate with CDC in the implementation of special studies designed to assess the effect of HIV prevention activities on at-risk populations.

KEY ARTICLES AND RESOURCES

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For more information on technical assistance and training for this intervention or to get your name on a list for a future training, please go to www.effectiveinterventions.org. Implementation materials and training and technical assistance for *d-up!* are available through the Dissemination of Effective Behavioral Interventions program and are also available at www.effectiveinterventions.org.

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 3. Rogers EM. *Diffusion of innovations*. 5th ed. New York, NY: Free Press; 2003.
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