Condom Distribution Programs as Structural Interventions

Charles Collins, PhD
Ted Duncan, PhD

Capacity Building Branch

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What does PA 11-1113 say about condom distribution?

Condom Distribution

- Free and accessible condoms are an integral component of the HIV prevention program.
- Applicants are expected to implement condom distribution programs which increase access to and use of condoms by YMSM of color and YTG persons of color.

What does PA 11-1113 say about condom distribution? (2)

Effective condom distribution programs should adhere to the following principles:

1. Provide condoms free of charge
2. Implement social marketing efforts to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities)
3. Conduct both promotion and distribution activities at the individual, organizational, and community levels.

Applicants are expected to distribute condoms to 100% of HIV positive individuals and high-risk negative individuals.

What is a Structural Intervention?

An intervention designed to implement or change laws, policies, physical, social or organizational structures, and/or standard operating procedures to effect environmental or societal change.

Structural Interventions

Now more than ever, CDC is committed to working on solutions to structural issues in partnership with governmental and nongovernmental partners. Racism, homophobia, stigma, and discrimination are some of society's most difficult and longstanding challenges and many have argued that they go beyond the scope of any single agency or sector, and certainly cannot be resolved overnight. However, I firmly believe that change begins from within. Therefore we must begin within our agencies to articulate a shared vision for tackling these issues.

As we think about these societal determinants of HIV transmission, you will hear much about structural interventions at this meeting. Structural interventions refer to public health interventions that promote health by altering the structural context within which health is produced and reproduced.

--Kevin Fenton, NHPC address, 2007

Structural Interventions (2)

The term "structural" is used to refer to interventions that work by altering the context within which health is produced or reproduced. Structural interventions locate the source of public-health problems in factors in the social, economic and political environments that shape and constrain individual, community, and societal health outcomes.

We identified two dimensions along which structural interventions can vary. They may locate the source of the health problems in factors relating to availability, acceptability, or accessibility; and they may be targeted at the individual, organizational, or environmental levels.

--Blankenship, Bray, & Merson, 2000

- Blankenship, K.M., Bray, S.J, & Merson M.H. (2000). *AIDS* 14:S11-21.

What makes a condom distribution program a structural intervention?

A condom distribution program becomes a structural intervention when the environment is changed so that there is increased availability and accessibility to condoms, and people are more inclined to use them.

A Framework for Structural Level Interventions

- **Availability** – emphasize the behaviors, tools, equipment, materials, or settings that are necessary to prevent individuals from being exposed to the particular public health problem, or that are necessary to facilitate healthy outcomes. Based on the assumption that health problems result form the lack of or, conversely, the excessive availability of these tools, behaviors, or settings.

- **Acceptability** – focus on altering social norms and recognize that the health of a society and of its members is partially determined by its values, culture, and beliefs, or those of subgroups within it

- **Accessibility** – explicitly acknowledge that health is a function of social, economic, and political power and resources, and, as such, manipulate power and resources to promote public health.

- Blankenship, Bray, & Merson, 2000

Condom Availability

- Condoms are available in the environment where members of the target population are found
- The logic: People can't use condoms if they are not available
- Examples:
  - Pharmacies, condom dispensing machines, outreach workers, offices of agencies used by target populations, "drop spots"

Condom Accessibility

- Unrestricted access to condoms that are available in the environment
- The logic: Even if condoms are available within the environment, people may not acquire them because of barriers
- Examples:
  - Free condoms for low income people
  - Available in private locations
  - Conveniently located in multiple places

Condom Acceptability

- Norms within a community support the use of condoms and the type are acceptable to community members.
- The logic: If community norms do not support condom use or the type of the condoms are not acceptable, people may not use them .
- Examples:
  - Support of condom use by opinion leaders and public figures
  - Condoms and other products are of the type that are popular within the community

Condom Acceptability

- Condom acceptability can be assessed and modified using customer-oriented marketing approaches.
- Condoms may be more acceptable if they are more attractive, larger, smaller, tighter, more slick, less slick, textured, smooth, or colored.

	Individual	Organizational	Environmental
Availability	Condom machines, condom bowls, providing condoms at a cost, providing coupons for condoms	100% condom use policies (e.g., in brothels); making condoms available in prisons	Increasing federal funds for making condoms available
Acceptability	Distributing promotional items (e.g., flyers promoting condom use to teenagers)	Television programming; PSAs; media campaigns; community mobilization	Social marketing campaigns that target the norm or the product
Accessibility	Massive distribution of free condoms	Expanding publicly funded condom distribution centers/ posts; producing female condoms	Policy change

- Charania, M.R., Crepaz, N., Guenther-Gray, C., Henny, K., Liau, A., Willis, L.A., & Lyles, C.M. (2010), *AIDS and Behavior,* E-pub on Oct 1.

How do you plan a condom distribution program?

Conduct a community assessment to answer these questions:

1. **Who** are you trying to reach in your condom distribution program?
2. **How** will you increase the availability and accessibility of condoms and acceptability of condom use?
3. **What** will you distribute in your condom distribution program?
4. **Where** will your condom distribution program activities take place?

Integrating condom distribution into other programs

Make condoms available in all of your prevention activities

- Outreach, HIV testing program
- CRCS and other individual level interventions
- Group level interventions
- Community level interventions
- Your office and other meeting places
- Locations where HIV positive people can be found

What to monitor in a condom distribution program

1. Are you reaching who you intended to reach?
2. Are you increasing condom availability, accessibility, and acceptability in the way you proposed?
3. Are the products you are distributing appropriate for the community?
4. Are your condom distribution activities taking place in the places you intended?
5. How many condoms and other products have you distributed?
6. What steps have you taken to remove barriers to accessing condoms?

Fact Sheet

Condom Distribution as a Structural Level Intervention

October 2010

Scientific Support for Condom Distribution

Individual-level and group-level risk reduction interventions are effective in increasing condom use and reducing unprotected sex. These types of interventions, however, focus on an individual's personal risk and do not address barriers beyond the individual, such as not having access to condoms. Structural-level interventions are particularly attractive in HIV prevention efforts because they are designed to address external factors that impact personal risk for HIV. A recent meta-analysis (**www.springerlink.com/content/b587252l54332991/fulltext.pdf**), reviewing the scientific literature on structural-level interventions aiming to increase the availability, accessibility, and acceptability of condoms, found that:

- Structural-level condom distribution interventions or programs (CD programs) are efficacious in increasing condom use, increasing condom acquisition or condom carrying, promoting delayed sexual initiation or abstinence among youth, and reducing incident STIs.
- Interventions that combined CD programs with additional individual-, group- or community-level activities showed the greatest efficacy. One possible reason for this is that these different modalities address different behavioral determinants as well as other prevention needs of individuals in affected communities.
- CD programs were efficacious in increasing condom use among a wide range of populations, including youth, commercial sex workers, adult males, STD clinic patients, and populations in high risk areas.

CD programs have been shown to be cost-effective and cost saving. It was estimated that one state-wide CD program led to saving millions of dollars in future medical care costs by preventing HIV infections.

Programmatic Considerations for Condom Distribution

Programs should consider implementing CD programs in their communities. As resources and capacity warrant, programs should also consider integrating a CD program with other HIV prevention strategies and health care services as part of a comprehensive HIV prevention approach.

Those interested in designing and implementing a CD program should consider including these elements:

- Provide condoms free of charge.
- Conduct wide-scale distribution.
- Implement a social marketing campaign to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities).
- Conduct both promotion and distribution activities at the individual, organizational, and environmental levels.
- Target: 1) individuals at high risk, 2) venues frequented by high-risk individuals, 3) communities at greatest risk for HIV infection, especially those marginalized by social, economic, or other structural conditions, or 4) the general population within jurisdictions with high HIV incidence.
- Supplement the CD program with more intense risk reduction interventions or other prevention or health services for individuals at highest risk. Integrate CD program activities within other community-level intervention approaches to promote condom use and other risk reduction behaviors.
- Establish organizational support for condom distribution and promotion activities in traditional and non-traditional venues.
- Conduct community-wide mobilization efforts to support and encourage condom use.

National Center for HIV/AIDS, Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

Additional Resources:

CDC HIV and AIDS
www.cdc.gov/hiv
Visit CDC's HIV and AIDS Web site.

CDC-INFO
1-800-CDC-INFO or 1-800 (232-4636)
cdcinfo@cdc.gov
Get information about personal risk, prevention, and testing.

CDC National HIV Testing Resources
www.hivtest.org
Text your ZIP code to KNOW IT or 566948
Locate an HIV testing site near you.

CDC National Prevention Information Network (CDC NPIN)
1-800-458-5231
www.cdcnpin.org
Find CDC resources and technical assistance.

AIDSinfo
1-800-448-0440
www.aidsinfo.nih.gov
Locate resources on HIV and AIDS treatment and clinical trials.

For more information, visit the CDC HIV and AIDS Web site at www.cdc.gov/hiv.

Important issues to consider while planning and designing a CD program are:

- Develop a process for identifying and engaging appropriate community partners.
- Identify who plans, implements, manages, and provides resources to support a CD program.
- Identify obstacles to reaching members of vulnerable or hard-to-reach populations and strategies to overcome them.
- Calculate the costs and determine the scale of a CD program.
- Identify the laws, policies, or practices that may support or hinder a CD program.
- Define programmatic objectives, key indicators for measuring performance, and how these data will be collected. Key indicators to consider are:
  - Number of condoms distributed.
  - Number of agencies, venues, or settings where free condoms are distributed.
  - Estimated number of audience impressions from campaign messages.

Snapshots of Existing CD Programs

New York City Department of Health & Mental Hygiene (NYC DOHMH)

- The NYC DOHMH distributes free condoms and water-based lubricants to partnering organizations through their Web site **www.nyccondom.org**.
- Partners include traditional public health agencies (e.g. clinics, hospitals, CBOs, shelters), schools, and businesses (e.g. health clubs, bars, barbershops, clothing stores, hotels).
- Distribution grew from 5.8 million free condoms in 2004 to 17.3 million in 2006 to over 41.5 million in 2009.
- Since 2007, DOHMH has branded, packaged, and distributed its own "NYC Condom" to appeal to the local community.
- Social marketing campaigns are conducted annually and include TV and subway ads, web banners, and posters. Ad designs are tailored to particular communities within NYC.
- Social media are being used to promote condom use.
- The Web site also provides information on free condoms by zipcode and borough, correct condom use, and other HIV/STD resources in the city.

District of Columbia (DC) Department of Health: HIV/AIDS, Hepatitis, STD, & TB Administration (HAHSTA)

- HAHSTA distributes free condoms and lubricants to partnering organizations and to any DC resident through their Web site **www.doh.dc.gov/condoms**.
- More than 300 traditional partners and hundreds of other local businesses (e.g. clubs, laundromats, convenience stores, beauty shops, nail salons, barber shops, liquor stores) provide free condoms to the community.
- Distribution grew from 500,000 free condoms in 2007 to 3.5 million in 2009.
- The social marketing campaign includes customized condom packages, dispensers, information cards, stickers, t-shirts, and posters/decals to promote condom use and emphasize condom availability at participating locations.
- The Web site provides information on where to obtain free condoms and correct condom use.
- Youth-specific condom promotion and education campaigns have been developed to work with youth-serving CBOs and schools.
- Social media are being used to promote condom use and to identify locations that provide free condoms by zip code.

Next Steps

CDC has identified additional examples of condom distribution programs implemented in various settings that may be useful to agencies interested in initiating or augmenting their condom distribution programs. Those examples, along with additional resources, will be included in a *Condom Distribution Toolkit* that CDC intends to publish in early 2011.

Thank you.
Questions?
Comments?

For more information please contact:

Ted Duncan
CDC
MS E-40
1600 Clifton Road NE, Atlanta, GA 30333
tfd2@cdc.gov
404-639-5253

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.