

Queering Up CABs: Building an MSM Community Advisory Board from the Ground Up



Using a Logic Model for HIV Intervention Work in South Africa

Shiv Nadkarni MA¹, Rob Stephenson PhD², Thomas J. Coates PhD¹, Ernesha Webb Mazinyo PhD³, Remco Peters MD PhD³, Joseph Daniels PhD⁴

¹David Geffen School of Medicine, UCLA, ²University of Michigan, ³Foundation for Professional Development, South Africa, ⁴Charles R. Drew University of Medicine and Science



Background

- A community advisory board (CAB) is made up of members who may share a common interest, identity, illness experience, history, language and culture [1].
- CABs have been used in Africa to raise awareness about clinical trials and help protect study participant interests [2].
- CAB members should be a part of the communities from which study participants are recruited, in this project's case: HIV-positive MSM in relationships [3].
- MSM CABs can reveal elements that are essential to creating an MSM-specific CAB, such as culturally sensitive and sex-positive materials, discussion of LGBTQ issues and history, and empowerment of participants [4,5].

Objectives

- Conduct a literature review focused on successes, barriers, and elements of CABs in an African context and MSM/LGBTQ+ CAB design.
- Establish framework(s) that will guide the MSM CAB's scope of work for the MR project.¹
- Create a logic model that charts out MSM CAB programming from development through intervention phases for the MR project.¹

¹Mpowered in Relationships (MR) is an NIH-funded study designed to adapt Healthy Relationships for MSM in South Africa (Daniels/Stephenson P.I.'s)

Results

Inputs (Development)

- Train research coordinator
- Recruit CAB members
- Deliver curriculum to CAB
- CAB begins weekly meetings
- Introduce research frameworks of resilience (R), vernacular knowledge (VK), and critical pedagogy (CP) to the CAB

Inputs (Participation)

- Team-building activities
- Professional development workshops
- Access to LGBT-inclusive researcher network

Short-term outputs (1 yr)

- Elicit feedback on MR's¹ role play design
- (VK) Have CAB identify culturally-specific behaviors, barriers, and repeated patterns which may be observed in intervention group.
- (VK) Begin dialogue on what it means to be an LGBT+ individual in their context.
- (R) Have CAB create a CAB branding campaign to enhance queer family building.
- (CP) Have CAB identify movies, TV shows, and other media which critically discuss dynamics of disclosure.

Mid-term outputs (2 years)

- (VK) Have CAB identify scenario-specific behaviors that may arise in intervention group based on session content.
- (CP) Identify what CAB members need to hear about from research team to provide most useful feedback.
- (CP) Form bidirectional relationship between community and research team.

Long-term outputs (3+ years)

- Self-sustaining CAB remains after the study completes
- CAB can inform on future research based on community need.
- CAB members develop confidence in their intersectional LGBT+ identities and their role as community leaders
- Recruit new members and pass forward this co-learned, co-created knowledge.

Resilience-oriented Programming

- Facilitate storytelling sessions
- Art-based team-building
- Professional development and skill-building
- Ask CAB members to identify skills they would like to learn and incorporate these into professional development sessions.
- Elicit feedback through quarterly surveys

Frameworks

Resilience (R) = positive adaptation processes in the face of adversity which can be used as a framework for connecting with community, building familial relationships, and improving health

Vernacular Knowledge (VK) = culturally constructed behaviors and customs that have specific assigned and collectively created meaning.

Critical Pedagogy (CP) = bidirectional learning framework proposed by Paulo Freire which promotes exchange and legitimizes cultural knowledge

References

- [1] Israel, B. A., Checkoway, B., Schulz, A., & Zimmerman, M. (1994). Health education and community empowerment: conceptualizing and measuring perceptions of individual, organizational, and community control. *Health education quarterly*, 21(2), 149-170.
- [2] Mwinga, A., & Moodley, K. (2015). Engaging with community advisory boards (CABs) in Lusaka Zambia: perspectives from the research team and CAB members. *BMC Medical Ethics*, 16(1), 1-11.
- [3] Strauss, R. P., Sengupta, S., Quinn, S. C., Goepfinger, J., Spaulding, C., Kegeles, S. M., & Millett, G. (2001). The role of community advisory boards: involving communities in the informed consent process. *American journal of public health*, 91(12), 1938-1943.
- [4] Hussen, S. A., Jones, M., Moore, S., Hood, J., Smith, J. C., Camacho-Gonzalez, A., ... & Harper, G. W. (2018). Brothers building brothers by breaking barriers: development of a resilience-building social capital intervention for young black gay and bisexual men living with HIV. *AIDS care*, 30(sup4), 51-58.
- [5] Johnson, A. K., Buenrostro, R., Soberanis, G., McCann, B., Magner, B., & Maiorana, A. (2021). Salud y Orgullo Mexicano: Development of a Culturally Specific Transnational Linkage and Retention in Care Intervention for Mexican Men Who Have Sex with Men Living with HIV in Chicago. *Journal of immigrant and minority health*, 1-7.

Acknowledgements

- This project was supported by funding from: 1. David Geffen School of Medicine Global Health Program and 2. NIMH R34 MH125790-01A1 (Daniels/Stephenson).
- Special thanks to the South African supporting organizations involved in this research: ANOVA Research Institute and OUT LGBT Well-being.