

# National Dissemination and Health Marketing of Evidence-Based Interventions: An Introduction to the DEBI Model

**Charles Collins, Ph.D.**  
**Capacity Building Branch**  
**Division of HIV/AIDS Prevention**  
**National Center for HIV, STD and TB Prevention**

## Goal of the DEBI Project

To develop and coordinate a national-level strategy to provide training, technical assistance, and other capacity building activities to disseminate evidence-based behavioral HIV interventions to health departments and community-level HIV prevention programs.

# Dissemination of Evidence-Based Interventions: An Eight-Step Process

- 1 Planning
- 2 **Marketing**
- 3 **Policy Incentives**
- 4 Intervention package design
- 5 Training
- 5 Capacity Building and TA
- 5 Quality Assurance
- 8 Evaluation

## 2. Marketing: A Three Phase Process

- Assessment of Stakeholder and Customer Needs
  - ▶ Manage Customer Expectations
- Development of Marketing Initiatives
- Development of Marketing Products

## 2: Marketing: Health Department Needs Assessments

- Surveys and consultations with health departments to determine which interventions they think are needed in their jurisdiction and which interventions they will support with funding to their contractual prevention providers. Of the 65 health department jurisdictions funded by the CDC, 51 are now implementing DEBI interventions with their indirectly funded CBOs.

## 2: Marketing: Health Department DEBI Implementation Plans

- We work with each Health Department to develop their own individualized DEBI implementation plan which includes the interventions they wish to fund and implement in their jurisdiction; a training calendar; TA/CBA linkages; contract and intervention monitoring tools; and long term sustainability through train-the-trainer programs.

## 2: Marketing: End User Interest Assessments

- Surveys and consultations with capacity building providers and community based organizations to determine which interventions are culturally relevant and address the risk determinants of their target populations. These surveys may be conducted face-to-face with CBAs or as customer intercepts at National HIV meetings and conferences.

## 2: Marketing Initiatives

- Market the interventions through:
- Paper presentations at national meetings
- Exhibition booths at national conferences
- Provide free web-site resources
- Provide informative satellite broadcasts
- Provide web conferences for stakeholders

## 2: Marketing Initiatives

- Endorsement of the evidence-based interventions by actual users is potentially one of the strongest methods of marketing for evidence-based prevention practice. Early adopters who find the interventions to be manageable, acceptable to target populations, and culturally relevant will endorse the interventions to later adopters.

## 2. Marketing Products

Marketing Materials were designed and distributed based on stage of readiness/interest in various behavioral interventions.

They include:

Overviews of all interventions in the portfolio.

Marketing Videos on specific interventions.

Fact Sheets

Training Course on selection of an EBI.

Sample Budgets and Budget Narratives

Starter Kits for the first 90 days of implementation.

Executive Director Consideration Products

## 2. Good Marketing Means Good Product Selection for Long Term Customer Satisfaction

- Marketing must focus on careful selection of the most appropriate intervention for the agency's capacity and budget and for the risk determinants of the target population, and the cultural competency of the intervention.

## 2. Selecting an Evidence-based intervention for your agency and target population

- A training course for community based organizations and health departments that uses logic modeling to help agencies select an intervention that will meet the prevention needs of their target audience and that can be implemented by agency staff with fidelity to the intervention core elements.

## 2. Managing Customer Dissatisfaction

- Community based agencies have a tendency to attribute “theory-failure” to the EBI rather than “implementation failure” to their own agency processes.
- Agencies that experience barriers implementing an evidence-based intervention require technical assistance and capacity building, otherwise a negative experience with an evidence-based practice may further impede use of evidence-based practice by the agency.

## 3. Policy Incentives

- Develop policy incentives (at the Federal, State, and local levels) so that agencies are funded to implement these interventions. Of the 65 health departments funded by the CDC to conduct HIV prevention, 51 now endorse the EBIs diffused through DEBI in their program announcements.
- If the intervention is best diffused to grantees of SAMHSA, HRSA, Department of Veteran's Affairs, Office of Population Affairs, Department of Defense, or the Department of Justice, then early dialogue must begin to ensure these agencies develop incentives for agencies to implement the interventions.

## 3. Policy Incentives for Directly Funded CBOs

- The CDC issued PA # 04-064 and endorsed EBIs disseminated through DEBI for a broad range of risk populations. A total of 141 CBOs were funded.
- The CDC issued PA #06-618 and endorsed a set of EBIs disseminated through DEBI which had specifically been selected for young MSM of color and transgender women of color. The 29 grantees will receive funding on September 28, 2006.

# Dissemination and Diffusion

- Diffusion (the process by which an innovation is communicated through certain channels over time among the members of a social system) and Dissemination (purposeful distribution) are complimentary processes that public health agencies must master to ensure rapid uptake and sustainability of evidence-based practices.

## Process Evaluation Data

- 470 EBI Trainings in last 54 months
- 8685 people have been trained
- 5962 employees of 2421 CBOs and Clinics
- 1207 employees of 545 City, County, State Health Departments