CO-DEVELOPING THEORY-INFORMED INTERVENTIONS TO SUPPORT PLASMA **DONATION BY GAY, BISEXUAL AND OTHER MEN** WHO HAVE SEX WITH MEN

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INTRODUCTION

Sexually active gay, bisexual, and other men who have sex with men (gbMSM) have not been allowed to donate blood or plasma since the

Plasma (yellow portion of blood) is a critical health resource used to treat many conditions, but Canada currently does not collect enough.

The "Plasma Program" - implemented by Canadian Blood Services in Sept 2021 in London ON and Calgary AB - allows gbMSM to donate plasma if they are in an exclusive relationship with one partner.

Interviews with members of the communities revealed many anticipated barriers to plasma donation under the Plasma Program. These barriers were labelled using the Theoretical Domains Framework (TDF). 1



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OBJECTIVE

The Expanding Plasma **Donation in Canada study** aimed to co-develop interventions to support plasma donation by newly eligible abMSM.



RESULTS: WEBSITE

13 TDF domains mapped to 15 BCTs

EXAMPLE OF MAPPING FOR WEBSITE

66 WHAT I'VE HEARD FOR MY ENTIRE ADULT LIFE, SO 17 YEARS NOW, IS [MEN WHO HAVE SEX WITH MENI CANNOT GIVE BLOOD, AND THAT MESSAGE RINGS CLEAR WHETHER IT'S TRUE OR NOT. 99

BARRIER

Some were unaware of the current donation policies (other than ineligibility for blood).

TDF DOMAIN

Knowledge

Social Influences

BCT

4.1 Instruction on how to perform behaviour

9.1 Credible source

OPERATIONALIZATION

"Am I Eligible?" page

describes details of

Plasma Program and

encourages reader to

review the full donor

questionnaire on CBS's

website.

METHODOLOGY

Using a community-engaged research approach, a website and a video were identified as feasible channels through which we could reach the communities.

We mapped TDF-labelled barriers and enablers to Behaviour Change Techniques (BCTs)² that might address each.

We collaborated with local community advisors and small development groups to operationalize the BCTs in ways that would appropriately address the concerns.

RESULTS: VIDEO

7 TDF domains mapped to 11 BCTs

EXAMPLE OF MAPPING FOR VIDEO

A SENSE OF LIKE, 'YOU'RE WELCOME HERE, BUT WE DON'T REALLY WANT YOU.' WOULD KIND OF DETER ME FROM WANTING TO GO.

BARRIER

Some were concerned they would be allowed in donor centres but not welcomed

TDF DOMAIN

Beliefs about Consequences

BCT

5.3 Information about social consequences

OPERATIONALIZATION

Authentic visuals and ambient sounds (unscripted) show how staff act toward real gbMSM donors.



CONCLUSION

Our combination of a community-engaged research approach and health psychologybased behavioural theory enabled us to codevelop fit-for-purpose interventions to support newly eligible gbMSM in donating a vital health resource.

REFERENCES

- 1 Michie S. Making psychological theory useful for implementing evidence based practice: a consensus approach. Quality and Safety in Health Care. 2005;14(1):26-33. doi:10.1136/ashc.2004.011155
- ² Michie S, Richardson M, Johnston M, et al. The Behavior Change Technique Taxonomy (v1) of 93 Hierarchically Clustered Techniques: Building an International Consensus for the Reporting of Behavior Change Interventions. Ann Behav Med. 2013;46(1):81-95. doi:10.1007/s12160-013-9486-6

SCAN WITH YOUR PHONE CAMERA TO SEE THE WEBSITE!



EXPANDINGPLASMA.CA