Applying Behavior Change Theory to STD Prevention & Education

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Objectives

By the end of the session participants will be able to:

- Explain 3 theories of behavior change used in STD prevention and education
- Name at least 2 STDP Health Education programs/services and their underlying theories
- Define and give one example of a CDC level DEBI
Applying Theory to Practice

- Theories
  - Health Belief
  - Stages of Change
  - Social Learning Theory

- Examples of the practical application of these to STD Prevention and Education
  - STD Program
  - CDC Diffusions of Effective Behavioral Interventions (DEBIs)
Changing Individual Behavior

- Knowledge
- Attitudes
- Perceived vulnerability
- Skills
- Self-efficacy
- Reinforcement
The Health Belief Model*

- Knowledge of STD transmission
  - Oral, anal, vaginal sex (asymptomatic)

- Perception of Susceptibility
  - Chance of exposure to STD and
  - Chance of infection if exposed

- Perception of Severity
  - Consequences and their likelihood
  - Seriousness of consequences

*Refer to Glanz et al: Health Behavior and Health Education, 1997
Application of the HBM to STD Education

• Found in: Trainings, Hotline, and Materials

- **Perception of Susceptibility:** “1 in 2 will contract an STD by the time they reach 25” or “Women are more likely to receive an STD than transmit an STD”

- **Perception of Severity:** “If untreated, STDs in women can have increased complications which can be very dangerous because their infected areas are often inside their body and don’t show symptoms”
Stages of Change Model*

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

*Prochaska & DiClemente
Client-Centered Counseling

- Focuses on client’s concerns & interests
  - Ask client what they know
  - What has client done to change behavior?
  - Positively reinforce any efforts
  - What might client do to further reduce risk?
  - What barriers make it difficult?
  - Ask client to brainstorm solutions; set small, achievable goals
  - Open-ended questions
Client-Centered Counseling

- Effective counseling can:
  - Improve client’s self-perception of risk
  - Help clients prioritize needs
  - Support behavior changes made or attempted
  - Support informed decision-making
Application of the Stages of Change to STD Health Education

- Found In: STD Hotline, Health Fairs, Trainings, Technical Assistance
  - Direct contact with patients/clients
  - Teaching the models and how to implement them
Social Cognitive Theory*

Perception of Self-Efficacy
- Knowledge and skills a pre-requisite to behavior change
- Group process helps facilitate awareness and modeling of less risky behaviors and builds self-efficacy. “She’s like me, if she is doing it so can I”
- Learning is a social process, interacting with others

*Refer to Glanz et al: *Health Behavior and Health Education*, 1997
Application of SCT to STD Health Education

- Found In: Community and staff trainings and other specialized programs
  - Group discussions
  - Group activities
Definition of DEBIs

The Diffusion of Effective Behavioral Interventions project (DEBI) is a national-level strategy to provide high quality training and on-going technical assistance on selected evidence-based HIV/STD/Viral Hepatitis prevention interventions to state and community HIV/STD program staff.

Center on AIDS and Community Health, 2006 www.effectiveinterventions.org
Intervention Levels

- Individual Level
- Group Level
- Community Level
VOICES/VOCES

Video Opportunities for Innovative Condom Education & Safer Sex:

- **Targeting:** Heterosexual African American and Hispanic men and women
- **Intervention:** Group level
  - Single-session video-based intervention designed to increase condom use among heterosexual African American and Latino men and women who visit STD clinics. Video viewing followed by facilitated discussion
  - Learning Theory: Social Learning Theory

SISTA: Sisters Informing Sisters on Topics about AIDS

- Target: Young African American heterosexual women between 18-25
- Intervention: Group level
  - Five peer-led group sessions are conducted that focus on ethnic and gender pride, HIV knowledge, and skills training around sexual risk reduction behaviors and decision making.
  - Learning Theories: based on Social Learning theory as well as the theory of Gender and Power

Which theories are the following STD Health Ed Services Based on?
STD Hotline

Reasons for Calling the Hotline, 2005
Salon/Pharmacy Project

Project Goal
To lower STD/HIV morbidity in a high STD morbidity area of Los Angeles County

Target Population
Salon/Pharmacy customers in high STD/HIV morbidity areas and residents with little contact with the health care system
Having Safer Sex- Accessible Resources

- **Condoms**
  - Latex – different sizes, colors, shapes, flavors, etc
  - Polyurethane
  - Female condom

- **Latex Barriers**
  - Dental dams
  - Finger cots

- **Lubricants**
  - Water-based
  - Different flavors
SHE: Sexy, Healthy & Empowered

• SHE provides a safe, small group environment in which college-age women can:
  ➢ Identify the factors that affect sexual decision making, such as values/beliefs/attitudes, body image, self esteem, drug and alcohol use, and social norms.
  ➢ Increase knowledge and skills in order to develop healthy sexual relationships and behaviors.
Safe in the City: Viewing
Thank you!

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