



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

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.

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




O'Donnell, C. R., O'Donnell, L., San Doval, A., Duran, R., and Labes, K. (1968) *Reductions in STD Infections Subsequent to an STD Clinic Visit: Using Video-based Patient Education to Supplement Provider Interactions*, *Sexually Transmitted Diseases*, 25 (3), pp. 161-169.

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

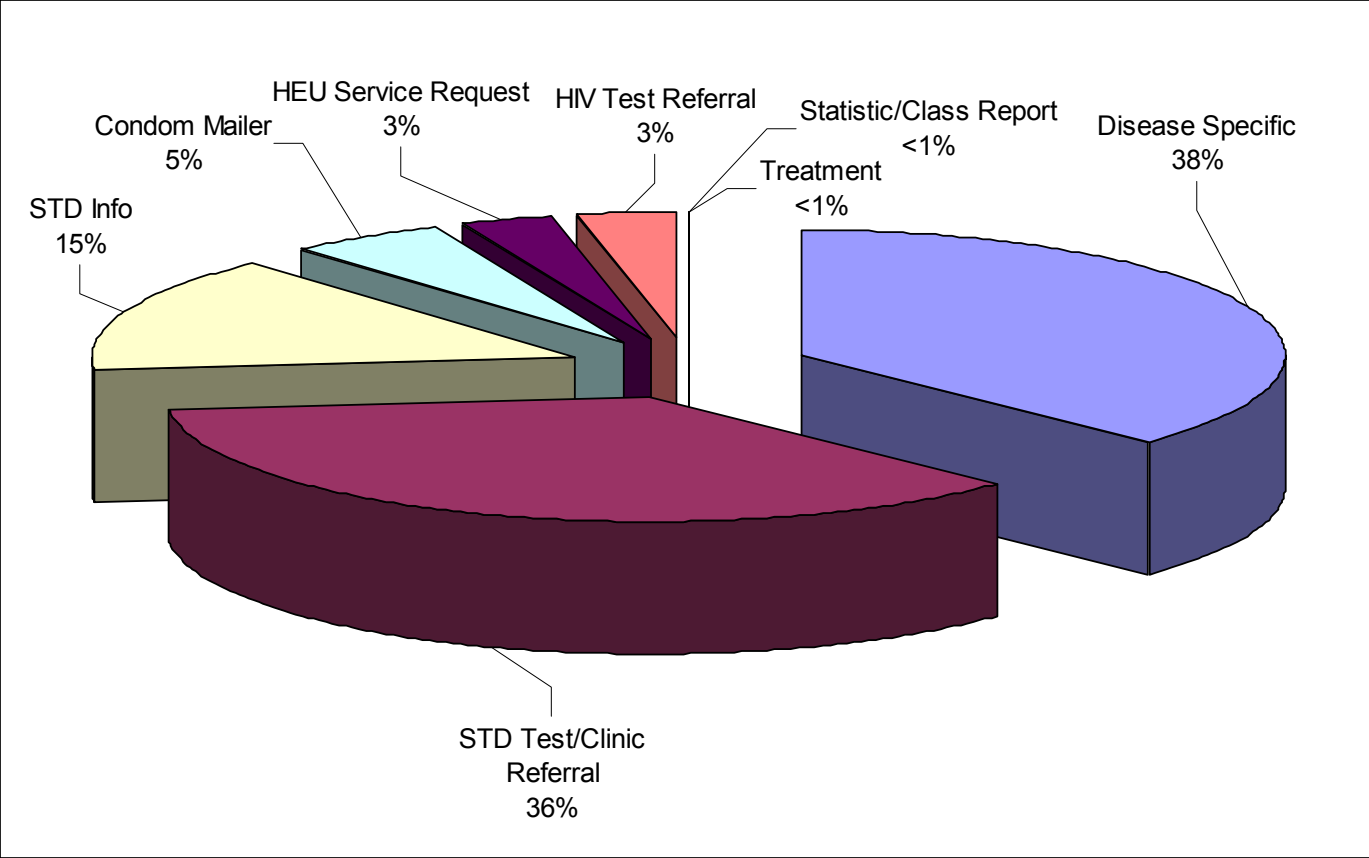
DiClemente, R. J., and Wingood, G. M. (1995) *A Randomized Controlled Trial of an HIV Sexual Risk-reduction Intervention for Young African-American Women*, Journal of the American Medical Association, 274 (16), 1271-1276.



Quiz

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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