BRIDGING THEORY & PRACTICE: Applying Behavioral Theory to STD/HIV Prevention

Office of AIDS Programs & Policy Provider Support Services Division

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Agenda

- Role of Theory in Health Promotion
- Theories and Applications
- Bridging Theory and Practice
Role of Theory in Health Promotion
What is Theory?

• A systematic way of understanding events or situations.

• A set of concepts that explain or predict events by illustrating the relationship between two variables.

• Must be applicable to a variety of situations.
Usefulness of Theory

- Theories give us the “Why”
- Guide in the planning, implementation and evaluation of interventions
Characteristics of a Useful Theory

- Logical
- Consistent with everyday observations
- Similar to those used in previous successful programs
- Supported by past research in the same area or related ideas.
Why is Theory Important to Health Promotion?

• Effectiveness of health programs

• Successful programs are based on a clear understanding of the behaviors targeted to change and their contexts.
How Can Theory Help Plan Effective Programs?

• Provides the tools for designing and evaluating interventions based on an understanding of the targeted behaviors.

• Provides a roadmap

• Explain the dynamics of health behaviors
Theories and Applications
Premise: Behaviors depend on two main elements that must be present for a behavior to be adopted.

I. THREAT
   a) Perceived susceptibility: the belief that one is personally vulnerable to the condition.
   b) Perceived severity: Belief that harm can be done by the condition.
II. OUTCOME EXPECTATIONS

a) **Perceived benefits:** belief that performing the behavior is beneficial.

b) **Perceived barriers:** belief of whether the barriers to change can be overcome.

Behavior change occurs when the perceived benefits outweigh the consequences.
Health Belief Model

- Perceived susceptibility to problem
- Perceived seriousness of consequences of problem
- Perceived benefits of specific action
- Perceived barriers to taking action

Outcome expectations

Perceived threat

Self efficacy (Perceived ability to carry out recommended action)
Factors to consider when using the Health Belief Model:

• Do people feel at risk for the condition?
• Do they believe that adopting the behavior will decrease their risk for the condition?
• What are the barriers to adopting the new behavior?
Premise: Behaviors are learned through direct experience or by modeling the behaviors of others.

I. SELF-EFFICACY

• A person’s belief about their ability to perform a particular behavior

• Can be developed or enhanced through practice.
Social Learning Theory Cont.

II. OUTCOME EXPECTATIONS

A person's belief about the positive or negative consequences of performing a particular behavior.

III. SKILL ACQUISITION

Acquiring skills, either through direct experience or modeling others will lead to the likelihood of that behavior occurring.
Factors to consider when using the Social Learning Theory:

• How much experience people have with a particular behavior.

• What types of situations present the most barriers to practicing risk-reduction behaviors.

• Whether people think that adopting the behavior produces positive or negative consequences.
Social Learning Theory Cont.
Premise: Behavior change occurs in a series of stages. Movement through the stages varies from person to person.

Pre-Contemplation: No intention to change behavior due to misinformation, denial, mistrust, or unwillingness.
Stages of Change Cont.

- **Contemplation**: recognizes behavior puts them at risk and are thinking of changing.

- **Preparation**: intends and has committed to behavior change.
Stages of Change Cont.

- **Action**: has recently changed risky behavior.

- **Maintenance**: maintains behavior change for 6 months or more.

Stages are not linear and relapse is a normal process.
<table>
<thead>
<tr>
<th>Precontemplation</th>
<th>Contemplation</th>
<th>Ready for Action, Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, Denial</td>
<td>Maybe Ambivalence</td>
<td>Motivated</td>
<td>Doing it</td>
<td>Living it</td>
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STAGES OF CHANGE

1. Thinking about it
2. Preparing for action
3. Taking action
4. Maintaining a good thing for life!

Relapses or sliding backwards occasionally is not unusual.
Factors to consider when using Stages of Change:

- Do clients see themselves at risk?
- Do clients intend to change?
- What support is needed to move the individual from one stage to the next?
- Identify barriers to behavior change.
THEORY OF REASONED ACTION

Premise: A person’s behavior is predicted by their attitude toward the particular behavior and how they think other people would view them if they did the actual behavior.

I. Attitudes toward the behavior

Performing the behavior is influenced by their belief about the consequences of the behavior.
II. Subjective norms about the behavior

What significant others think about performing the behavior.

The subjective norm created by significant others motivates behavior change.
THEORY OF REASONED ACTION

Beliefs About the Behavior
Evaluation of the Behavior
Opinions of Referent Others
Motivation to Comply

Attitude About the Behavior
Subjective Norm

Intention

Behavior

Fishbein-Aizen Theory of Reasoned Action
Factors to consider when using Theory of Reasoned Action:

- What is their attitude about the behavior?
- What is the perceived consequences of performing the behavior?
- Who and what influences the client?
- What social barriers or support may they encounter when changing behavior?
DIFFUSION OF INNOVATION

*Premise:* Process through which a new idea or message is circulated and accepted among members of a group or population

I. COMMUNICATION CHANNELS

How members access messages (i.e. *word of mouth, telephone, internet, newspapers, etc.*)

II. OPINION LEADERS

Persons that may have a major influence in disseminating messages in a community
III. TIME AND PROCESS

- How quickly or slowly messages are adopted once received
- People receive/accept messages at different time intervals.

IV. SOCIAL NETWORK

- Diffusion process aided by social networks: peers, significant others, family, friends, dealers, bar owners, etc.
DIFFUSION OF INNOVATION

- Innovators: Venturesome, higher educated, use multiple information sources
- Early majority: Deliberate, many informal social contacts
- Laggards: Fear of debt, neighbors and friends are information sources
- Early adopters: Leaders in social setting, slightly above average education
- Late majority: Skeptical, below average social status

- Innovators: 2.5%
- Early adopters: 13.5%
- Early majority: 34%
- Late majority: 34%
- Laggards: 16%

Time
Factors to consider when using Diffusion of Intervention:

- What are the most effective means, within the target population, to get a message out?
- Who are the community leaders or key representatives that can disseminate your program message?
- What kinds of social networks exist in the community?
- Based on the nature of the target group and the existing social network links, who may be hard to reach?
Interventions
Behavioral Theory Can Strengthen Interventions

- Helps program planners better understand influences on human behavior.
- Used to understand what is needed for behavior change to occur.
- Justifies the intervention being implemented.
- Guides the evaluation of an intervention by suggesting what to monitor and how to measure effectiveness.
Levels of Intervention

• Individual Level: Work done with individuals

Theories:
Health Belief Model
Stages of Change

• Example of Intervention:
  – One-one-one counseling & testing
  – Individual Peer Outreach
Levels of Intervention

• Social Level: Work done in groups, families, communities etc.

Theories:
  - Social Learning Theory
  - Theory of Reasoned Action
  - Diffusion of innovation

• Example of Intervention:
  - Group level counseling, peer group, programs, educational theater.
Levels of Intervention

• Structural Level: Work done on the legislative or policy making level.

• Theories: Empowerment

Example of Interventions:
– Social marketing, community planning groups, local activism, community mobilization.
Bridging Theory and Practice

- When planning, use theory to guide decisions about design, interventions, and evaluation measures to select.
- No single theory dominates health education and promotion.
- Using more than one theory to address a problem produces stronger impact.
- Effective practice depends on using strategies that are appropriate to the situation.
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