MULTI-LEVEL APPROACHES TO CHANGING BEHAVIOR FOR HIV PREVENTION AND AIDS CARE

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Acknowledgment

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• Recent emphasis on and ‘calls to action’ to use social and structural determinants of HIV-related behavior
• Empirical research and interventions lag behind
• Ecological models seek to describe the multiple levels of influence on individual behavior, but receive little research attention.
The Challenge of Ecological Approaches

1. Assessing impact at multiple levels is often viewed as too difficult or too expensive.

2. Social-structural interventions are often diverse and context specific.

3. With randomized controlled trials (RCTs) viewed as the “gold standard,” interventions addressing factors at multiple levels are often not approached because an RCT is not feasible or even appropriate.
A Menu of Behavior Change Factors

**Structural**
- poverty
- access to services (infrastructure, transport)
- cost of services, care
- political context and priorities
- funding for appropriate interventions
- education curriculum
- public policy & laws (criminalization of at-risk groups—MSM, IDUs, sex workers; national policies re: HIV intervention)
- enforcement of laws
- gender equity

**Institutional/health system**
- provision of appropriate services (e.g., harm reduction)
- competent, supportive providers
- peer navigators/advisors
- friendly, culturally competent environment
- convenient, responsive services
- sufficient resourcing of services
- confidentiality/privacy
- service integration
- support tools (SMS, appt reminders)

**Community**
- stigma
- peer pressure/social norms—multiple partners, gender roles, condom use
- community organization/mobilization
- isms (racism, sexism, heterosexism)
- position of religious, cultural, opinion leaders
- cultural norms (e.g., masculinities)

**Interpersonal/network**
- knowledge/information
- risk perception
- skills (condom use, negotiation, disclosure)
- motivation
- emotions
- substance use
- denial of status
- intentions/readiness to change
- reactions to stress (coping)
- personal income
- physical health
- distrust of healthcare
- fear of stigma
- self-efficacy (to adhere, prevent)
- mental health status
- attitudes (towards condoms)
- perceived social norms
- perceived control
- personal beliefs (about treatment)
- outcome expectations
- empowerment

**Individual**
- relationship power and equity
- social support and trust (including families)
- relationship satisfaction
- communication level
- relationship health/intimacy/interpersonal violence
- level of relationship commitment
- social networks/coalitions/capital

**Community**
- attitudes (towards condoms)
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## Individual-level behavior change models

<table>
<thead>
<tr>
<th>Model</th>
<th>Description</th>
<th>Social emotional dimensions</th>
<th>Explaining structural influence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Cognitive</strong></td>
<td>Individuals who have high self-efficacy to enact safe behaviors do, limited by barrier</td>
<td>May be relevant to the barriers individuals face</td>
<td>Epidemiological trends help identify risk groups, but no role for structural factors</td>
</tr>
<tr>
<td><strong>Theories of Reasoned Action and Planned Behavior</strong></td>
<td>Individuals intending to act safely do; perceived control over action (TPB) also facilitates action; other factors more distal</td>
<td>May be part of belief structure related to attitudes, subjective norms, and perceived control</td>
<td>Structural factors’ influence only indirect, mediated by impact on variables underlying intentions, no role for structural factors</td>
</tr>
<tr>
<td><strong>Transtheoretical Model</strong></td>
<td>Individuals who understand need to change, are ready to act safely, see benefits, are confident can change their behavior, limited by barriers</td>
<td>May be considered in relation to key variables but routinely omitted in measures</td>
<td>Same individual level factors generalize across cultures, with some variability. Assessed support for social policies, but no clear role for structural factors</td>
</tr>
<tr>
<td><strong>Information-Motivation-Behavioral Skills Model</strong></td>
<td>Individuals who have correct information, sufficient motivation, behavioral skills act safely</td>
<td>May be part of the motivational deficits individuals experience</td>
<td>Epidemiological trends help identify risk groups, but no role for structural factors</td>
</tr>
</tbody>
</table>
Network-Individual Resource Model

HIV risk and AIDS care

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How can communication take multiple levels of behavior change factors into account?

1. When trying to understand behavior change or develop an intervention, consider all levels of influence and related variables from individual to structural.

2. Where possible, consult with colleagues familiar with levels of measurement and understanding different from yours.
How can communication take multiple levels of behavior change factors into account?

3. Choose at least 2 levels to measure, test, and/or include in an intervention.

4. Where possible, combine already existing theories at the various levels rather than creating brand-new theories, until such time as a new theory is clearly indicated.

5. Consider the scalability and sustainability of an intervention.
Conclusion

• Health communication can be used at multiple levels—individual counseling, changing social norms, community mobilization, advocacy, etc.
• Communication must be supported by influences at other levels (sufficient services, infrastructure, supportive environment, etc.)
• Implementing partners/researchers/interventionists must challenge themselves to take multiple levels of influence into account when designing communication interventions.
QUESTIONS