

BEHAVIOR CHANGE LOGIC MODEL

Problem Statement: Black gay men and other black men who have sex with men (MSM) are at risk for HIV infection because of HIV risk behaviors (e.g., engaging in unprotected anal sex); low levels of health-promoting behaviors (e.g., getting tested for HIV and other sexually transmitted diseases [STDs]; getting treated for HIV and other STDs); and the high background prevalence of HIV and STDs among black MSM. A combination of social, cultural, and personal factors influences these behaviors. Many black gay men struggle with issues of identity and self-value, which may stem from discrimination such as homophobia and racism, as well as from isolation from their communities, families, and religious organizations. The lack of STD and HIV knowledge; low perception of risk for HIV and STDs; and lack of skills and low self-efficacy for condom use, negotiation, and partner communication also affect these behaviors.

Behavioral Determinants Correspond to HIV risk behaviors in this population	Activities To address behavioral determinants	Outcomes Expected changes as a result of activities targeting behavioral determinants Immediate	Outcomes Expected changes as a result of activities targeting behavioral determinants Intermediate
<ol style="list-style-type: none"> 1. Negative attitudes, beliefs, values, and low self-standards that stem from or relate to discrimination (e.g., racism and homophobia) and oppressive cultural and religious practices. These elements reflect an unhealthy or conflicted identity. 2. Lack of knowledge of STDs and the interrelations among STDs and HIV. 3. Lack of knowledge of risk-reduction options and protective behaviors (e.g., reducing number of sexual partners; getting tested and treated for STDs). 4. Lack of intentions to use condoms during anal sex. 5. Low self-efficacy to communicate with sexual partner and to negotiate condom use with sexual partner. 	<p>During weekly, small-group meetings or during one 3-day-long weekend retreat, participants will discuss, process, and engage one another in seven distinct sessions. The sessions include, but are not limited to, the following activities:</p> <ol style="list-style-type: none"> 1. Discuss factors that affect black gay men, such as dual identity, racism, homophobia, and cultural and religious norms. (BD-1) 2. Discuss the roles and risks for tops, bottoms, and versatiles. (BD-2, 9) 3. Discuss and role-play STD and HIV interactions. (BD-2, 3, 9) 4. Discuss prevention and harm-reduction options for HIV and STDs. (BD-3, 4, 5, 6, 8) 	<ol style="list-style-type: none"> 1. Improved values, self-standards, attitudes, beliefs, and identity as a black gay man. (A-1) 2. Increase in perception of personal susceptibility to HIV and STDs. (A-2, 3) 3. Increased knowledge of STDs and the interaction between STDs and HIV. (A-2, 3) 	<p>Favorable, and significant, results demonstrated in the efficacy trial:</p> <ol style="list-style-type: none"> 1. Reduced frequency of unprotected anal sex. (IO-1-7) 2. Reduced number of male sex partners. (IO-1- 7) 3. Increased HIV testing. (IO-1-7)

BEHAVIOR CHANGE LOGIC MODEL (CONTINUED)

Behavioral Determinants Correspond to HIV risk behaviors in this population	Activities To address behavioral determinants	Outcomes Expected changes as a result of activities targeting behavioral determinants Immediate	Outcomes Expected changes as a result of activities targeting behavioral determinants Intermediate
<ul style="list-style-type: none"> 6. Lack of HIV risk-reduction behavioral skills (e.g., technical skills related to condom use; self-management skills related to addressing other issues in one’s life that influence HIV risk behavior). 7. Lack of peer and social support for behavior change. 8. Lack of self-efficacy to engage in safer behaviors (e.g., consistent condom use with main and casual partners). 9. Low perception of risk for acquiring STDs and HIV. 10. Lack of knowledge about the process of and steps involved in purposeful behavior change. 	<ul style="list-style-type: none"> 5. Discuss intentions and readiness to practice risk-reduction options (e.g., reducing number of sexual partners; getting tested and treated for STDs) and health-promotion behaviors. (BD-4, 5, 6, 8, 10) 6. Practice skills (e.g., partner communication; condom negotiation). (BD-5, 6, 8) 7. Practice decision making and problem solving. (BD-5, 6, 7, 8) 8. Present and practice use of the stages of change approach to behavior change, including normalization of and preparation for obstacles, challenges, and relapse. (BD-10) 	<ul style="list-style-type: none"> 4. Increased knowledge of risk-reduction and health-promotion behaviors. (A-4) 5. Increased knowledge of HIV risk-reduction behavior skills. (A-4, 5, 6, 7) 6. Increased skills and self-efficacy related to consistent condom use, condom negotiation, and partner communication. (A- 6, 7) 7. Increased intentions to adopt a risk-reduction or health-promotion behavior. (A-2, 3, 4, 5, 6, 7) 	<p>Favorable, but not significant, results demonstrated in the efficacy trial:</p> <ul style="list-style-type: none"> 1. Increased condom use for anal sex. (IO-1-7) 2. Increased STD testing. (IO-1-7)