# Pathways to a Health Competent Society Conceptual Frameworks

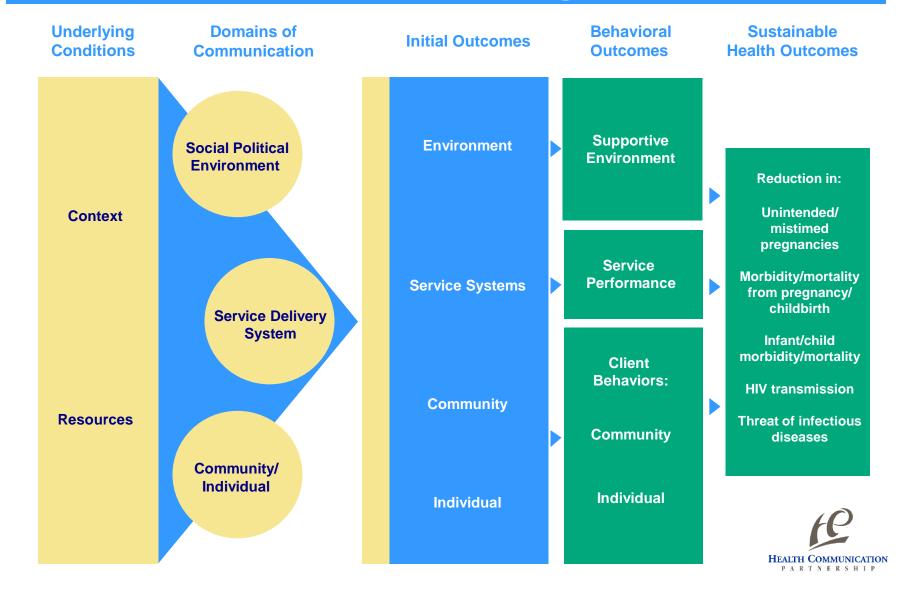
**Examples from Country and Global Projects** 





Center for Communication Programs
The Johns Hopkins University Bloomberg School of Public Health
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# **Pathways** to a Health Competent Society Conceptual Framework -- At a glance



### Pathways Conceptual Framework -- Full version

**Environment** 

Service Systems

Community

Individual

### **Underlying Conditions**

#### Context

**Disease Burden** 

Social

**Cultural** 

**Economic** 

Communication

**Technology** 

**Political** 

Legal

#### Resources

Human and Financial Resources

Strategic Plan/Health Priorities

Other Development Programs

**Policies** 

### Domains of Communication

#### Social Political Environment

- Community action groups
- Media advocacy
- Opinion leader advocacy
- Organizational development
- Coalition building

#### Service Delivery System

- Norms & standards
- Rewards & incentives
- Job/peer feedback
- Job aides
- Training in CPI
- Supportive settings
- Community outreach
- Internet portals
- Distance learning

### Community & Individual

- Participation in social change efforts
- Strengthening social networks
- Peer support groups
- Multimedia programs
- Enter-education
- Social marketing
- Household care
- Interactive media & internet

#### **Initial Outcomes**

#### Political will

- •Resource allocation
- Policy changes
- Institutional capacity building
- National coalition
- National comm strategy

#### Availability

- Technical competence
- •Information to client
- •Interpersonal communication
- Follow-up of clients
- Integration of services

#### Leadership

- Participation equity
- Information equity
- Priority consensus
- Network cohesion
- Ownership
- Social norms
- Collective efficacy
- Social capital
- Message recall
- •Perceived social support/stigma
- Emotion and values
- Beliefs and attitudes
- Perceived risk
- Self-efficacy

#### Health literacy

### **Behavioral Outcomes**

### Supportive Environment

- Multi-sectoral partnerships
- •Public opinion
- •Institutional performance
- •Resource access
- Media support
- Activity level

#### Service Performance

- Access
- Quality
- Client volume
- Client satisfaction

#### Client Behaviors

#### Community

- •Sanitation
- Hospice/PLWAOther actions

#### Individual

- Timely service use
- Contraception
- Abstinence/partner reduction
- Condom use
- Safe delivery
- •BF/nutrition
- Child care/immuniz.
- Bednet use
- Hand washing

Sustainable

**Health Outcomes** 

Reduction in:

Unintended/ mistimed pregnancies

Morbidity/mortality from pregnancy/ childbirth

Infant/child morbidity/mortality

**HIV** transmission

Threat of infectious diseases



### Pathways Conceptual Framework for HIV/AIDS

#### Underlying **Conditions**

#### Context

**Population and Disease Burden** 

Social

Cultural

**Economic** 

Communications **Technology** 

**Political** 

Legal

#### Resources

**Human** and **Financial** Resources

**Strategic** Plan/Health **Priorities** 

Multisectoral **Development Programs** 

**Policies** 

**Example Communication** Interventions in **Three Domains** 

#### **Social Political** Environment

- Community action groups
- Media advocacy
- Opinion leader advocacy
- Participatory planning
- Coalition building

#### **Service Delivery System**

- Norms & standards
- Rewards & incentives
- Job/peer feedback
- Job aides
- Training in counseling
- ICT portals and links
- Community outreach
- Distance learning

#### **Community &** Individual

- Participation in social change efforts
- Strengthening social networks
- IP/C and peer education
- Mass media programs
- Enter-education approaches
- Condom marketing
- Home-based care
- Interactive media

#### **Initial Outcomes**

- Political will
- Resource allocation
- •Policy changes
  •Institutional capacity
  building
  •National coalitions
  •National communication

  - strategy
  - Availability
  - Technical competence
  - Information to client
  - Interpersonal communication
  - Follow-up of clients
  - Integration of services
  - Leadership
  - Participation equity
  - Information equity
  - Consensus on priorities
  - Network cohesion
  - Ownership
  - Social norms
  - Collective efficacy
  - Social capital
  - Knowledge
  - Beliefs and attitudes
  - Values
  - Perceived:
  - risk
  - self efficacy
  - social support
  - •Emotional response
  - Personal advocacy
  - Skills

#### **Behavioral Outcomes**

#### **Supportive Environment**

- Multi-sectoral partnerships
- Public opinion
- Institutional performance
- Resource access
- Media support
- Level of activity

#### Service **Performance**

- Access
- Quality
- Client volume
- Client satisfaction

#### **Behaviors**

#### Community

- Open dialoque Stigma reduction
- Care/support -PLHA
- Care/support OVC

#### Individual

- Sexual abstinence
- Sexual delay
- Partner reduction
- Condom use
- Safe needle practices
- Service access VCT. STIs, Ols, ARVs, safe delivery, safe blood
- Informed BF
- Safe feeding/weaning

Sustainable **Outcomes** 

Reduced transmission of HIV and social norms for care and support for **PLHA** 



## Pathways to a Youth Friendly Society Reproductive Health & HIV/AIDS Prevention in UGANDA



**Underlying Conditions** 

Domains for Communication Interventions Formative Research

Enabling

**Environment** 

Social Services

Support

(health services.

AFRHS, schools.

youth centers.

community groups

Community

& Youth

(15-24)

Initial Outcomes
Process/Monitoring

Behavioral Outcomes

Summative Evaluation

Sustainable
Health and Education
Outcomes

1

Context

Disease Burden

Social

Cultural

Economic

Communication Technology

Political

Legal

Resources

Human and Financial Resources

Strategic Plan/ Health Priorities

Other
Development
Programs

**Policies** 

2

**Environment** 

Services

Community

Individual

· Natl communication framework

- · Systems for youth involvment
- National Youth Coalition
- Resource leveraging
- BCC capacity strengthened
- · Youth access to SRH info
- Participatory communication, peer educators, teachers
- Youth-oriented service providers
- Teachers empowered to discuss SRH
- Consistent SRH info in schools, health, youth centers
- Community dialogue involving youth
- Local advocacy for reduced youth risk factors
- Community capacity to address youth priorities
- Perceived social support for healthy practices
- · Self-efficacy for SRH decisions
- Opportunities for expression
- Skill & confidence to communicate with others
- Knowledge & skills to prevent SRH risk
- Recall of YouthFirst approaches
- Perceived SRH risk
- Positive gender roles

4

5

- Sustained youth communication/multiple channels
- Recognized Ugandan leadership in BCC
- Consistent SRH information across all channels
- Increased utilization of youth friendly services
- Increased uptake of SRH services
- Increased utilization of VCT
- Teachers discussing SRH with pupils
- Youth participation in community life
- Parental involvement in children's education
- Social norms to support youth self determination
- Delayed sexual debut
- Secondary abstinence
- Partner reduction
- Reduction in alcohol & drug abuse
- Increased use of ARH services
- Delayed age of marriage
- Increased use of contraceptives, including condoms

Decrease in HIV prevalence

Decrease in STI prevalence

Decrease in unplanned pregnancies

Increase in youth completing P6 and beyond

### Pathways to Child & Maternal Health: Mozambique

**Environment** 

Systems

Service

Mozambique Profile Domains for Communication Interventions

**Initial Outcomes** 

Behavioral Outcomes Sustainable Health Outcomes

#### Context

Maternal & Infant Mort.

Polygamy & Gender Issues

Preference for large fam.
Trad. beliefs about
disease

**Extreme Poverty** 

New Independent Nation and Tribal Society

Local & community radio

#### Resources

Low Human and Financial Resources

Maternal Health and FP Health Priorities

Educational Development Programs

Health Policies, Plans and Strategies

Social Political Environment

Service Delivery
System

Community/ Individual

#### • Shared strategic vision

- Resource allocation
   Institutional capacity
- building
- National advocacy coalition
- National RH/FP communication strategy
- Functional Maternities
- Skilled and caring providers
- FP information and counseling
- Partnership with communities
- Visible FP program
- Youth friendly services
- Health guardian groups
   Local Mesas de Trabalho
- Community defined quality
- Peer networks
- Women FP networks
- FP a social norm
- Collective efficacy for Safe Motherhood
- Knowledge on Youth RH
- Knowledge about FP
- FP services identified
- Perceived social support for FP
- Approval of FP
- Perceived risk for pregn.Knowledge of 3 delays
- FP advocate

### Supportive Environment:

- Favorable FP public opinion
- Resource acquisition
- Media support
  National RH/FP
- National RH/FF communication campaign

### Service Performance:

- Access
- Quality
- Client volume
- Client satisfaction
   Health needs covered

#### Community

- Maternal evacuations
- Joint health planning
   & action
- Women FP discussions
- Youth group discussions

#### Individual

- Timely service use
- Contraceptive use
- Partner reduction
- Safe sex practicesBirth preparedness plan use
- Safe delivery

#### Reductions in:

Unintended/ mistimed Pregnancies

Morbidity/ mortality from pregnancy/ childbirth

> Infant/child morbidity/ mortality



**JORDAN Communication Partnership** for Family Health



\_ocal-National Partnerships for Health

Media

Health **Competent Nation** 

**Networks** 

Councils

#### **Health Competent Institutions**

#### **PETRA Coordinating Team**

Advocacy
Mass
media
Social
networks
Service
providers
Influentials
Community
media
Interactive
media

Communication

Integration & Coordination
Shared vision
Alliance building
Cross- sectoral & Multilevel Approaches

Institutional- ization & Capacity Strengthening	
Demand generation	
Community involvement	
Collective behavior change	
Community- Service links	
Leadership	

	•
apacity ngthening	Supportive environme
emand neration nmunity olvement	Service access 8 quality
llective havior hange	Communi readines
nmunity- ervice links	Healthy practice across life stage
dership	

Health Competence		Outcomes
Supportive environment		FP/RH
		HIV/AIDS
Service access & quality		Safe motherhood
	<b>&gt;</b>	Child survival
Community readiness		Chronic diseases
redumess		Healthy lifestyles
Healthy practices		Water &
across life stages		environment
		Gender

**Private sector Schools Faith-based Youth** 

**Local Networks** 

Media

NGOs

Women

**Underserved** 

**Health Competent Communities** 

### Pathways to HIV/AIDS Prevention & Care

Strategic Advocacy &

Formative Research

**Underlying Communication Interventions Conditions** Context **Population and** Disease Burden Social Cultural **Economic Communications Technology Political** Legal Resources **Human and Financial** Resources Strategic Plan/ **Health Priorities** Multisectoral **Development Programs** 

**Policies** 

Interpersonal Communication/ Counseling **Community & Group Learning Processes** Mass Media

**Initial Outcomes** Process/Monitoring

Political will

Social Political Environment · Resource allocation Policy changes Institutional capacity building National communication strategy Availability Service Delivery Systems **Technical competency**  Information to clients Interpersonal communication Follow-up of clients Integration of services Leadership Participation equity Information equity Community · Priorities consensus Network cohesion Ownership Social norms · Collective efficacy Social capital Knowledge · Beliefs, attitudes & values Individual Perceived: - risks - self efficacy - social support/stigma

**Behavioral Outcomes** Summative Evaluation

Sustainable **Outcomes** 

#### **Supportive Environment:**

- Multi-sectoral partnerships
- **Public opinion**
- Institutional performance
- Resource acquisition
- Media support
- **Activity level**

#### Service **Performance**

- Access
- Quality
- Client volume
- Client satisfaction

#### **Behaviors**

- · Sexual abstinence, delay or partner reduction
- Condom use
- Appropriate service utilization: VCT, safe delivery, safe injections and treatment of STIs. Ols, TB
- Informed breastfeeding or safe alternatives
- Reduction of stigma/ discrimination

Reduced transmission of HIV

**Improved** social norms of care and support for **PLWHA** 



 Skills Source: McKee, Bertrand, Becker-Benton (2004) Strategic Communication in the AIDS Epidemic. New Delhi: Sage.

Emotional response

Personal advocacy

### Social Change Pathways for Namibia

Underlying **Conditions** 

#### Context

**Disease Burden** 

Social

Cultural

**Economic** 

Communication **Technology** 

**Political** 

Legal

#### Resources

**Human and** Financial Resources

Strategic Plan/Health **Priorities** 

Other Development **Programs** 

**Policies** 

Supporting **Activities** 

#### Strategic Information

(formative, process, program information)

#### **Quality Assurance**

(training, job aids, promotion of services)

#### **Capacity Building**

(communities. leaders, networks, NGOs, government) **Key Social Change** Activity

### municon with the state of the s Community **Mobilization Activity** Community Action Forums Distance Learning

Life Skills Package

Initial Outcomes

#### Supportive **Environment**

- Multi-sectoral partnerships
- Public opinion
- Institutional performance
- Resource acquisition
- Media support
- Activity level

#### **Service Delivery**

- Access
- Quality
- Client volume
- Client satisfaction

#### Community

- VCT centers
- PLWHA care.
- support, and treatment OVC support system
- Reduction of stigma

#### Individual

- Delay of sexual debut Abstinence/partner reduction
- Condom use
- VCT. PMTCT+ use and HAART adherence

Sustainable **Outcomes** 

US Govt/Namibia "Reduce the spread & impact of HIV/AIDS in Namibia"

By 2008: 23,000 receiving ART

By 2008: 118,000 receiving care and support

By 2010: 72.000 infections averted

Source: Namibia Emergency Plan COP, 2004



### Conceptual Framework: South Africa

### Communication Pathways to a Health-Competent Society

**Underlying Domains for Conditions Communication Interventions** Context **Disease Burden** Social Political **Environment** Social Cultural **Economic** Communication **Technology Political** Legal Service Delivery Resources **System Human and Financial** Resources Strategic Plan/Health **Priorities** Other Development **Programs** Community/ **Policies** 

Individual

 Data for policy making Institutional change Communication capacity Consortium Media advocacy Service provider skills · Referral networks Access Quality Service Youth friendly Client empowerment Community dialogue Sommunity Local advocacy Social norms Collective efficacy Social capital Community capacity

Empathy, emotional

Perceived: risk, self

efficacy, social support,

Beliefs, attitudes, values,

Gender equity norms

response

stiama

**Initial Outcomes** 

**Behavioral Outcomes** 

#### **SUPPORTIVE ENVIRONMENT**

- Multi-sectoral partnerships
- Sustained/ coordinated communication Institutional
- performance
- Media support

#### **SERVICE PERFORMANCE**

- Teachers discuss SRH with students
- Increased use of PMTCT/VCT services
- Client & provider satisfaction
- Drug adherence

#### **COMMUNITY CAPACITY**

- Home care
- Parenting skills
- Support group participation
- Youth mobilized
- PLWA support
- Improved leadership
- Community readiness & action

#### **HEALTHY LIFESTYLES**

- HIV testing
- Abstinence
- Partner reduction
- Faithfulness Delayed sexual
- debut
- Condom use BF/nutrition
- Contraception

Sustainable **Health Outcomes** 

By 2008:

500.000 reached with ART

2.500,000 reached with care and support

By 2010:

1.800.000 new infections prevented



HEALTH COMMUNICATION

### Pathways Framework for Malaria prevention and control

**Underlying Conditions** 

### Domains of Communication

#### **Initial Outcomes**

Sustainable Health Outcomes

#### **Context**

Disease Burden

Social

Cultural

**Economic** 

Communication

**Technology** 

**Political** 

Legal

#### Resources

Human and Financial Resources

Strategic Plan/Health Priorities

Other Development Programs

**Policies** 

#### Social Political Environment

- Natl. Malaria website
- Policy guidelines
- •Malaria Resources center
- Media advocacy
- •IEC Steering committee
- Coalition building

#### Service Delivery

- •IPC training for providers
- Job aids (flip charts, cue cards, etc)
- Guidelines
- Program integration
- Client satisfaction program
- Skills building/technical areas
- Availability of LLINs and treatment packages

### Community & Individual

- Media campaigns
- Radio programs
- Print materials
- CORPS
- •Village days (cleaning, nets, etc.)
- Village recognition
- Enter-education
- Social marketing
- Household care
- In-school programs

#### Political will

**Environment** 

Systems

Service

Community

Individual

- •Resource allocation
- Policy guidance
- Institutional capacity building
- National coalition
- •National comm strategy

### Availability of stocks Medicines & nets

- Technical competence
- Information to client
- •Improved Interpersonal communication
- Follow-up of clients
- Integration of services

#### •Leadership for malaria

- Information equity
- Priority consensus
- Network cohesion
- Ownership
- •Social norms
- Collective efficacy
- Social capital
- •Message recall
- Perceived social support/stigma
- Emotion and values
- •Beliefs and attitudes
- Perceived risk
- Self-efficacy
- Health literacy

#### Supportive Environment

**Behavioral** 

**Outcomes** 

- Multi-sectoral partnerships
- •Public opinion
- •Institutional performance
- •Resource access
- Media support
- Activity level

#### **Service Performance**

- Access to meds
- Quality of services
   Correct diagnosis
- •IPT1 and IPT2 adherence
- Client satisfaction

#### **Behaviors**

#### Community

- •improved environmental vector control
- •Participating villages
- Leaders advocating For malaria prevention Resource allocation Individual
- •seeking early treatment
- •Individuals sleeping Under nets
- •adherence of treatment completion
- Appropriate IRS
- •Pregnant women attending Antenatal visits Houses getting IRS

Reduce the burden of malaria by 80% by the end of 2013

### Pathways to Preparedness--PREPARE

#### **Context**

### Domains of Response

### **Preparedness Competencies**

### Outputs & Outcomes

National Leadership

•MOH, MoAG, MOI

Impact: Responsiveness

#### **Local Context**

Social

Cultural

**Economic** 

Communications

Epidemiological

Political

Services

#### Human and Financial Resources

Capacity for prevention

Capacity for nonpharmaceutical interventions

Capacity for logistical support

### Communication Context

Strategic Health Priorities

Coverage

**Org Communication** 

Channels

Credibility

**Media relationships** 

### Social Political Environment

- National action groups
- Media advocacy
- \*Opinion leader advocacy
- Internal communication
- Coalition building
- Crisis command chain
- Crisis communication

#### Service Delivery System

- Norms & standards
- Surveillance & reporting protocols
- Infection control
- Job aides/PPE
- Training in CERC
- Community outreach
- Overflow capacity

### Community & Individual

- Linkage with national preparedness efforts
- •Strengthening social networks
- Sentinel surveillance
- Participation in media/outreach
- •Baseline hazards preparedness
- •Community reporting
- •Household-level care

#### Political will

- Resource allocation
- Policy change

**Environment** 

Systems

Service

Community

ndividual

- •Institutional capacity building
- National coalition
- •National preparedness strategy
- Formative research
- Availability & access
- Technical competence
- •Cultural competence
  •Interpersonal
- comm skills
  •Follow-up of clients
- •Integration of services
- •Structure of nonpharma interventions
- Leadership
- Participation equity
- •Information equity
- Local response groups in place
- Network cohesion
- •Local ownership
- Social norms
- Collective efficacy
- Social capital
- •Message recall
- Social support
- Emotion and values
- Beliefs and attitudes
- Perceived risk/severity
- Self-efficacy
- Health literacy

### •Security personnel •Policy makers/leaders

•Media

Engagement

Systems functioning

•Other key groups (NGO Managers, donor reps, Private sector)

Role clarity

- •Strategic coordination & messaging
- •Interpersonal communication
- Surveillance /diagnosisIntegration of services
- •Essential functions sustained
- Preparedness
- •Information equity
- Early treatment
- Vaccination
- Containment
- Policies communicated
- •Mass media
- Distance learning
- •Interactive media & internet
- Risk communication
- •IEC materials
- •Journalism
- Community event
- •IPC from HCWs & pharmacists

#### Coordination

**Timeliness** 

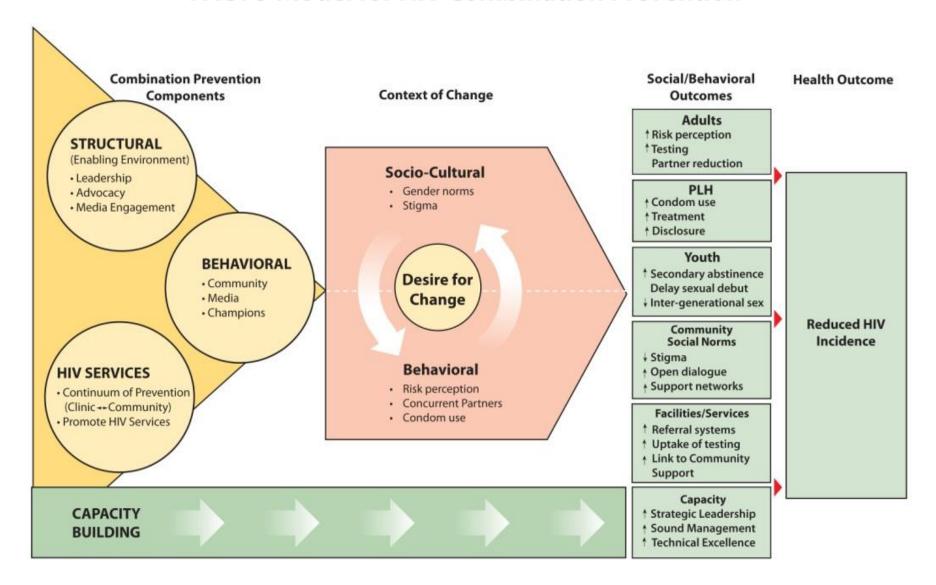
**Flexibility** 

**Efficiency** 



### **Guided by Theory-based Frameworks**

### **PACTO Model for HIV Combination Prevention**







## Pathways™ to Family Planning, Maternal & Child Health

**Environment** 

Systems

Service

Community

Individual

**Domains for** 

**Communication Interventions Variables** Context Maternal & nfant **Social Political** mortality **Environment** Marital traditions Gender Issues Ideal family size Traditional beliefs about fertility & disease **Economic conditions** Service Delivery Political dimension of **System** fertility control Resources Human and Financial Resources Maternal Health and FP **Health Priorities** Educational Community/ Infrastructure Individual Health Policies, Plans and Strategies Media infrastructure

Contextual

**Initial Outcomes** 

Shared strategic vision

- Resource allocationInstitutional capacity
- buildingNational advocacy coalition
- National RH/FP communication strategy
- Functional Maternities
- Skilled and caring providers
- FP information and counseling
- Partnership with communities
- Visible FP program
- Youth friendly services
- Health guardian groupsCommunity defined
- quality
   Peer networks
- Women FP networks
- FP a social norm
- Collective efficacy for Safe Motherhood
- Knowledge on Youth RH
- Knowledge about FP
- FP services identified
- Perceived social support for FP
- Approval of FP
- Perceived risks related to pregnancy
- Knowledge of 3 delays
- FP advocate

Behavioral Outcomes Sustainable Health Outcomes

### Supportive Environment:

- Favorable FP public opinion
- Resource acquisition
- Media support
- National RH/FP communication campaigns

### Service Performance:

- Access
- Quality
- Client volume
- Client satisfactionHealth needs covered

#### Community

- Maternal evacuations
- Joint health planning
   action
- Women FP discussions
- Youth/school group engagement

#### Individual

- Timely service use
- Contraceptive use
- Partner reduction
- Safe sex practices
- Birth preparedness plan use
- Safe delivery

Reductions in:

Unintended/ mistimed Pregnancies

Morbidity/ mortality from pregnancy/ childbirth

> Infant/child morbidity/ mortality

### Conceptual Framework

### **Communication Pathways to a Smoke-Free Society**

Systems

Community

Individual

Underlying Conditions **Strategic Communication** Approach

**Initial Outcomes** (process)

**Behavioral Outcomes** 

Sustainable **Tobacco Control Outcomes** 

#### Context

**Tobacco** Burden

Social

Cultural

Communication Technology

**Political** 

Framework Convention

#### Resources

Human and **Financial** Resources

**Policies** 

#### **Enabling Environment**

- Advocacy with leaders
- Media advocacy
- New social norms in media
- Coalition Building
- Health Reform / FCTC

#### **Supportive Services**

- Workplace attitudes
- Directors promoting smoke- free settings
- Counseling training
- Provider job aids

#### Community / Individual

- Community outreach
- Smoke free homes
- ·Local media
- Environmental cues
- Interpersonal

HOI**COMMUNICATION** 

Center for Communication Programs

#### Resource allocation

- Political will Policy champions at all levels
- National coalitions
- National & "local" strategies

#### Commitment to **Smoke Free settings** (workplace, buses)

- Doctors as champions Improved counseling
- Referral systems
- Local champions for Smoke Free Cities
- Social norms
- Collective efficacy
- Perceived social support /stigma
- Emotion and values
- Beliefs and attitudes
- Self-efficacv

#### **Supportive Environment**

FTCT

implementation

- Public opinion
- New policy & laws
- Policy enforcement

#### **Improved Services**

- Access to assistance
- Smoke free clinics

#### **Health Behaviors:**

#### Community

- Reinforce smoking restricted areas
- ID for purchasing
- Multi-sector education/ reinforcement

#### **Individuals**

- Smoking cessation
- Demand reduction
- Personal advocacy

#### Reductions in::

- **Smoking prevalence**
- 2nd hand smoke exposure
- Tobacco related diseases

### Communication For HIV Prevention & Treatment in Mozambique

**Underlying Conditions** 

**Strategic** Communication **Approaches** 

Intermediate Social and Behavior **Change Results** 

Sustainable Health **Outcomes** 

High HIV prevalence

 Low-risk perception

·HIV myths exist

•Women 3x risk

 Concurrent partnerships

·Low male circumscion

Gender inequity

·High Poverty

Low Education

Weak Communication Infrastructure

•PEN II Strategy

·Nat'l Comm Strategy & rollout

 Nascent civil society

Social & Behavioral Norms

dia Advocacy

c debate with Leaders Model behavior change via mass media (TV, radio):

> -equitable gender norms -cross generational sex -concurrent partners

Services & Prevention

Mainstream PMTCT

Targeted condom distribution

\*Increase condom use with

Capacity Strengthening

Consolidated Coordination &

Train partners in behavior

 National and provincial communication forums

**FAITH** mmunication Programs Media Investment

Favorable Media Policy

Public Commitment

Gender Norms examined

Preventive Behaviors Modeled

Values Perceived:

-risk perception

-self efficacy

Collective Efficacy

**Coordinated implementation** 

•National & provincial leadership

Exit strategy in place

 Increase Use of HIV Services

 Reduced HIV **Transmissions** 

**Systems Strengthening** 

Norms

