Lecture 2:
Models and Theories of Health Behavior (Level V)

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Course Outline

Lecture 1:

- Overview of health and health education

Lecture 2:

- Models and theories of Health Behaviour

Lecture 3:

- The health education process

Lecture 4:

- School Health

Lecture 5:

- Communication

Session Objectives

By the end of this session you should be able to:

- Review models of health and health promotion

- Describe the two categories of theories and models

- Explain the importance of using theories and models in the Health Education/Promotion process

- Describe some basic behavior change theories and models

- Apply the basic theories and models in their public health interventions during practice

Key Definitions

Theory

- "a set of interrelated concepts, definitions, and propositions that presents a *systematic* view of events or situations by specifying relations among variables in order to *explain* and *predict* the events of the situations" (Glanz, Lewis, & Rimer, 1997, p. 21)

Concepts

- the primary elements of theories

Model

- "a subclass of a theory" (McKenzie & Smeltzer, 2001, p. 138);

- draws "on a number of theories to help people understand a specific problem in a particular setting or context" (Glanz, Lewis, & Rimer, 1997, p. 24)

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Why use theory?

- Help guide the practice of health educators

- "…provides direction and justification for program activities…" (Cowdery et al., 1995, p. 248)

- 4 Uses of Theory

  - Describe

  - Explain

  - Predict

 - Prescribe

Types of Theories/Models

There are two major categories:

- Theories/models of **<u>implementation</u>** also referred to as **<u>planning</u>** models

  - Used for planning, implementation, & evaluation of programmes e.g. PRECEDE-PROCEED

- **<u>Change process</u>** theories referred to as behavior change models

  - For use in behavior change interventions

Behavior Change Theories & Models

- First need to decide on what level to intervene

- Consider the ecological perspective (McLeroy et al., 1988)

  - Intrapersonal, or individual, factors

  - Interpersonal factors

  - Institutional, or organizational, factors

  - Community factors

  - Public policy factors
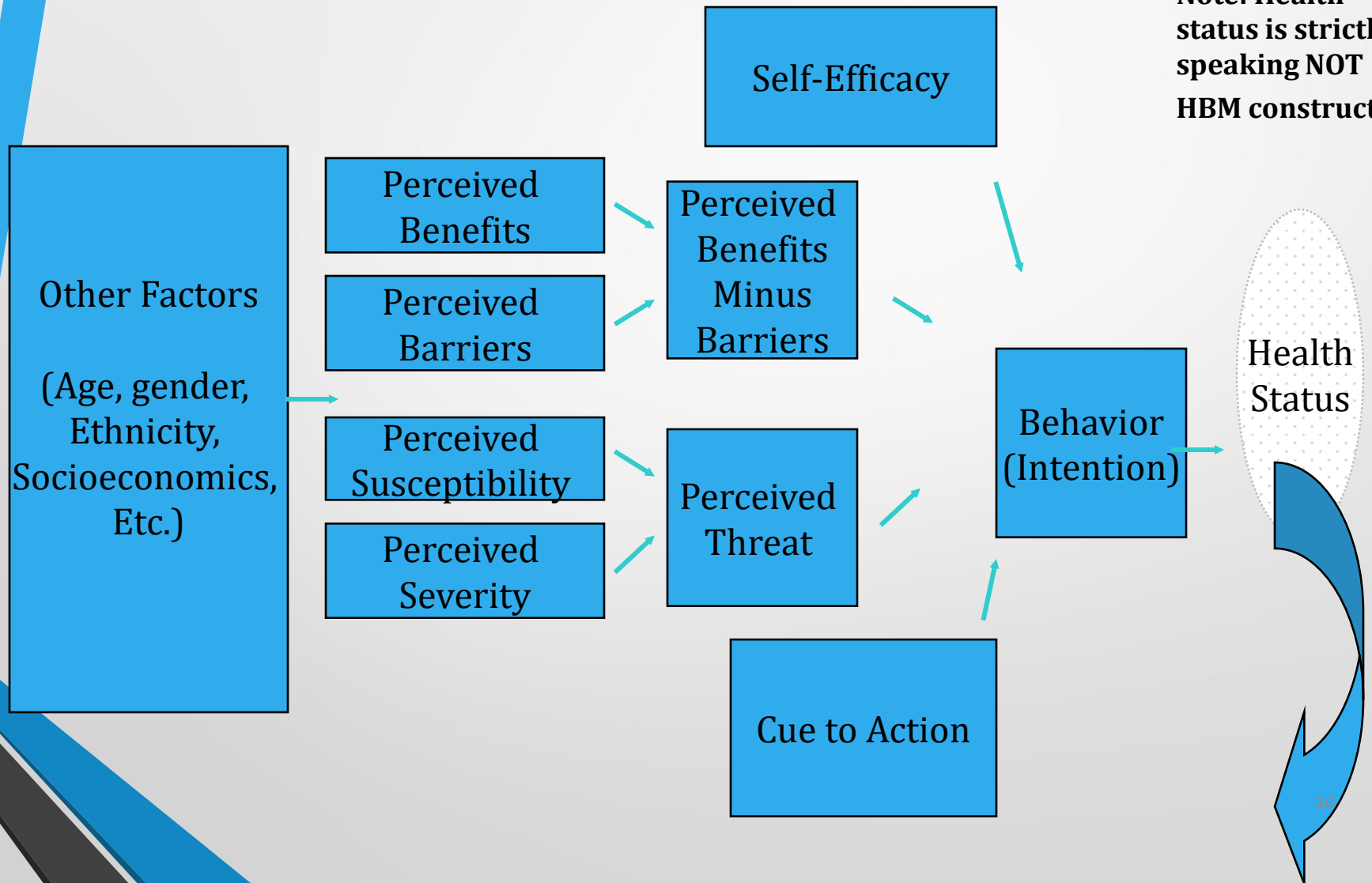
Social Ecological Model

- Individual and intrapersonal
- Interpersonal and primary group
- Institutional/organizational
- Community
- Public Policy
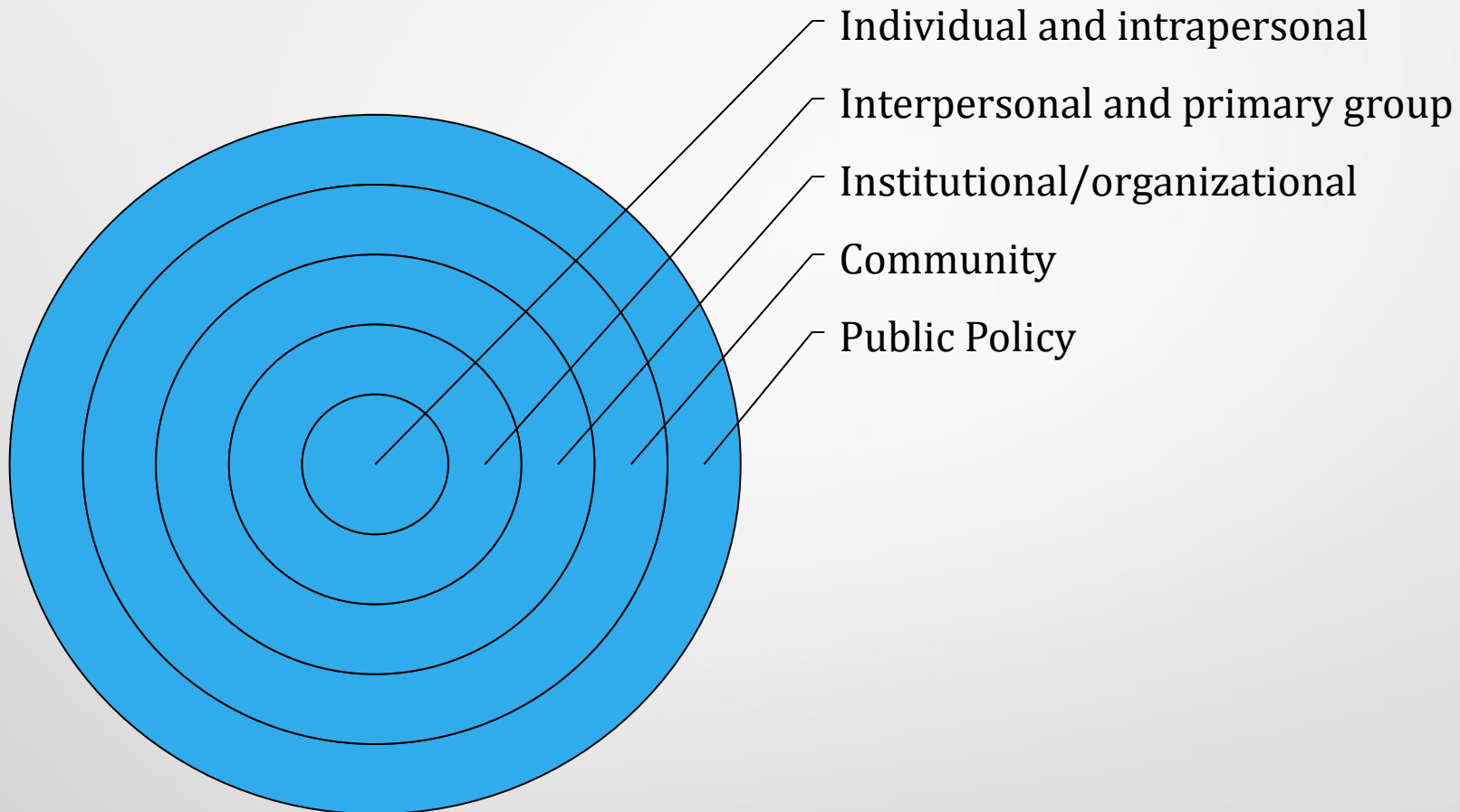
There are five levels of factors that influence health behavior and levels of analysis, .

Health Belief Model (HBM)

HBM Conceptual Definitions

- **Perceived susceptibility**
  - Belief about chance or risk of getting condition
- **Perceived severity**
  - Belief of how serious the condition is
- **Perceived benefits**
  - Beliefs about the efficacy of the action in reducing the condition or its consequences
- **Perceived barriers**
  - Beliefs about the costs of the action
- **Cues to action**
  - Stimuli in the environment that triggers the action
- **Self-efficacy**
  - Confidence that one has ability to take the action

Health Belief Model

Self-Efficacy

Note: Health status is strictly speaking NOT HBM construct.

Other Factors

(Age, gender, Ethnicity, Socioeconomics, Etc.)

Perceived Benefits

Perceived Barriers

Perceived Benefits Minus Barriers

Perceived Susceptibility

Perceived Severity

Perceived Threat

Behavior (Intention)

Health Status

Cue to Action

HBM Principles of Prediction

- **<u>Principles</u>**
  - Statements about how the world works according to the theory
- People will take a health action (to prevent, screen for, or control a disease) if….
  - They perceive themselves as susceptible to the disease/condition
  - They perceive that the disease is serious
  - They believe the action will be beneficial in reducing susceptibility OR severity
  - They believe the benefits of taking the action outweigh the costs
- Other factors influence behavior indirectly through these perceptions.

Principle of Change in HBM

Behavior is changed by addressing one of the four major determinants of behavior, that is by...

- *Increasing* perception of <u>susceptibility</u> to the condition

- *Increasing* perception of <u>severity</u> of the condition

- *Increasing* <u>perceived benefits</u> of the action (particularly that action will address the condition)

- *Decreasing* <u>perceived barriers</u> or <u>costs of action</u>

Trans-theoretical Model (TTM)

- Also known as Stages of Change Theory

- 5 stages of behavior change

  1. Pre-contemplation

  2. Contemplation

  3. Preparation

  4. Action

  5. Maintenance

     - {Termination}

Trans-Theoretical Model

Precontemplation

Contemplation

Preparation

Action

Maintenance

Progress

Relapse

The Stages of Change Model
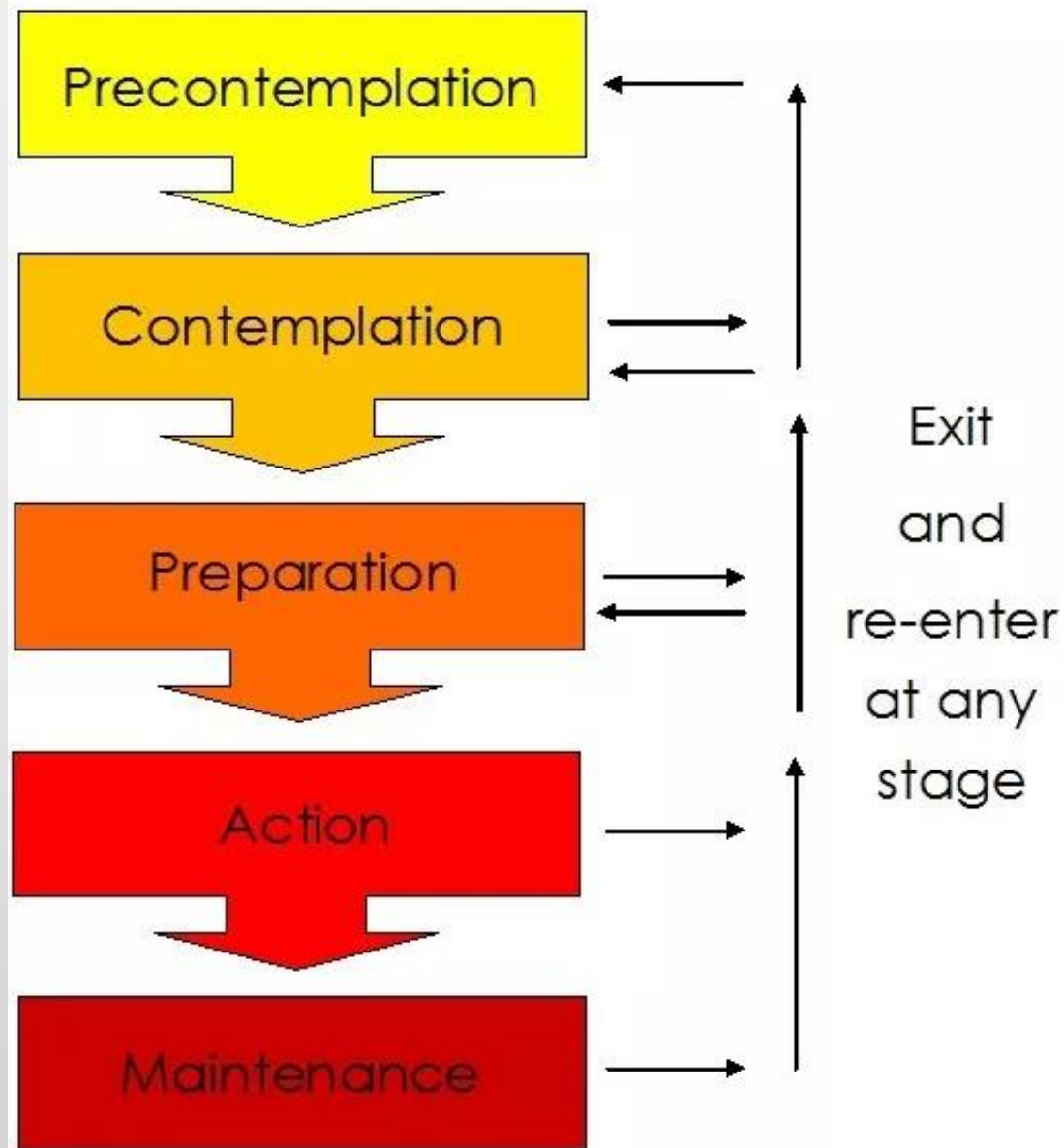
Pre-contemplation

- Person is not aware that they have a problem and does not see how unhealthy behavior is effecting their life or health.

- Process of change:
    - Consciousness raising
    - Social liberation
    - Helping relationships

Contemplation

- Person knows that change would be good, but does not have the confidence to change and needs more information.

- Process of change:

  - Self-reevaluation

  - Dramatic relief (emotional arousal)

  - Helping relationships

Preparation

- Person begins preparing for changing unhealthy behavior for new healthy behavior.

- Process of change
    - Self-liberation (commitment)
    - Helping relationships

Action

- Person begins the new healthy behavior.

- Process of change
  - Reinforcement management (Reward)
  - Helping relationships
  - Stimulus control
  - Counter-conditioning

Maintenance

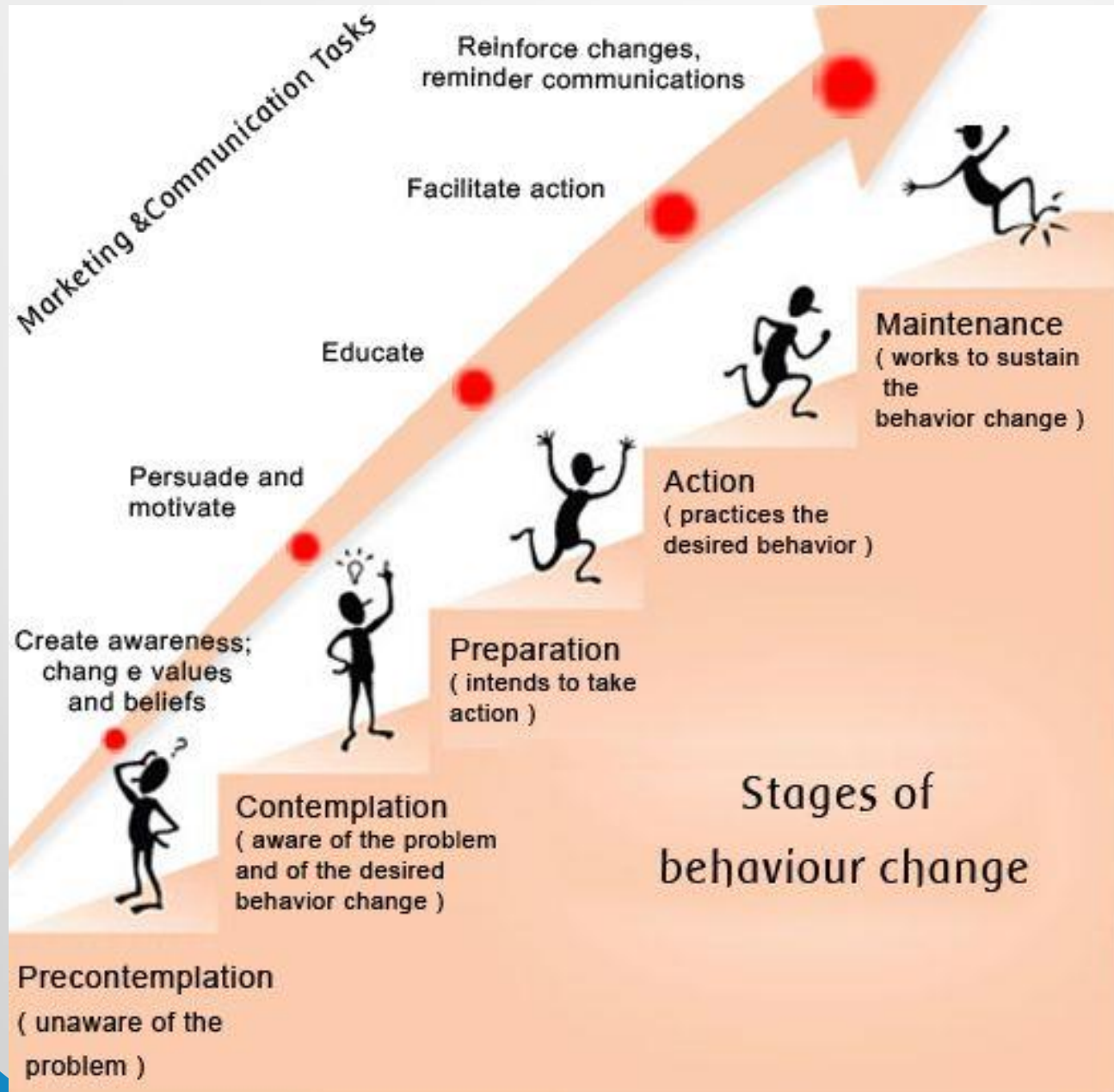- Person is <u>practicing</u> healthy behavior but may <u>need feedback</u> and a <u>booster</u> to avoid obstacles and temptations.

- Process of change
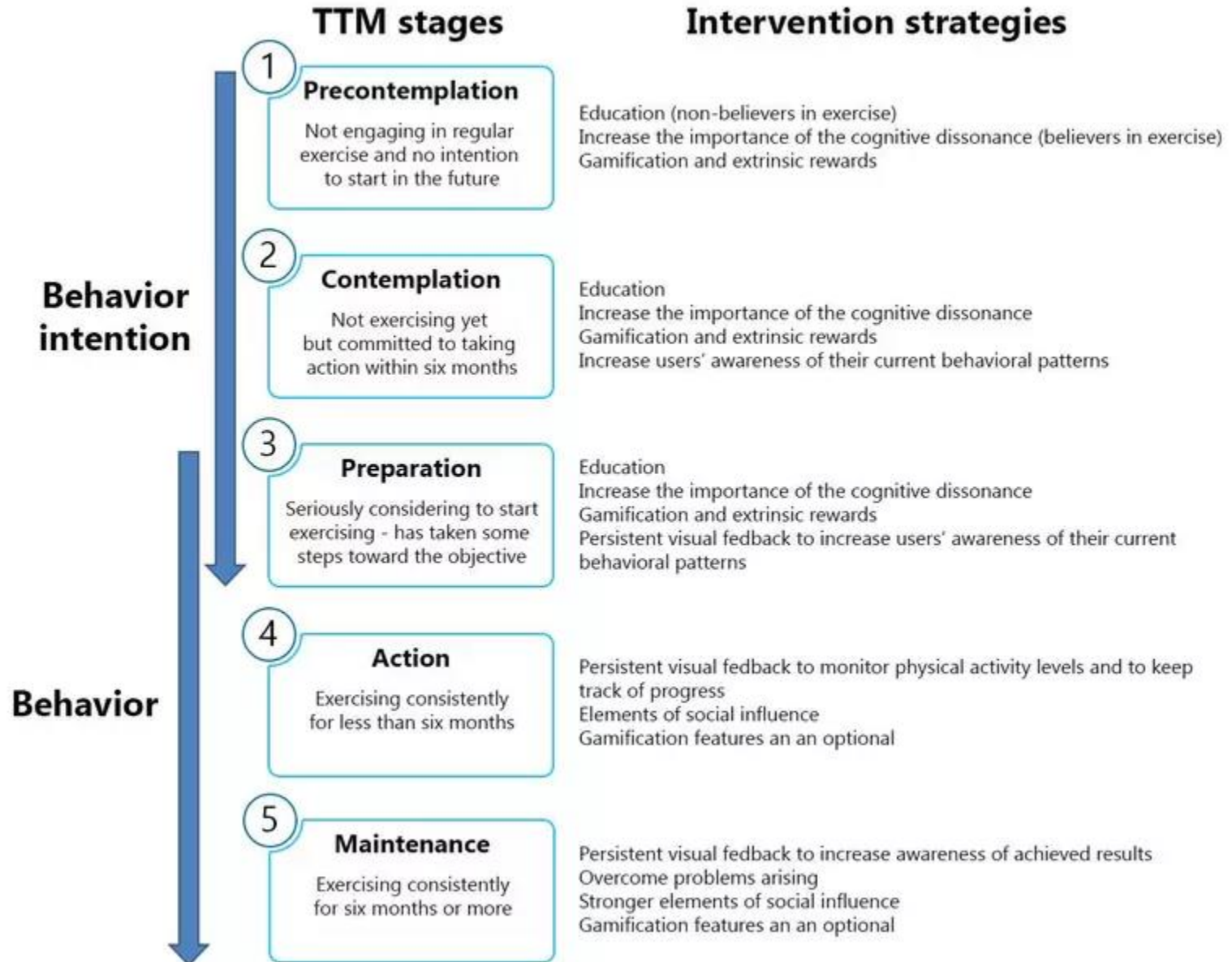   - Helping Relationships

Termination

- **Not one of the stages**

- Person feels that new behavior is a part of their life and they never look back and think about the unhealthy behavior.

    - Helping Relationships

Possible Interventions

Possible Interventions

TTM stages

Intervention strategies

Behavior intention

1. **Precontemplation**

   Not engaging in regular exercise and no intention to start in the future

   Education (non-believers in exercise)
   Increase the importance of the cognitive dissonance (believers in exercise)
   Gamification and extrinsic rewards

2. **Contemplation**

   Not exercising yet but committed to taking action within six months

   Education
   Increase the importance of the cognitive dissonance
   Gamification and extrinsic rewards
   Increase users' awareness of their current behavioral patterns

3. **Preparation**

   Seriously considering to start exercising - has taken some steps toward the objective

   Education
   Increase the importance of the cognitive dissonance
   Gamification and extrinsic rewards
   Persistent visual fedback to increase users' awareness of their current behavioral patterns

Behavior

4. **Action**

   Exercising consistently for less than six months

   Persistent visual fedback to monitor physical activity levels and to keep track of progress
   Elements of social influence
   Gamification features an an optional

5. **Maintenance**

   Exercising consistently for six months or more

   Persistent visual fedback to increase awareness of achieved results
   Overcome problems arising
   Stronger elements of social influence
   Gamification features an an optional

Questions?