Chapter Opening: Jill’s Story

- Heredity is a risk factor that contributes to breast cancer
  – Be aware of risks
  – Make sure that screening occurs
- Consider health habits and risk factors
  – Work toward successful modification
  – Prevent the development of illness

Health Promotion: An Overview

- A general philosophy
  – Good health is a personal and collective achievement
  – Helping people maintain healthy lifestyles
- Cost effectiveness
  – Less costly than disease prevention
- Occurs through individual efforts, interaction with the medical system, mass media, and legislation
Introduction to Health Behaviors: Role of Behavioral Factors

• Patterns of disease in the U.S. have changed from acute infectious disorders to "preventable" disorders.
• Half the deaths in the U.S. are caused by preventable behaviors.
• Obesity and lack of exercise—About to overtake tobacco as the most preventable cause of death in the U.S.

Introduction to Health Behaviors: Role of Behavioral Factors

• Successful modification of health behaviors can
  – Reduce deaths due to lifestyle related illnesses.
  – Delay time of death, increasing longevity.
  – Expand years of life free from chronic disease complications.

Introduction to Health Behaviors: What are Health Behaviors?

• Behaviors undertaken by people to enhance or maintain their health.
• Health habits
  – Firmly established behaviors that are often performed automatically
  – Examples: wearing a seatbelt, brushing one’s teeth
  – Health habits begin in childhood and stabilize at ages 11 or 12.
Primary Prevention

- Taking measures to combat risk factors for illness before an illness ever has a chance to develop
- Two general strategies
  - Employ behavior-change methods to alter problematic behaviors
  - Keep people from developing poor health habits in the first place

Introduction to Health Behaviors: Practicing and Changing Health Behaviors

<table>
<thead>
<tr>
<th>Demographic Factors</th>
<th>Values</th>
<th>Social Influence</th>
<th>Perceived Symptoms</th>
<th>Access to the Health Care Delivery System</th>
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<tbody>
<tr>
<td>Age</td>
<td>Personal Control</td>
<td>Personal Goals</td>
<td>Cognitive Factors</td>
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Introduction to Health Behaviors: Barriers to Modifying Poor Health Behaviors

- Poor health habits become ingrained
  - very difficult to change
- Cumulative damage
  - isn’t evident for years
- Unhealthy behaviors
  - can be pleasurable and addictive
Introduction to Health Behaviors: Barriers to Modifying Poor Health Behaviors

• Health habits are only modestly related to each other

Knowing that a person wears a seat belt → Doesn’t enable us to predict with great confidence about her dietary choices

Knowing that a person stopped smoking → Doesn’t enable us to predict with great confidence about his exercise program

Introduction to Health Behaviors: Instability of Health Behaviors

• What accounts for the lack of stability?
  – Different health habits are controlled by different factors
  – Different factors control the same behavior for different people
  – Factors may change over the history of the behavior
  – Factors change across a lifetime
  – Health behavior patterns vary substantially across the lifetime for each person

Introduction to Health Behaviors: Intervening with Children/Adolescents

Socialization influences early health habits

• Socialization
  – The process by which people learn the norms, rules, and beliefs associated with their family and society
• Parents and social institutions are usually the major agents of socialization.
• Adolescents may ignore early training received by parents
• Adolescents are vulnerable to problematic health behaviors
Introduction to Health Behaviors: Intervening with Children/Adolescents

• Teachable Moment
  – Certain times are better than others for teaching particular health practices
• Examples
  – Drinking milk instead of soda at dinner
  – Emphasizing correct brushing at dental visit
• Window of Vulnerability
  – At certain times, people are more vulnerable to certain health problems

Introduction to Health Behaviors: Interventions with At-Risk People

• Early identification may prevent poor health habits that contribute to vulnerability
• Knowledge helps individuals monitor their situation
• Problem
  – People don’t always perceive risk correctly
  – Most people are unrealistically optimistic about their own vulnerability to risk
• Ethical Issues – an area of controversy
  – At what point should people be alerted to their risk?

Introduction to Health Behaviors: Health Promotion and the Elderly

• Maintaining a healthy, balanced diet
• Developing an exercise regimen
• Taking steps to reduce accidents
• Eliminating smoking
• Reducing inappropriate use of prescription drugs
• Obtaining vaccinations against influenza
Introduction to Health Behaviors: Ethnic and Gender Differences

- Exercise – Black and Hispanic women get less exercise than Anglo women
- Smoking – Anglo and Black women at greater risk than Hispanic women.
- Alcohol – Men at greater risk than women
- Health promotion programs for ethnic groups
  - Need to take account of co-occurring risk factors

Changing Health Habits: Attitude Change and Health Behavior – Educational Appeals

- Vivid communications
- Expert communicator
- Strong arguments at beginning and end
- Short, direct messages
- Explicit conclusions
- Avoid VERY extreme messages and avoid eliciting too much fear
- Illness Detection: Emphasize the problems that may occur if it isn’t done
- Health Promotion: Emphasize the benefits to be gained
- Non-receptive audiences need to hear both sides

Changing Health Habits: Attitude Change and Health Behavior – Fear Appeals

If people are fearful, then they will change behavior to reduce fear.

Research has found this doesn’t always hold
Too much fear may undermine change
Recommendations for action should be given
Changing Health Habits: Attitude Change and Health Behavior – Message Framing

• Messages that emphasize potential problems
  – Work better for behaviors that have uncertain outcomes
• Messages that stress benefits
  – Work better for behaviors with certain outcomes

Changing Health Habits: Attitude Change and Health Behavior

• Health Belief Model – Whether a person practices a health behavior depends on
  – The degree to which the person perceives a personal health threat
  – The perception that a particular behavior will effectively reduce the threat
• Self-Efficacy – The belief that one is able to control one’s practice of a particular behavior

Changing Health Habits: Theory of Planned Behavior

• Linking health attitudes directly to behavior
• A health behavior is the direct result of a behavioral intention
• Behavioral intentions are made up of
  – Attitude toward the specific action
  – Subjective norms regarding the action
  – Perceived behavioral control
Changing Health Habits: Some Caveats

- Attitudinal approaches don’t explain long-term behavior change very well
- Communications can provoke irrational, defensive reactions
- People may distort health-relevant messages
  - May falsely see themselves as less vulnerable than others
- Thinking about disease may produce a negative mood
- Unrealistic optimism may be peculiarly resistant to feedback according to some studies

Cognitive-Behavioral Approaches

- Change the focus to the target behavior itself
- What are the conditions that elicit and maintain the health habit?

- Self-observation/Self-monitoring
- Classical conditioning
- Operant conditioning
- Modeling
- Stimulus Control

Cognitive-Behavioral Approaches

- The Self-Control of Behavior
  - Self-reinforcement
    - Positive self-reward (adds a desired factor)
    - Negative self-reward (removes an aversive factor)
    - Positive self-punishment (adds an unpleasant stimulus)
    - Negative self-punishment (removes a pleasant stimulus)
  - Contingency Contracting
    - Contract regarding rewards and punishments is with another individual
**Cognitive-Behavioral Approaches**

- **Covert Self Control**
  - Recognizing internal monologues
  - Cognitive restructuring: modifying internal monologues
  - Self-talk: adaptive ways to talk to oneself in stressful situations

- **Behavioral Assignments**

- **Skills Training**
  - Social-Skills
  - Assertiveness

**Cognitive-Behavioral Approaches**

- **Motivational Interviewing**
  - Interviewer is non-judgmental and encouraging
  - Client talks as much as counselor
  - Goal: get client to think through reasons for and against change

- **Relaxation training**

- **Broad-spectrum cognitive-behavior therapy**

**Cognitive-Behavioral Approaches**

- **Relapse**
  - More likely when people are depressed, anxious, under stress
  - Particular problem with addictive disorders of alcoholism, smoking, drug addiction, obesity (rates between 50% and 90%)
  - Abstinence violation effect – feeling loss of control with one lapse in vigilance
Transtheoretical Model: A Spiral Model of the Stages – Figure 3.6

Transtheoretical Model of Behavior Change

- Stage of Behavior Change: **Precontemplation**
  - In this stage, the person is not aware of a problem
  - Family and friends may be aware and push for treatment
  - The individual often reverts to old behaviors if treatment does occur

- Stage of Behavior Change: **Contemplation**
  - Aware that a problem exists
  - No commitment to take action
  - Weighing the pros and cons of action
  - If a decision for change is made, then there are favorable expectations
Transtheoretical Model of Behavior Change

• Stage of Behavior Change: **Preparation**
  – Intention to change behavior has been made
  – May not have begun to change behavior or may have modified the target behavior somewhat
    • smoking fewer cigarettes each day

Transtheoretical Model of Behavior Change

• Stages of Behavior Change: **Action**
  – Commitment of time and energy
  – Stopping the behavior
  – Modifying lifestyle and environment to get rid of cues associated with the behavior

Transtheoretical Model of Behavior Change

• Stages of Behavior Change: **Maintenance**
  – Works toward preventing relapse
  – Consolidating gains that have been made
  – Has been free of the addictive behavior for more than 6 months
  – Relapse may occur, causes the cycle to repeat before the behavior is successfully eliminated
  – Conceptualized as a spiral
Transtheoretical Model: Importance of the Stage Model

- Captures the process that people actually go through
- Illustrates that change
  - Doesn't happen all at once
  - May not occur on the first try
- Explains why many interventions aren't successful
  - People are not in the "action" phase

Transtheoretical Model: Use of the Stage Model of Change

- Particular interventions may be valuable at different stages
  - Precontemplation stage: Information about smoking may help the person move to the contemplation stage
  - Action stage: A smoker in this stage won't be helped by information on the importance of not smoking
- Application of the spiral model shows mixed success

Changing Health Behaviors through Social Engineering

- Modifying the environment in ways that affect people's ability to practice a particular health behavior
  - Social or lifestyle change through legislation
- Called Passive Methods because they don't require an individual to take personal action
  - Example: water purification is done through social engineering, not individual effort
  - Example: restricting tobacco to certain age groups
Venues for Health Habit Modification: Private Therapist’s Office

- Health habits changed in a one-to-one relationship
  - Extensive individual treatment may make success more likely
  - The therapist can tailor the behavior-change package to the needs of the individual
  - Disadvantage: Expensive and only one person’s behavior can be changed at a time

Venues for Health Habit Modification: Health Practitioner’s Office

- Physicians are highly credible sources
  - Recommendations are weighted with this expertise
- People have regular contact with health practitioners
- Lifetime health-monitoring programs have been developed for practitioners to use
- Disadvantage
  - Only one person’s risks reduced at a time; expensive

Venues for Health Habit Modification: The Family

- Entire family commitment to health
  - Gives children a healthy start
  - Builds healthy habits into routines
- One member’s habits affect others
  - Example - second-hand smoke
- Greater social support for the target person when the whole family is involved
  - Many cultures stress involvement of the entire family
Venues for Health Habit Modification: Managed Care Facilities

- Substantial savings occur when preventive care is successful
  - About half of all early deaths result from preventable behavioral factors
- Many managed care facilities run alcohol, tobacco, and drug programs
- Fewer programs available in dietary and exercise preventive interventions

Venues for Health Habit Modification: Self-Help Groups

- The major venue for health-habit modification in the United States
- 8 to 10 million people in the U.S. participate in self-help groups to modify health habits
- Benefits
  - Social support
  - Understanding of fellow sufferers

Venues for Health Habit Modification: Schools

- Since most children go to school, a majority of the population can be reached
- Intervention during childhood occurs before bad habits are developed
- Classes run about an hour
  - Good timing for health interventions
- Schools can require certain health related behaviors
  - Adherence to inoculation schedules
Venues for Health Habit Modification: Work Site Interventions

- Optimal site for reaching adults
  - 70% are employed
- On the job health promotion programs
- Structured environment to promote health
  - Banning smoking at the workplace
  - Healthy meals served in employee health clubs.
- Special incentives may be given for successful modification of behaviors

Venues for Health Habit Modification: Community-Based Interventions

- Approaches may include:
  - Door-to-door campaigns
  - Media blitz about health risks
  - Interventions in community institutions
- Large-scale expensive programs have been controversial
  - North Karelia project, Multiple Risk Factor Intervention Trial, Stanford Heart Disease Prevention
- More modest efforts are likely to continue

Venues for Health Habit Modification: The Mass Media

- Benefit – large numbers of individuals can be reached at once
- Generally modest attitude change, but less long-term behavior change occur
- Most effective in alerting people to health risks that they would not otherwise have known about
- Can have a cumulative effect on changing values associated with health practices
Venues for Health Habit Modification: The Internet

- Promising but underutilized tool
- Health screening Web site
  - Could inform about health habits that a person should be undertaking
- Enables researchers to
  - Recruit participants
  - Collect data related to health habits

Venues for Health Habit Modification: Conclusions

- Important to seek methods that:
  - Reach the most people
  - Are the least expensive
- Challenge will be integrating knowledge
  - of how people change their health habits
  - with macro-level policies of federal, state, and private health care agencies
- Evidence for effective interventions
  - Must be translated into practice