

APPENDIX

HEALTH BEHAVIOR THEORIES: A SNAPSHOT AND ADDITIONAL RESOURCES

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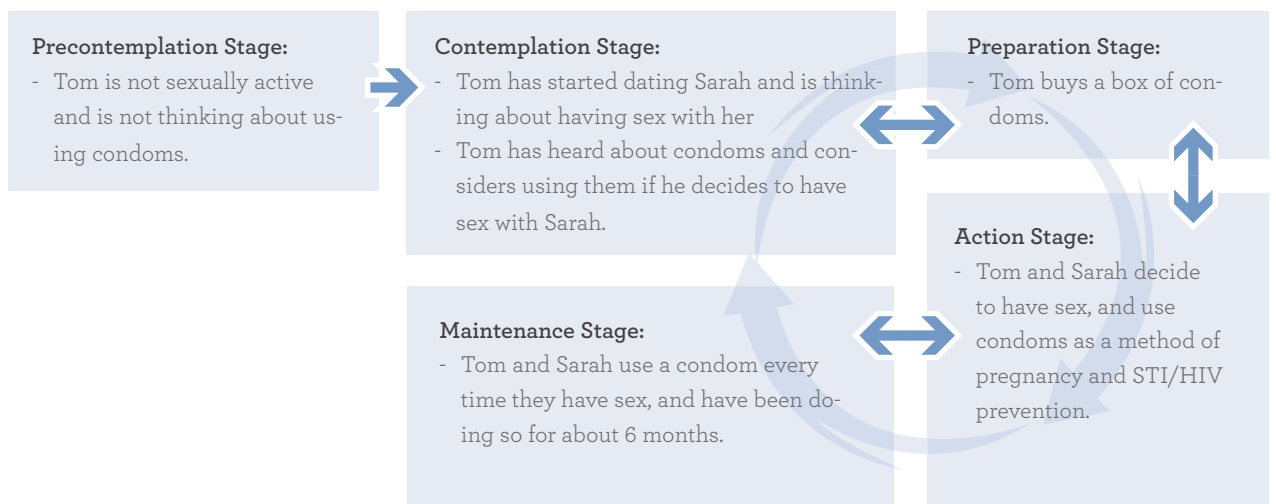
Health behavior theories play an important role in developing media strategies to reach adolescents. Theories are helpful in the design and evaluation of campaigns. Theories help program planners identify the key factors that should be included to have the best chance for success. Furthermore, grounding an intervention in theory allows program planners to clarify and target the intervention.

Two major health behavior theories are presented here briefly to provide a more in-depth illustration of some key theoretical constructs. Other important health theories are also listed below. Refer to Additional Resources for more detailed information about major health behavior theories and how to select the most appropriate theory for your intervention is provided in the Additional Resources section.

Stages of Change Model

Glanz, K., Rimer, B.K., Viswanath, K. (Eds.) (2008). *Health behavior and health education: Theory, research, and practice* (4th Edition). Jossey-Bass.

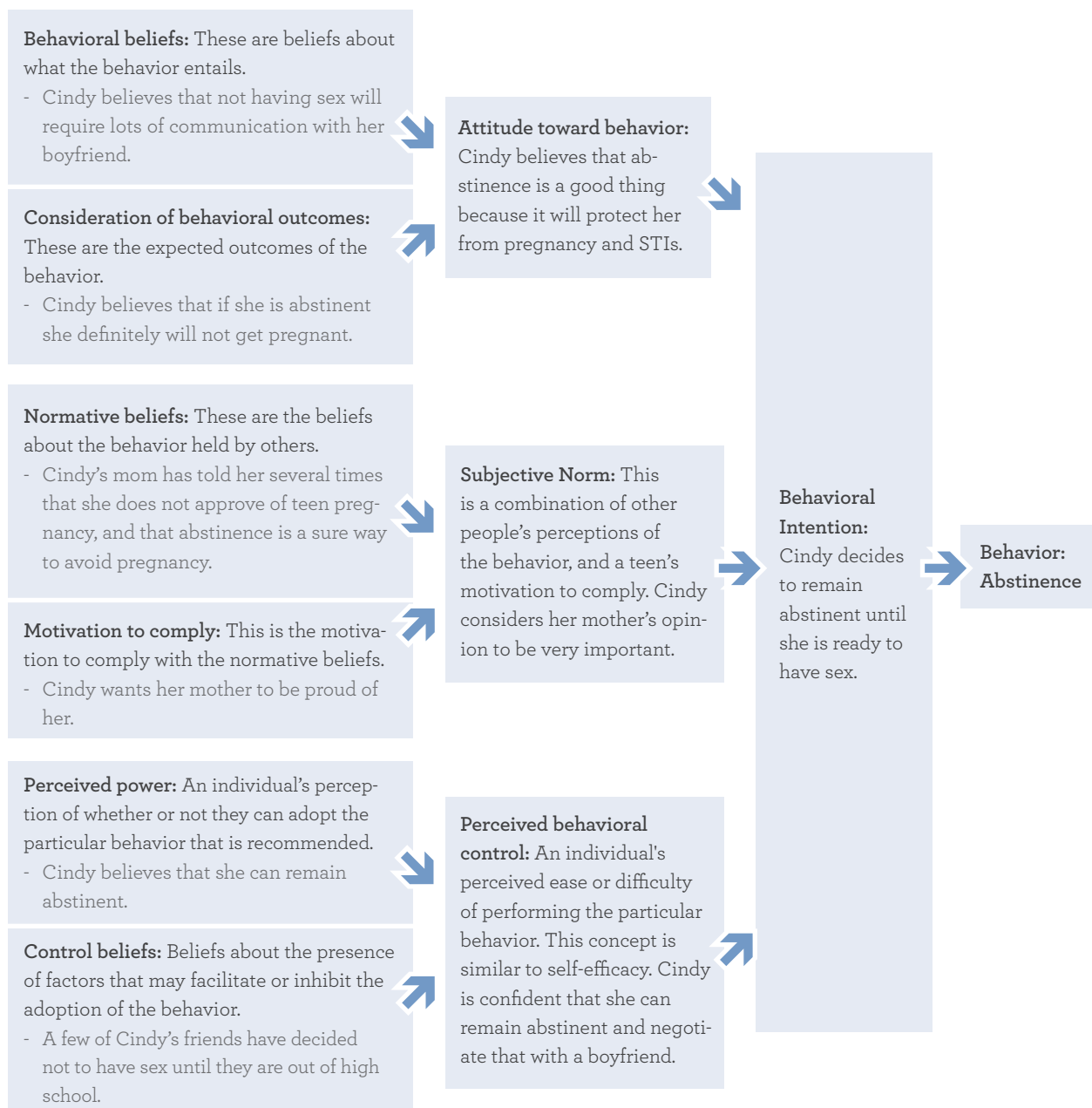
- The Stages of Change Model posits that individual behavior change is a process that occurs along a continuum starting when an individual moves from not considering a particular health behavior, such as condom use, to contemplating the behavior, then to preparation, action and finally maintenance (e.g., using a condom every time the person has sex). The model suggests that interventions are more successful if they target individuals at their particular stage of behavior and encourage movement to the next stage. It is important to recognize that the model can be thought of as a cycle such that an individual might move forward or circle backward through the model.
- Below, the Stages of Change Model is applied to a fictitious teen's decision to use condoms. Tom is a 17-year-old who begins dating Sarah, a girl in his class at school.



Theory of Planned Behavior

Glanz, K., Rimer, B.K., Viswanath, K. (Eds.) (2008). *Health behavior and health education: Theory, research, and practice* (4th Edition). Jossey-Bass.

- The Theory of Planned Behavior assumes that behavioral intention is the most important determinant of behavior, and that this intention is shaped by individual **attitudes** as well as the perceived approval or disapproval of the behavior by others who are important to that individual (**subjective norm**). The Theory of Planned Behavior also includes perceived behavioral control as an important construct in the model. Perceived behavioral control is an individual’s belief that he/she can control a particular behavior.
- Below, the Theory of Planned Behavior is applied to the decision of a fictitious teen, Cindy, to remain abstinent.



Other Relevant Health Behavior Models and Theories:

The theories described above and those listed below are described in detail in **Glanz, K., Rimer, B.K., Viswanath, K.** (Eds.) (2008). *Health behavior and health education: Theory, research, and practice* (4th Edition). Jossey-Bass.

A more concise and readily available report, *Theory at a Glance: A Guide for Health Promotion Practice* was developed based on the 3rd Edition of the book, and is available for free download at: www.nci.nih.gov/PDF/481f5d53-63df-41bc-bfaf-5aa48ee1da4d/TAAG3.pdf.

Individual Level:

- **Health Belief Model**
 - This theory focuses on individuals' perceptions of a threat posed by a health problem (susceptibility, severity), the benefits of avoiding the threat, and factors influencing the decision to act (barriers, cues to action, self-efficacy).
- **Precaution Adoption Process Model**
 - This theory (which bears some similarities of the stages of change model described above) includes seven stages of change that individuals must move through – from lack of awareness to action.
- **Theory of Reasoned Action and the Integrated Behavioral Model**
 - This theory is a component of the Theory of Planned Behavior (described above), and posits that behavioral intention, which is influenced by individuals' attitudes toward the behavior and subjective norm, leads to behavior.
- **Extended Parallel Process Model**
 - This theory is a fear appeal theory which suggests that threat (such as teen pregnancy) motivates action and perceived efficacy determines whether or not the action taken controls the danger (protective) or controls the fear (inhibits the protective behavior). For example, if a young woman believes that she is at risk for becoming pregnant if she has unprotected sex, but is confident that she can use birth control safely, the person will engage in a protective behavior. However, if an individual believes she is at risk for becoming pregnant if she has unprotected sex, but she does not believe she can do anything about it, she might choose to ignore the risk and engage in unprotected sex. Thus, campaigns that follow this theory should have high threat messages as well as messages that promote strong perceptions of efficacy. (For more information see **Witte, K., Meyer, G., Martell, D.** (2001). *Effective Health Risk Messages*. Newbury Park: Sage Press)

Interpersonal Level

- **Social Cognitive Theory**
 - This theory describes a continuous, dynamic process in which personal factors, environmental factors, and human behavior influence each other.

Community Level

- **Community Organization and Participatory Models**
 - These models emphasize a community-driven approach to assessing and addressing health and social issues.
- **Diffusion of Innovations**
 - This theory addresses how new ideas, products, and social norms or practices spread within and between organizations, communities, or societies.

Additional Resources

- University of Michigan, Center for Health Communications Research at:
http://chcr.umich.edu/how_we_do_it/health_theories/healththeories5/chcr_document_view
- **Salem, R.M., Bernstein, J., Sullivan, T.M., and Lande, R.** "Communication for better health," Population Reports, Series J, No. 56. Baltimore, INFO Project, Johns Hopkins Bloomberg School of Public Health, January 2008. Available online: www.populationreports.org/j56/
 - With an international perspective focused on family planning programs, this is a great overview of the process called Behavioral Change Communication (BCC), as practiced for more than three decades around the world by the Center for Communication Programs at Johns Hopkins. It is an excellent overview and step-by-step guide to developing interventions that include communication.
- Office of Cancer Communications, National Cancer Institute (2002). Making health communication programs work: A planner's guide. NIH Pub. No. 02-5145.
 - Affectionately known as the "**Pink Book**" because it was originally published with a pink cover, this is a description of how to plan and develop a health communication program. It is widely used by practitioners in the field. Now available online at: www.cancer.gov/pinkbook