Supporting healthy communities and behavior change through planning with theory

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Agenda

1) What are theories of behavior change (ToBC)

2) How theory can inform and strengthen programs

3) Three leading behavioral change theories

4) How to match up a program with a theory

5) Your questions/comments

What is a theory?

* "A theory is a set of interrelated concepts, definitions, and propositions that explains or predicts events or situations by specifying relations among variables" – National Institutes of Health Office of Behavioral and Social Sciences Research

Why use theory?

* Helps to generate a clear understanding of the health behavior we are working to address

* Shows us how our client/community will move from their current health behavior to the desired health behavior

* We can explain/predict behavior change by illustrating the relationship between variables (the causal linkage or the correlation)

Assumptions

All men feel social pressure to be hypermasculine

People don't want to talk about domestic violence

If people were more aware of domestic violence, it would end

Teens don't want to talk about DV

What's the message?

Interventions don't always work

What's the message?

It doesn't matter if you're in child health, substance abuse, violence prevention…

we all face the same struggles

What's the message?

Tax payers do not want to pay for stuff that "seems like a good idea"

but actually don't do what they are supposed to

What's the message?

We are conscientious, so we do not want to spend our time working on strategies that have no effect

Commonly Used Theories in Health Behavior Research & Health Promotion Practice

* **Health Belief Model**
* Social Cognitive Theory
* Construct of Self-Efficacy
* Theory of Reasoned Action
* **Theory of Planned Behavior**
* **Stages of Change/ Transtheoretical Model**
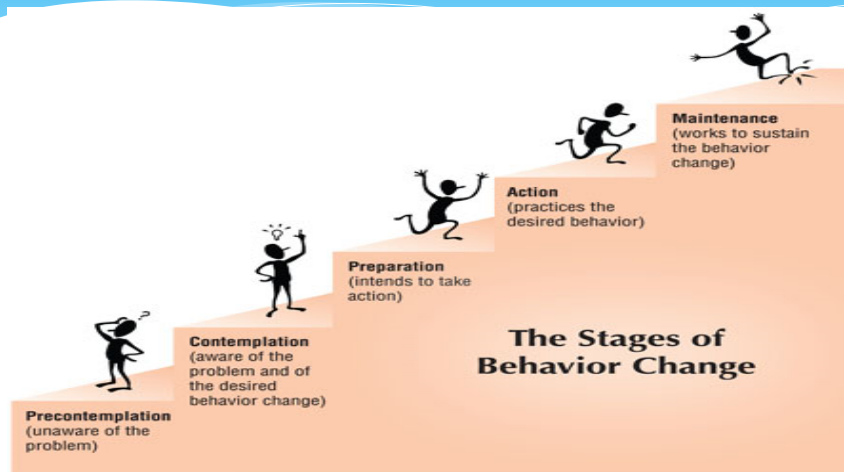* Precaution Adoption Process Model

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Next steps:

Pick a theory and fit your program into it!

NO!!

* "The best theory is informed by practice and the best practice should be grounded in theory" (Glanz, p.24)
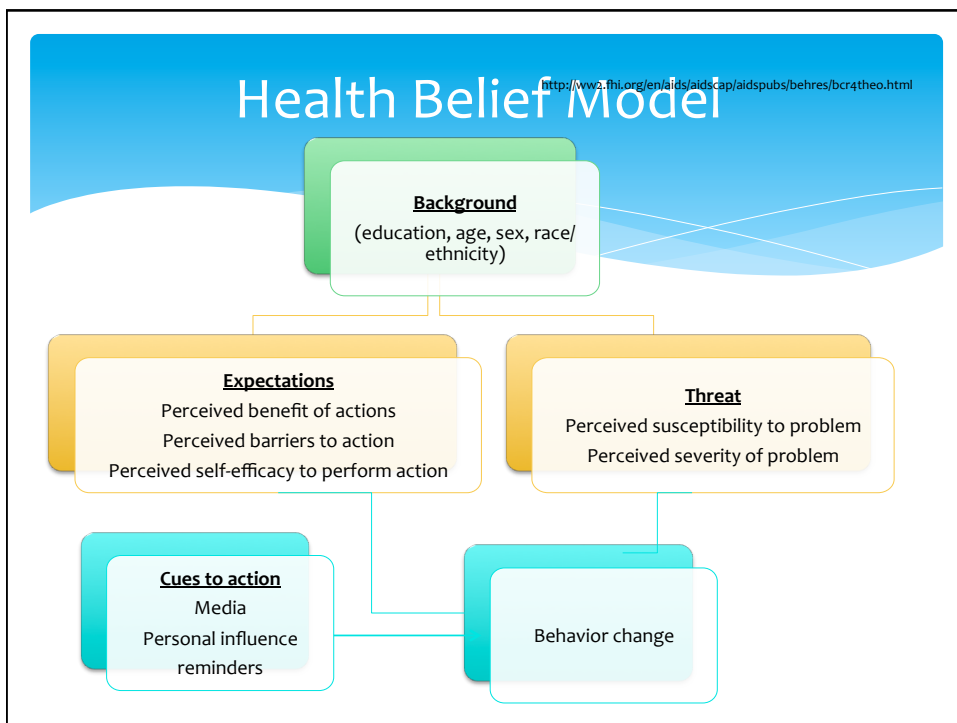
Stages of change (Transtheoretical model)

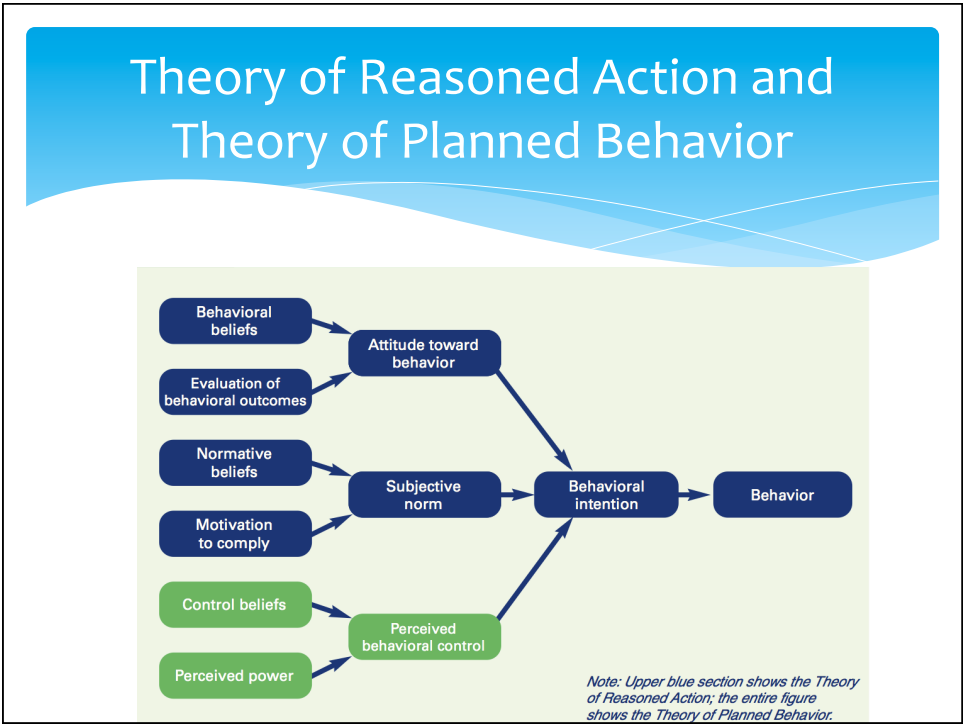http://info.k4health.org/pr/j56/4.shtml

Stages of change	
Pre-contemplation	No intention to take action within the next 6 months
Contemplation	Intends to take action within the next 6 months
Preparation	Intends to take action within the next 30 days and has taken some behavioral steps in this direction
Action	Changed overt behaviors for less than 6 months
Maintenance	Changes overt behavior for more than 6 months
Termination	No temptation to relapse and 100% confidence
Relapse	Reverting back to an earlier phase

Health Belief Model

http://www2.fhi.org/en/aids/aidscap/aidspubs/behres/bcr4theo.html

Background
(education, age, sex, race/ethnicity)

Expectations
Perceived benefit of actions
Perceived barriers to action
Perceived self-efficacy to perform action

Threat
Perceived susceptibility to problem
Perceived severity of problem

Cues to action
Media
Personal influence
reminders

Behavior change

SUSCEPTIBILITY

SEVERITY

BELIEFS

BARRIERS

CUES TO ACTION

SELF-EFFICACY

Using the Health Belief Model

Construct	What to do
Perceived severity	Provide messages about the serious personal impacts (medical and social) of the problem
Perceived susceptibility	Provide messages or activities to personalize risk for individuals based on behavior or self-assessment tools
Perceived benefits	Provide messages about benefits of engaging in a behavior to reduce risk based on scientific evidence on the efficacy of the behavior
Perceived barriers	Identify and reduce perception of barriers to engage in the action. Correct misperceptions. Example: I won't learn anything useful at parenting workshop and I will just get depressed
Self-efficacy	Messages that provide guidance on how to make behavior easy to do

Theory of Reasoned Action and Theory of Planned Behavior

Note: Upper blue section shows the Theory of Reasoned Action; the entire figure shows the Theory of Planned Behavior.

Constructs of the Theory of Planned Behavior	
Attitudes	This refers to the degree to which a person has a favorable or unfavorable evaluation of the behavior of interest. It entails a consideration of the outcomes of performing the behavior.
Behavioral Intention	This refers to the motivational factors that influence a given behavior where the stronger the intention to perform the behavior, the more likely the behavior will be performed.
Subjective Norms	This refers to the belief about whether most people approve or disapprove of the behavior. It relates to a person's beliefs about whether peers and people of importance to the person think he or she should engage in the behavior.
Social Norms	This refers to the customary codes of behavior in a group or people or larger cultural context. Social norms are considered normative, or standard, in a group of people.
Perceived Power	This refers to the perceived presence of factors that may facilitate or impede performance of a behavior. Perceived power contributes to a person's perceived behavioral control over each of those factors.
Perceived Behavioral Control	This refers to a person's perception of the ease or difficulty of performing the behavior of interest.

Theory of Planned Behavior

Measuring the
attitude towards the behavior
instead of the
attitude towards the object.

How to generate a program from a ToBC

* Read the theory; all about the theory
* Read examples of other programs born from that theory
* Start jotting down ideas
* Use a translation grid

Example translation grid: dating abuse using Health Belief Model

Theoretical concept	Program objective	Program activity
Susceptibility	Boys believe they could be perpetrators if they aren't careful	Are you a potential perpetrator quiz
Perceived severity	Boys understand being a perpetrator is a bad, undesirable thing	Video about consequences
Perceived benefits	Boys understand that being healthy gets you more respect and love	Girls' panel about good boyfriends
Perceived barriers	Boys afraid to be called gay for being gentle or non-violent	Boy leaders speak out
Cues to Action	Boys primed to change with posters & events	Posters and pledge drive, bracelets
Self-efficacy	Boys provided with training so they believe that they can do it & practice	Education and role plays; rewards for achievement

Example translation grid

Theoretical concept	Program objective	Program activity

Applying theory to programs...

First we need to know:

* Who is our target population?

* What health behavior do we want them to change?

* What resources do we have to help facilitate the change?

Texting while driving: translation grid

Theoretical concept	Program objective	Program activity

Additional Resources

Health Behavior Models by Colleen A. Redding, PhD; Joseph S. Rossi, PhD; Susan R. Rossi, PhD; Wayne F. Velicer, PhD; James O. Prochaska, PhD: Journal article articulating constructs of major theories

- http://drzaius.ics.uci.edu/meta/classes/informatics161_fall06/papers/10a-Redding_HealthBehaviorModels.pdf

Health Promotion Theories and Models for Program Planning and Implementation Rowan Frost, CHES, MPH, Mel & Enid Zuckerman College of Public Health University of Arizona, January 2008: Grid on the name of the theory, ecological level, brief description, and key concepts and constructs

- http://azrapeprevention.org/sites/azrapeprevention.org/files/2008_01_UA.pdf

Text below quoted from World Bank Communication for governance and accountability program (Commgap) document on Theories of Behavior Change
(http://siteresources.worldbank.org/EXTGOVACC/Resources/BehaviorChangeweb.pdf)

* Considerations for Changing attitude (Zanna & Rempel, 1988)

* When presenting information to change attitudes it is important that the information is consistent and congruent so that individuals can form a single attitude about an object

* When attempting to change attitudes it may be advantageous for persuaders to use multiple methods. these methods may include a) disseminating information, b) including messages that are high in affect or emotion, or c) messages that connect attitudes to past behaviors.

* Since individual characteristics are usually stable over time, Herek suggests that efforts should focus on changing perceptions about groups or objects and creating situations that will foster attitude change. Herek also suggests "priming" whereby situational factors prime a person to be more receptive to a message (for example, asking about a related issue for which the individual might hold a favorable position).

* Remember that attitude may not directly cause a behavior change! Kim and Hunter showed that behavior intent acts as a mediator in attitude-behavior relationships. Behavioral intent is someone's willingness to engage to various behaviors. this implies that when striving to change attitudes (and eventually behaviors) it is important to stress the benefits of performing the behavior, the social appropriateness of performing the behavior, and positive affect for the behavior.