

Health Psychology, 6<sup>th</sup> edition  
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Chapter Three:  
Health Behaviors

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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

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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

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**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.

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**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

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**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

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## 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

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## Introduction to Health Behaviors: Practicing and Changing Health Behaviors

Demographic Factors	Age
Values	Personal Control
Social Influence	Personal Goals
Perceived Symptoms	Cognitive Factors
Access to the Health Care Delivery System	

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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

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### 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

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Doesn't enable us to predict with great confidence about her dietary choices

Knowing that a person stopped smoking

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Doesn't enable us to predict with great confidence about his exercise program

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### 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

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### 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

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**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

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**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?

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**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**

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### 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

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### 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

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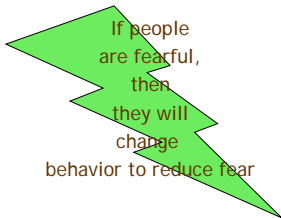
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### Changing Health Habits: Attitude Change and Health Behavior – Fear Appeals



Research has found this doesn't always hold  
Too much fear may undermine change  
Recommendations for action should be given

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**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

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**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

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**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

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### 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

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### 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

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### 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

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## 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

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## 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

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## 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

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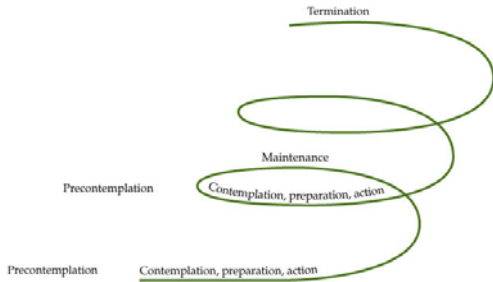
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Transtheoretical Model:  
A Spiral Model of the Stages – Figure 3.6



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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

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Transtheoretical Model of Behavior Change

- 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

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### 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

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### 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

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### 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

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**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

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**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

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**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

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**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

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**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

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**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

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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

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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

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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

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**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

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**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

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**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

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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

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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

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