

Something's Up!

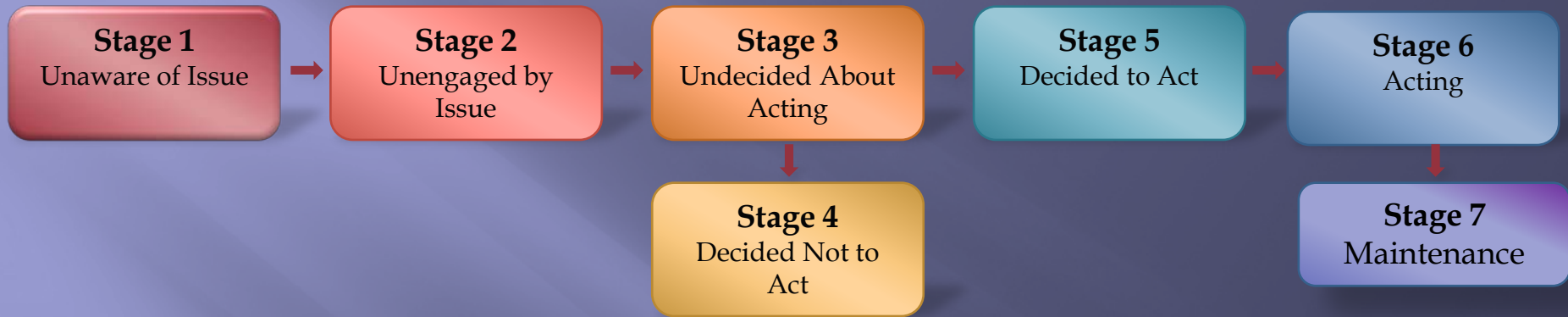
- ▣ Please read your situation TO YOURSELF!
- ▣ DO NOT SHARE YOUR SITUATION WITH ANYONE ELSE!
- ▣ React appropriately!

The Precaution Adoption *Process* Model



Jill Morse
Len Tooley

The Precaution Adoption *Process* Model

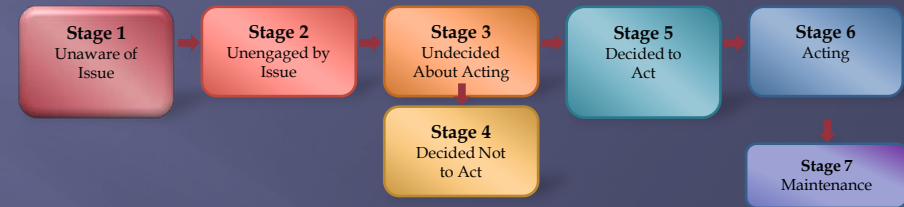


- Concept: A person has to know about a disease and whether they're at risk before they're likely to act on it.
- The Precaution Adoption Process Model (PAPM) seeks to identify all the stages involved when people commence health-protective behaviours and to determine the factors that lead people to move from one step to the next.
- There are *qualitative* differences among people and PAPM questions whether changes in health behaviours can be described by a single prediction equation

The Precaution Adoption *Process* Model

Four principle elements and assumptions:

- 1) A category system to define the stages
 - Few people match ideal
 - Boundaries are not necessarily clear-cut
- 2) An ordering of the stages
 - Assume that before people act, they usually pass through all stages in order
 - Forward progression is neither inevitable nor irreversible
 - No minimum length of time people must spend in a stage
 - People might 'skip' stages (because they are progressing so quickly)
 - Some stages might be on side paths that are not on the route to action
- 3) Common barriers to change facing people in the same stage
 - Interventions can be tailored on the basis of stage, without having to investigate a wide range of potential tailoring variables
- 4) Different barriers to change facing people in different stages



Stage 1

Unaware of Issue

- ▣ If some people have never heard of a hazard or a potential precaution, they cannot have formed opinions about it
- ▣ Reminds us that when doing surveys, people should be given the option of saying 'I don't know' or 'no opinion' and that this should be counted as important data

Stage 1

Unaware of Issue



Stage 2

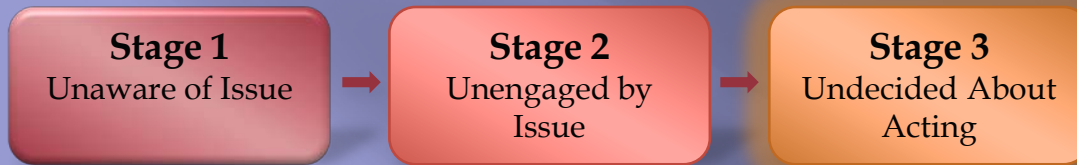
Unengaged by
Issue

Basic idea

- ▣ People may know a moderate amount about a hazard or a precaution without ever having considered whether they need to do anything about it

Factors likely to determine progress

- ▣ Media messages about the hazard and precaution

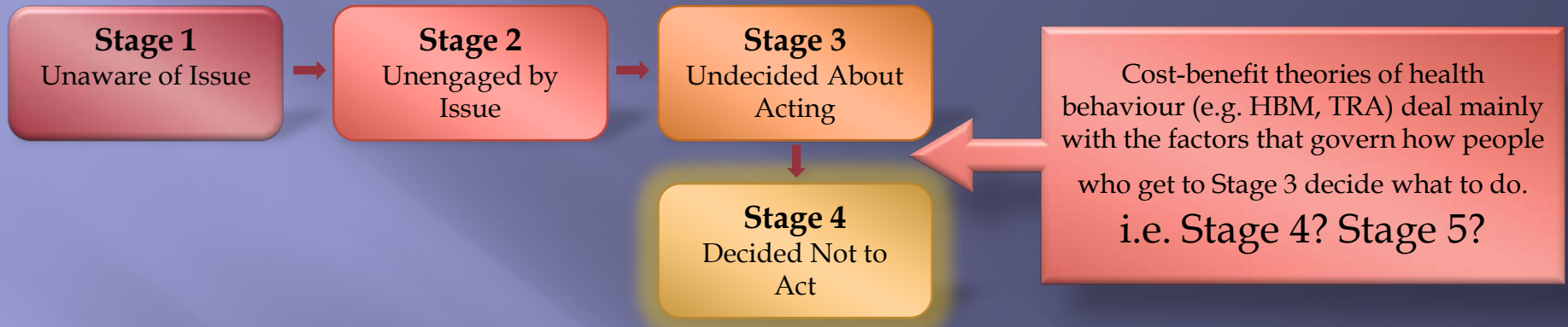


Basic idea

- People have become engaged and are now considering their response.
- Might stay here for a while and suspend judgement.

Factors likely to determine progress

- Getting someone to think about taking an action at all is different from helping them decide what action to take
- Media messages about the hazard and precaution
- Communications from significant others
- Personal experience with hazard

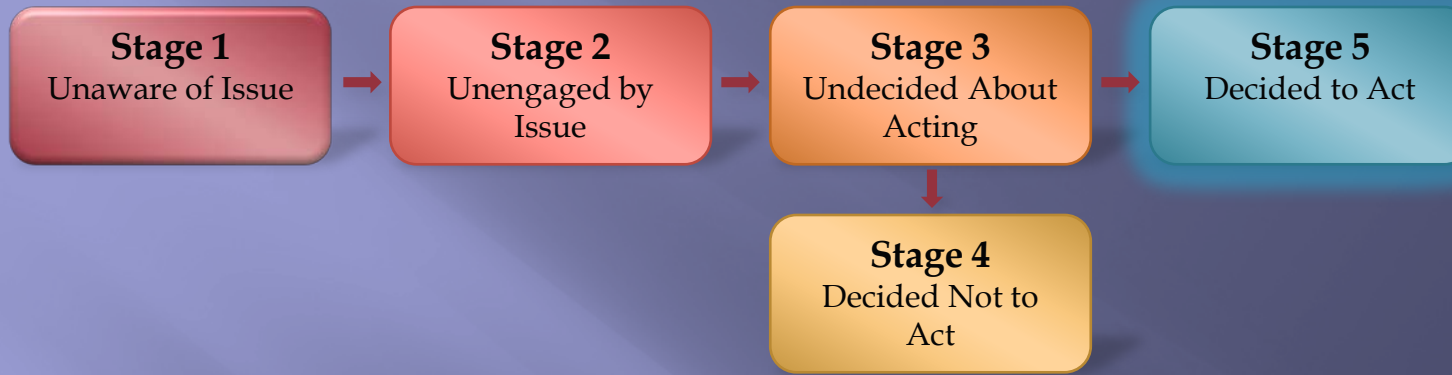


Basic idea

- ❑ Person has decided not to act
- ❑ Once a person has made a decision not to act, it's often difficult to change their mind
- ❑ People often aren't likely to believe that they themselves are at risk

Factors likely to determine progress

- ❑ Beliefs about hazard likelihood and severity
- ❑ Beliefs about personal susceptibility
- ❑ Beliefs about precaution effectiveness and difficulty
- ❑ Behaviour and recommendations of others
- ❑ Perceived Social Norms
- ❑ Fear and worry

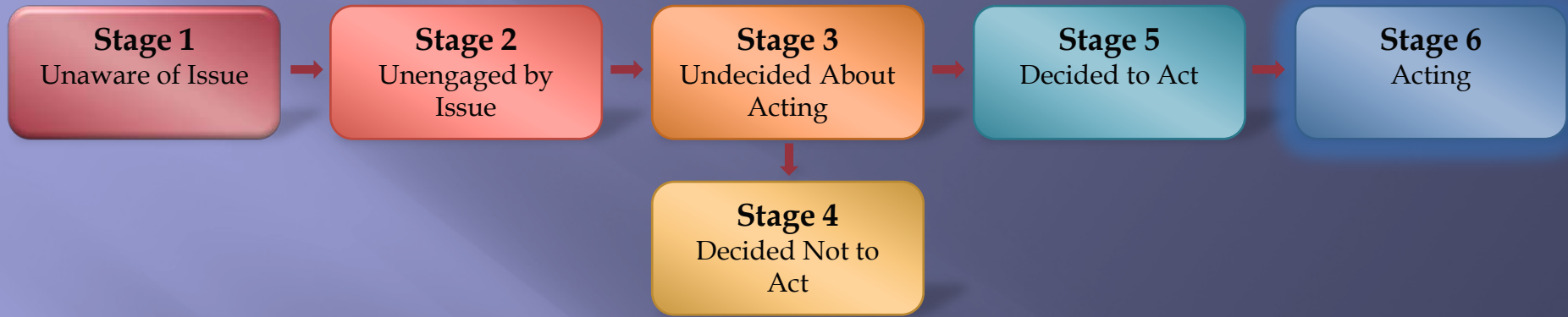


Basic idea

- Distinguishing between an initial, motivation phase, during which people develop an intention to act, and the volition phase in which they plan the details of ac

Factors likely to determine progress

- Beliefs about hazard likelihood and severity
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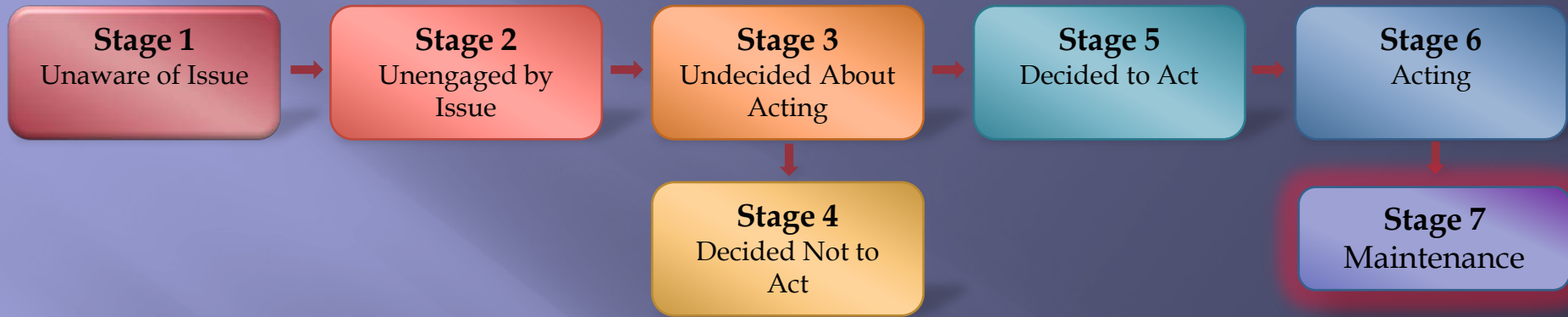


Basic idea

- Planning the details of action, initiating action, and dealing with the difficulties of carrying out that action successfully
- Helping people develop specific implementation plans can reduce barriers to action

Factors likely to determine progress

- Time, effort and resources needed to act
- Detailed 'how-to' information
- Reminders and other cues to action
- Assistance in carrying out action



Basic idea

- Adopting the behaviour for the first time is different from repeating the behaviour at intervals or developing a habitual pattern of response
- Positive vs. Negative experience will play a part in the decision to act again

Factors likely to determine progress

- Time, effort and resources needed to act
- Detailed 'how-to' information
- Reminders and other cues to action
- Assistance in carrying out action

KEY TAKE-HOME POINTS

- ▣ Superiority over Un-staged Messages
 - People are most likely to be engaged by a treatment that matches their stage, and a mismatched treatment may lose their attention
 - If only a single message can be given to a mixed-stage audience, the combination intervention would probably be the most appropriate
- ▣ Stage Assessment – *Useful for Evaluation*
 - Ability to identify stages accurately and efficiently
 - Simple process to assess a person's stage
- ▣ Delivery of Stage-Targeted Messages
 - The greater the range of stages in a group, the more difficult it is to choose a single message
- ▣ The Difficulty of Behaviour Change
 - When a behaviour is easy and resistance is low, stage may matter little
 - When change is difficult and resistance is high, there is a greater need to have separate messages for each stage
 - NB: The ease of changing from one stage to another may vary greatly between people

Something's Up!

- ▣ Congrats to everyone who wore a mask!
- ▣ Not only are you curing yourself of this horrific disease, but you've also swallowed your pride!
- ▣ If you wear this mask every class for the rest of the semester, you will effectively prevent developing the disease
- ▣ Especially if you wear the mask in Epi

Stage Classification Algorithm

1. Have you ever heard about Jillemasis?

No	Stage 1
Yes [Go to 2]	

2. Have you worn the mask throughout the presentation?

Yes [Go to 4]	Stage 6
No [Go to 3]	

3. Which of the following best describes your thought about putting on the mask?

I've never thought about wearing the mask	Stage 2
I'm undecided about wearing the mask	Stage 3
I've decided I don't want to wear the mask	Stage 4
I've decided I want to wear the mask	Stage 5

4. Are you planning to wear the mask in class for the rest of the semester?

No	Stage 4 (?)
Yes	Stage 7