

Health Promotion Strategies: Taking a best practices approach

Week 6
*Individual-focused Change Strategies:
Including health education and health communication*
(Edited February 14, 2012)

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HEALTH EDUCATION

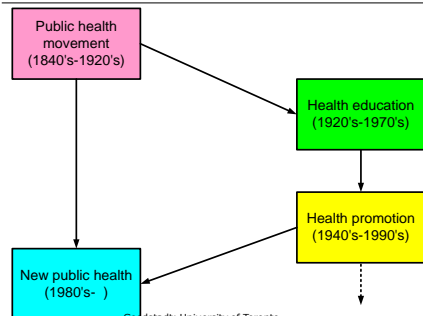
A SHORT HISTORY

Historical context

(Glanz, K., & Bishop, D. B. (2010). The Role of Behavioral Science Theory in Development and Implementation of Public Health Interventions. *Annual Review of Public Health, 31*(1), 399-418.)

- o "Before the 1970s, public health education emphasized a broad view of social determinants of health, and community organization skills were central to training programs.
- o "During the next two decades, health educators and clinicians focused more on intra-individual factors such as a person's beliefs, knowledge, and skills.
- o "Many behavior-change programs for reducing risk factors continue to have these emphases.
- o "Current views reflect a return to earlier public health roots and suggest that thinking beyond the individual to the social milieu and environment can enhance the chance of successful health promotion."

The development of health promotion (Bunton & Macdonald, 1992)



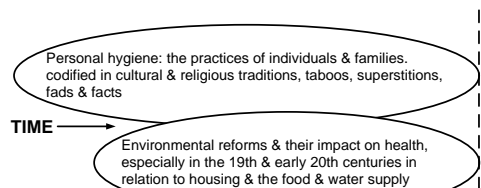
History of HE according to Larry Green ("Dr. Health Education")

"Health education's contributions to public health in the twentieth century: A glimpse through health promotion's rear-view mirror."

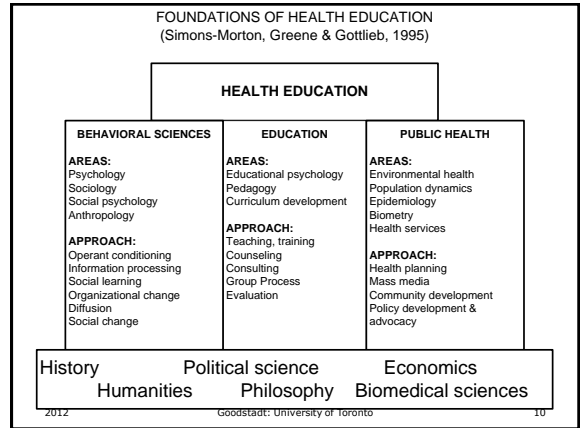
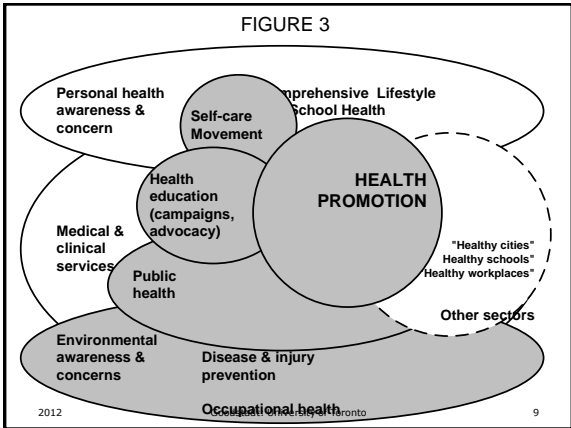
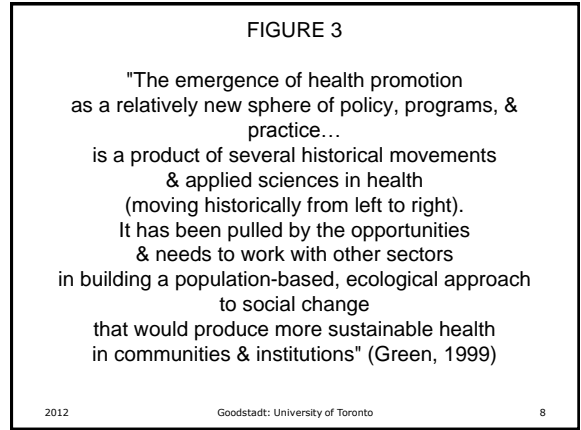
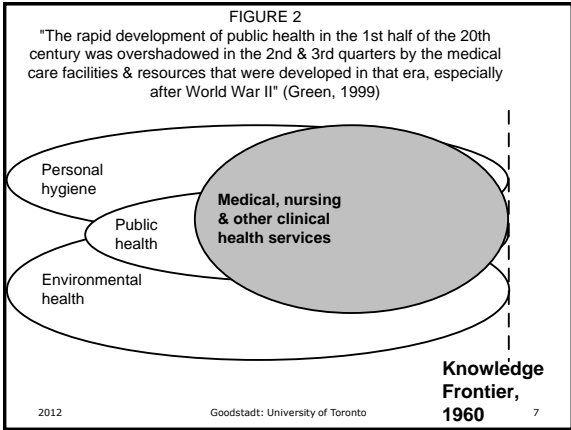
Annual Review of Public Health, 20, 67-88.

FIGURE 1

"Earliest alliance of traditions forming public health at the turn of the 20th century was between the traditions of personal hygiene and environmental reform" (Green, 1999)



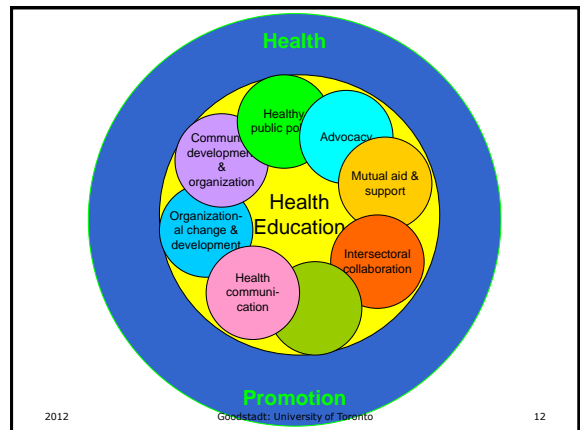
Knowledge
Frontier,
1900



PROPOSITION

"That health education is a cornerstone of health promotion"

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CONCEPTUALIZATIONS OF HEALTH EDUCATION

1. **NARROW**: HE as the **process of learning**
2. **BROADER**: HE as **individual/behaviour oriented methods & strategies**
3. **BROADEST**: HE as a **field of practice**

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Conceptualizations of **health communication**

1. **NARROW**: Any communication from.... to
2. **BROADER**: takes into account the complexity of influence through the communication processes
3. **BROADEST**: embedded in health promotion socio-ecological context

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Contributions of HE to other HP strategies

1. By **providing impetus** for other HP strategies
(e.g., providing basis for advocacy & policy development)
2. By **supporting or promoting** other strategies
(e.g., increasing awareness, understanding, and/or acceptance of public policies that promote health)
3. By **empowering** individuals, groups or communities with knowledge & skills to make a difference re. their health

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Considering HE as a **PROCESS** (i.e., Narrowly)

"The health education **process** is that continuum of learning which enables people, as individuals and as members of social structures, to voluntarily make decisions, modify behaviors, and change social conditions in ways which are health enhancing"
(*Joint Committee on Health Education Terminology, 1991*)

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Considering HE as a **FIELD OF PRACTICE** (i.e., in its broadest sense)

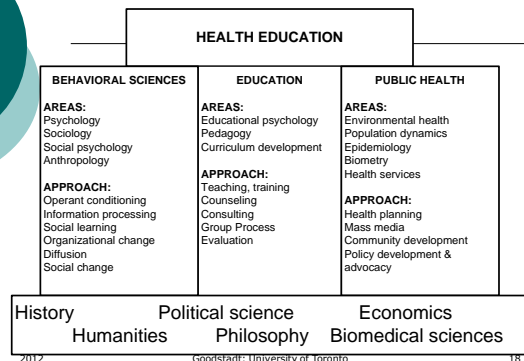
"The health education **field** is that multidisciplinary practice which is concerned with designing, implementing, and evaluating education programs that enable individuals, families, groups, organizations, and communities, to play active roles in achieving, protecting and sustaining health"
(*Joint Committee on Health Education Terminology, 1991*)

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FOUNDATIONS OF HEALTH EDUCATION (Simons-Morton, Greene & Gottlieb, 1995)



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BROADEST conceptualization of HE (Young & Simmons, 1967)

"In the final analysis health education is concerned with the process of social change;

And basically it deals with human behavior and its modification for the improvement, protection, and promotion of individual, family, and community health. (cont....)

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Health education ... 1967 (cont.)

"Human behavior has psychological, sociological, and cultural determinants, all of which are interrelated and which interact in complicated patterns.

These psychological and cultural factors influence the etiology, prevalence, treatment, and distribution of many diseases and also affect individual and collective health in diverse ways. (cont....)

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Health education ... 1967 (cont.)

"The importance of behavioral science theory and research to all health workers cannot be overestimated."

(Young, M. A. C., & Simmons, J. J. (1967). Review of research and studies related to health education practice (1961-1966): Section 2: Psychosocial and cultural factors related to health education practice. *Health Education Monographs*, 24 (Entire issue))

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CONSIDERING Health Education as a PROCESS

"The health education **process** is that continuum of learning which enables people, as individuals and as members of social structures, to voluntarily make decisions, modify behaviors, and change social conditions in ways which are health enhancing" (Joint Committee on Health Education Terminology, 1991)

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HE as individual/behaviour oriented THEORY-BASED methods & strategies (Bartholomew et al., 2011, Chap. 2)

Influencing the behavior of ...

1. The population of interest
2. environmental change agents

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Roles of theory in Intervention Mapping (Bartholomew et al., 2012, p. 52)

1. "Describing the at-risk & intervention groups
2. "Understanding the health-promoting behaviours & environmental conditions
3. "Determining possible determinants of both risk & helpful behaviour & environments
4. "Finding methods to promote change in the determinants, behaviour, & environmental conditions"

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BRIEF INTRODUCTION TO ROLE OF THEORY IN HP

Complex and contested

Theory: dominant definition (positivist)

(cited by Glanz, K., Lewis, F. M., & Rimer, B. K. (2002))

Kerlinger (1986)

"A set of interrelated constructs (concepts), definitions, and propositions
...that present a systematic view of phenomena
...by specifying relations among variables
...with the purpose of explaining
...and predicting the phenomena"

Variations in perspectives re. "theory"

- | | |
|---|---|
| <p>Kerlinger (1986)</p> <ul style="list-style-type: none"> o "A set of interrelated constructs (concepts), definitions, & propositions o that present a systematic view of phenomena o by specifying relations among variables o with the purpose of explaining o & predicting the phenomena" | <p>Blake Poland (2005)</p> <ul style="list-style-type: none"> o "A set of interrelated constructs, definitions, & propositions o that present a systematic view of a phenomenon, o with the purpose of explaining its nature, development and/or consequences" |
|---|---|

Positivist (scientific) versus humanist perspectives re. purpose of theory

Positivist (scientific)

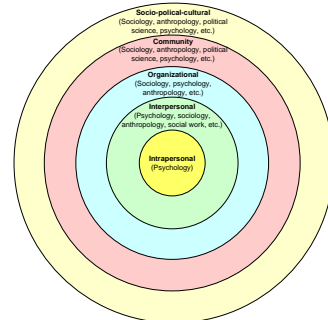
Humanist (Buchanan)

- | | |
|--|--|
| <p>1. Explanation</p> <ul style="list-style-type: none"> • specifies explanatory factors that influence phenomenon • & relationship between factors <p>2. Hypothesis testing</p> <ul style="list-style-type: none"> • specifies conditions under which relationships occur <p>3. Generalization</p> <ul style="list-style-type: none"> • concerned with applicability in variety of circumstances | <ol style="list-style-type: none"> 1. Making assumptions explicit 2. Understanding 3. Sense-making 4. Sensitization 5. Critique |
|--|--|

Distinguishing between meanings of "theory"

1. **Formal** generic theories (models?) of influence & change
2. **Conceptual frameworks**: general & issue/setting-specific
3. **Assumptions & beliefs**

Socio-ecological levels of theories in health promotion



Focus of theories

(Nutbeam & Harris)

1. **Individual** explain health behaviour & health behavior change by focusing on characteristics of individual
2. **Communities:** explain change in communities & communal action for health
3. **Organizations:** explain change in organizations & the creation of health-supportive organizational practice
4. **Communication:** guide communication to bring about behaviour change
5. **Policy:** help to understand the development of healthy public policy
6. **[Ecological perspective:** focuses on influence of mutually interacting levels of factors on health behaviors]

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Challenges in the use of theory in health promotion practice

1. What theoretical perspectives are available to HP practitioners?
2. How can abstract conceptual/theoretical constructs be employed in real-world HP practice—re. theories of the issue & theories of change/influence?
3. How can sociological theories/constructs contribute to HP practice—especially as found in critical social science?

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INDIVIDUAL-FOCUSED THEORIES

Influencing the behavior of ...

1. The population of interest
2. environmental change agents

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Very wide range of theories focusing on individual (Bartholomew et al., 2011)

1. Learning theories
2. Information-processing theories
3. **Health Belief Model**
4. Protection Motivation Theory
5. **Theory of Reasoned Action, Planned Behavior, & Integrated Behavioural Model**
6. Goal setting theory
7. Theories of goal-directed behaviour
8. Theories of Automatic Behaviour, Impulsive Behaviour, and Habits
9. **Transtheoretical Model (Stages of Change)**
10. **Precaution Adoption Process Model**

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Theories focusing on individual (cont.)

10. Attribution Theory & Relapse Prevention
11. **Communication-Persuasion Model**
12. **Elaboration Likelihood Model**
13. Theories of Self-regulation
14. **Social Cognitive Theory**
15. **Diffusion of Innovation Theory**

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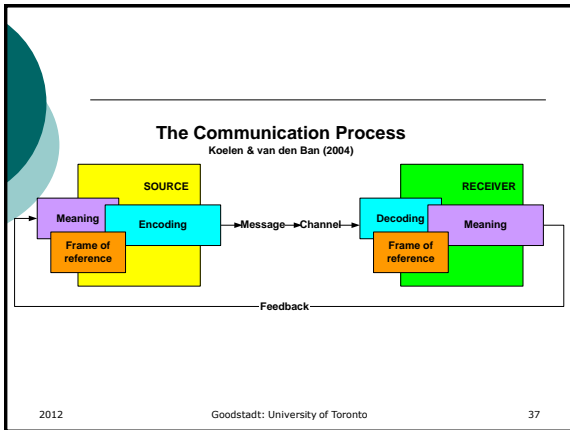
HEALTH (EDUCATION) COMMUNICATION "MODELS"

1. Diffusion of Innovations (Rogers et al)
2. Source-message-channel-receiver (McGuire et al; Koelen & van den Ban)
3. Communication-behaviour change (McGuire et al)
4. Prevention-marketing Framework (Kennedy & Crosby)

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- ### Communication variables (McGuire et al.)
1. Source (communicator)
 2. Message (what & how)
 3. Channel (medium)
 4. Receiver (intended audience)
 5. Destination (desired outcome)
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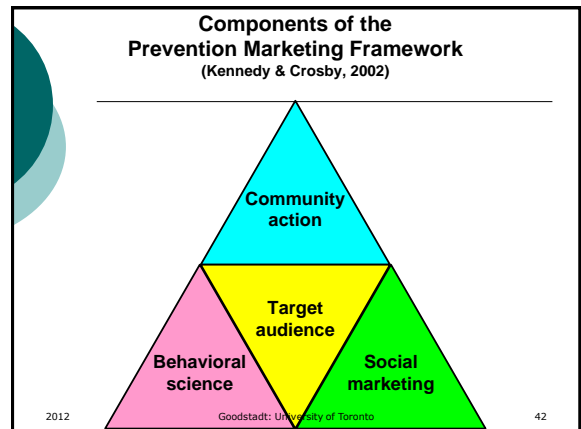
- ### Communication-behavior change model (based on McGuire et al.)
- | | |
|----------------------|---------------------|
| 1. Exposure | 1. Memorization |
| 2. Attention | 2. Recall |
| 3. Interest | 3. Decision-making |
| 4. Understanding | 4. Behaviour change |
| 5. Skill acquisition | 5. Reinforcement |
| 6. Attitude change | 6. Maintenance |
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Relationships of major communications variables to the communication to learning process (Tones & Green, 2004; adapted from McGuire, 1989)

Level of difficulty in achieving each stage	Communication & learning outcomes	Communication characteristics			
		Source	Message	Channel	Audience
LOW	Exposure to message				
	Attention:				
	• Attract				
	• Sustain				
	Perception/interpretation				
	Recall of essential information				
	Understanding of message				
	Beliefs: accept truth of message				
	Positive attitude to recommended action				
	Acquisition of skills				
	Adopt approved action				
HIGH	Sustain approved action				

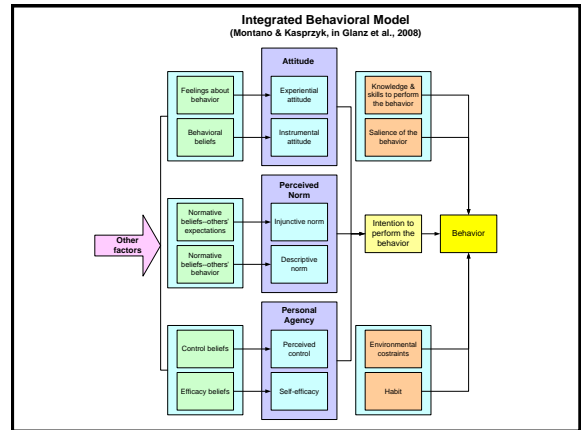
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- ### Prevention Marketing Planning Process Framework (Kennedy & Crosby, 2002)
1. Define the problem
 2. Assess the marketplace
 3. Segment audiences
 4. Plan behavioral goals
 5. Develop & pretest
 6. Determine marketing mix (4 P's)
 7. Deliver program (+ process evaluation)
 8. Evaluate & alter (+ outcome evaluation) (Includes formative research & evaluation at all steps)
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INTEGRATING ACROSS THEORIES

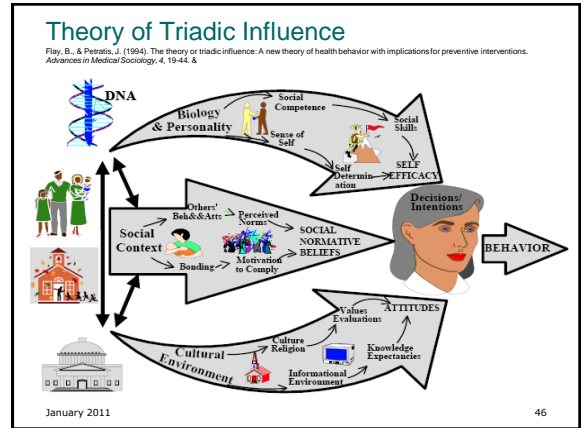
1. **Integrated Behavioural Model** (Montano & Kasprzyk, 2008)
2. **Theory of Triadic Influence** (Flay et al., 2009)



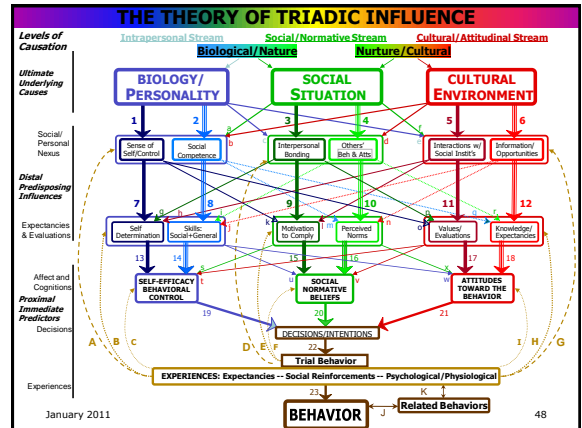
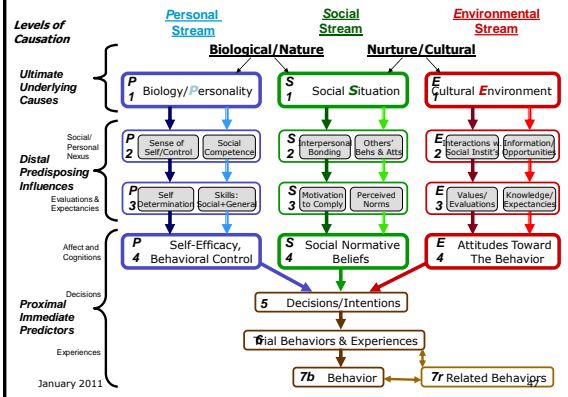
Theory of Triadic Influence (Flay et al., 2009)

FOR THE FOLLOWING SLIDES, PLEASE REFER TO:

Flay, B. R., Snyder, F., & Petraitis, J. (2009). The Theory of Triadic Influence. In R. J. DiClemente, M. C. Kegler & R. A. Crosby (Eds.), *Emerging Theories in Health Promotion Practice and Research (2nd ed., pp. 451-460)*. New York: Jossey-Bass.



THE THEORY OF TRIADIC INFLUENCE



Theoretical Orientation: A Matrix of Theories

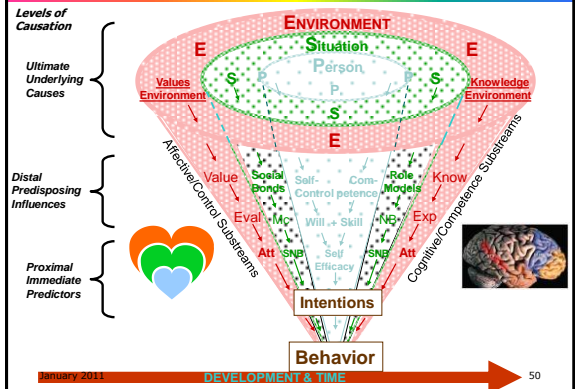
(Flay, B. R., Snyder, F., & Petraitis, J. (2009))

Levels (or Tiers) of Causation	Streams of Influence		
	Intrapersonal (Biological and Personality) → Self-efficacy	Interpersonal or Social Situation/Context → Normative Beliefs	Socio-cultural Environment → Attitudinal
Ultimate causes	Biological (sociology) Psychoanalytic Personality Resilience (Garmazy) Self-control (Gottfredson & Hirschi)	Social control (Elliott) Family systems (Brook) Parenting styles Peer clustering (Oetting)	Class conflict Low SES Anomie Social Disorganization Strain (Merton) Radical theories
Distal influences	Personal competence Self-derogation (Kaplan) Personal control	Social attachment/bonding Social development (Hawkins) Differential association Social learning	(General knowledge) Cultural Identity Values theories Motivation theories
Proximal predictors	Social skills Self-regulation Self-efficacy	Conformity Social normative beliefs	Expectancy Subjective utility Attitude
Integrative theories	Theories of decision-making and problem-solving, Theory of Reasoned Action (Fishbein and Ajzen), Theory of Planned Behavior (Ajzen) Social Cognitive Theory (Bandura), Problem Behavior Theory (Jessor), Feedback systems theories		

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The TTI Developmental-Ecological System



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HEALTH LITERACY

"Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health" (WHO Glossary; Nutbeam)

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Health literacy

- "Health literacy" versus "medical literacy"
- Typology (Nutbeam)
 - Functional health literacy
 - Interactive health literacy
 - Critical health literacy
- Importance of both motivation & activation
- Different from HP?

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DEFINITIONS OF HEALTH EDUCATION

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Health education.... Young & Simmons (1967)

"In the final analysis health education is concerned with the process of social change;
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Green & Kreuter

- o "Any combination of learning experiences designed to facilitate voluntary actions conducive to health" (Green & Kreuter, 1991)
- o "Any planned combination of learning experiences designed to predispose, enable, and reinforce voluntary behavior conducive to health in individuals, groups or communities" (Green & Kreuter, 2005)

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Health Education

WHO Health Promotion Glossary (1998)

Health education is not only concerned with the communication of information but also with fostering the motivation, skills and confidence (self efficacy) necessary to take action to improve health.

Health education includes the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviours and use of the health system.

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Definitions of health education

- o "Health education attempts to close the gap between what is known about optimum health practice and that which is actually practised" (Griffiths, 1972)
- o "[Health education is aimed at] bringing about behavioral changes in individuals, groups, and larger populations from behaviors that are presumed to be detrimental to health, to behaviors that are conducive to present and future health" (Simonds, 1976)

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Definitions of health education

- o "The process of assisting individuals, acting separately or collectively, to make informed decisions about matters affecting their personal health and that of others"

(National Task Force on the Preparation and Practice of Health Educators, 1983)

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EFFECTIVENESS OF HEALTH EDUCATION

1. Evaluation questions
2. Evidence re. effectiveness

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Evaluation questions

1. With respect to what criteria is health education effective?
2. Under what circumstances is health education effective?
3. For whom, and with respect to what issues, is health education effective?
4. Over what period of time is health education effective? Which health education strategies are most effective?
5. What is the effectiveness of health education in comparison to other interventions/strategies?
6. What does health education contribute, as a strategy, to health promotion?

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Evidence re. effectiveness

1. Most health education initiatives have not been evaluated
2. Most evaluations of health education have been methodologically poor--reducing or eliminating confidence in the evaluation findings
3. Most evaluations are theoretically weak

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Evidence re. effectiveness

4. Few attempts have been made to replicate evaluations of health education initiatives--reducing confidence in findings
5. Findings from evaluations of health education initiatives, **with respect to similar issues**, have been discouraging and inconsistent
6. Evaluations of very large, very expensive, initiatives have fared no better than those of smaller interventions--evaluations of larger initiatives seem to produce more reports

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