



### HEALTH BELIEF MODEL (HBM)

- One of the most widely used and broadest of health behavior theories.
- HBM has roots in behaviorist and cognitive psychology, with emphasis on the latter.

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- HBM is what is known as a VALUE EXPECTANCY THEORY, where BEHAVIOR is generally viewed as related to:
  - The subjective value of the outcome.
  - The subjective probability or *expectation* that an action will achieve the outcome.

### HBM: KEY CONSTRUCTS

- People will take action to prevent, screen for, or control a condition of ill-health **IF**:
  - They believe they are **SUSCEPTIBLE** to the conditions.
  - They believe the condition and the consequences are **SEVERE**.
  - They perceive that taking some action X has some **BENEFIT** in terms of reducing the threat, as well as other benefits.

### HBM: KEY CONSTRUCTS

- People will take action to prevent, screen for, or control a condition of ill-health **IF**:
  - They perceive that the **BARRIERS** to taking the action are low.
  - There are **CUES TO ACTION** or triggers.
  - The person believes that he/she can do the behavior that will produce the desired outcome (**SELF-EFFICACY**).

### CRITIQUES OF HBM

- Focus is on individual decisions – doesn't account well for social and environmental factors.
- It is not always clear how all six HBM constructs operate (or are supposed to operate) in changing behavior.
- This is more of a comment on the way HBM has been used in practice and tested in research.

### CRITIQUES OF HBM

- A lot of programs use HBM constructs, but not necessarily all of them together.
- A fair amount of the research demonstrates that one or two of the constructs are key to specific behavior change efforts.

### THEORIES OF REASONED ACTION AND PLANNED BEHAVIOR

- This individual-oriented theory comes in two versions – an initial version and a later, revised version.
- The initial version called the *Theory of Reasoned Action* (TRA) was supplanted by a later version, called the *Theory of Planned Behavior* (TPB).
- TRA/TPB is one in a long line of theoretical attempts to pin down the relationship between *people's attitudes* and their behavior.
- Like the HBM, TRA/TPB focuses on rational, cognitive decision-making processes.

### TRA: KEY CONSTRUCTS

- TRA specifically argues that an individual will perform some action X based on:
  - Their *attitude* towards performing the behavior.
  - The *subjective norm* associated with the behavior.

### TRA: KEY CONSTRUCTS

- There is a “linear chain” linking behavioral and normative beliefs to behavioral intention and the behavior itself, so for example:
  - A person believes that if she quits smoking she is likely to gain weight.
  - If the peer social norm for females is not to gain weight and the behavior of quitting smoking itself is viewed as physically unpleasant, she may have a *low intent* to quit smoking.

### THE REFORMULATION AS TPB

- TRA does not account for external factors that may prevent someone from taking a specific action.
- To address this, a new element was added to TRA – *perceived behavioral control*, which is separated in two parts:
  - Control beliefs: concerning the presence or absence of facilitators and barriers to performing the behavior, and
  - Perceived power of each of these factors to facilitate or inhibit the behavior.

### THE REFORMULATION AS TPB

- NOW under the TPB, a person's perception of how much they can control their behavior is combined with intention, attitude, and norms to determine or predict behavior.

### CRITIQUES OF TRA/TPB

- Like the HBM, TRA/TPB assumes that behavior is the output of rational, linear decision making processes.
- There are a number of issues with the clarity of TPB constructs
  - For example: the TPB construct “perceived behavioral control” is very unclear, and so is its relationship to the actual control a person might have over his/her behavior.
- Time between intent and action is not considered.

### TRANSTHEORETICAL MODEL (TTM)

- The TTM is a composite of numerous different behavior change approaches from psychology.
- TTM's authors (Prochaska and DiClemente) noted that numerous theories were used in interventions (e.g., for smoking cessation) based on different theoretical approaches.

### TRANSTHEORETICAL MODEL (TTM)

- An analysis of smokers and the process of quitting found that smokers used different approaches for different periods or stages in their process of quitting.
- **CONCLUSION:** People don't necessarily go through one process in making a decision, but many processes. Each one is different and is related to one part of a continuum of change.

### THE STAGES OF TTM

- *Precontemplation:* No intent to take action/change behavior.
- *Contemplation:* Intention to change, maybe within the next six months.
- *Preparation:* Intention to take action in the immediate future, say in the next month.

### THE STAGES OF TTM

- *Action:* A specific, relevant modification in behavior is made.
- *Maintenance:* Striving to maintain change, prevent relapse.
- *Termination:* Individual no longer “succumbs to temptation” and has self-efficacy about maintenance.

### THE PRECAUTION ADOPTION PROCESS MODEL (PAPM)

- The PAPM is similar to TTM.
- Arose due to idea that HBM and other rational decision making models are only applicable when an individual has already acknowledged a problem (been “engaged by the issue”) enough to form beliefs.
- The goal of the PAPM is to explain how a person comes to the decision to take action, and how he/she translates that decision into action.

### THE SEVEN PAPM STAGES

1. Unaware of issue
2. Unengaged by issue
3. Deciding about acting – this decision could be #4 or #5 below
4. Decision not to act
5. Decision to act
6. Acting
7. Maintenance

### THE SEVEN PAPM STAGES

- **Most difficult:** those in stage 1 or 4.
- PAPM argues that people usually pass through these stages *in sequence*, though there may be some exceptions.

### CRITIQUES OF STAGE MODELS

- People don't always go through a fixed set of stages, in a straight line, as both the TTM and PAPM propose.
- Instead, people often go in circles, moving from one stage to the next, then doubling back and re-entering the process.
- How do you measure what stage people are in? Measurement of stage can sometimes be arbitrary.