

UC Irvine PH144 HEALTH BEHAVIOR THEORY Final Examination Guide Public Health 144

Part 1: Very Brief answers listing and/or comparing the major elements (terminology, concepts) of the theories covered, with choices among options.

Here is an example list (this is NOT a complete list):

- **Relationship between theories and health promotion programs – why theory?**
 - o new public health programs and interventions are implemented to promote change in behavior in order to improve one's health.
 - o most of these programs rely on a body of knowledge about what motivates/ influences human behavior in general.
 - o theories used as a framework for explaining and are general/abstract. Theories allow us to provide framework to developing and modeling health promotion programs.
 - o why theory? → to have an impact on health behavior, we have to understand it. we need to demonstrate systematic connections between:
 - assessment of a health problem
 - what you say you are going to do about it
 - how you know whether or not your program had an impact. theory explains behavior.
 - a problem+inductive reasoning+qualitative research= theory
- **The Ecological Model:**
 - o the complex interactions between individuals and their environment as determinants of behavior→ if many factors shape/ motivate behavior as it relates to health, we can say that for any given health issue there is an **ecology of behavior**.
 - o intra-personal level: individual factors (within the person) that influence behavior⇒ awareness/ knowledge, attitude, motivations, socialization, developmental/ life course stage.
 - o interpersonal: social factors (other people/ social groups) that influence behavior; social power/ interpersonal process. includes peer groups, lifestyle patterns, family attitudes/ beliefs, social relationships, social support/ networks.
 - o community level: factors within social systems (communities, organizations, institutions, policies) that influence behavior. includes
 - o ethnicity, SES, poverty, education, clean water/air/food, health insurance, regulations that impact health risk, environmental risk, disasters.

child's behavior. at first it may be rough, but after a while it will be stable.

- example: coordinated school health program
 - critique: complexity
- **TRIADIC:** individual behavior is an outcome of the “cascade” of multiple and interacting influences.
 - constructs: causal level: proximate (immediate), distal (more distant), ultimate (underlying)
 - streams of influence: intrapersonal, interpersonal, cultural-environment
 - process: factors at one level exert effect on behavior by acting on factors at other levels, creating a stream of influence that is combo of these factors (chain of influence)
 - to develop a health promotion, first step is to identify factors that form the chain of influence.
 - depending on resources, time, goals, intervention can address immediate/ proximal influences or try to go “back up the chain” and address social/ underlying causes.
 - streams of influence have two substreams
 - a) info, cognitive, and thoughts
 - b) control, affective, feelings.
 - interactions between streams can operate as both positive/negative influences.
 - continuous feedback loop based on internal/ external reactions to the behavior
 - critiques: complex → difficult to pin down causal chain leading to health behavior.
 - rationale → not always clear what rationale is for positioning some factors at one ecological levels, and some at others.

HEALTH LIFESTYLES: collective patterns of health-related behavior based on choices from options available to people according to their life chances/ situations.

- involves decisions about food, exercise, hygiene, smoking, relaxation
- dictated by life choices (behaviors, attitudes, orientations) and life chances (economic, cultural resources)
- WHO divides 20th century into
 - a) medical era: first half of 20th century, dominant approach of health was mass vaccination/ use of antibiotics to combat infection

PHASE 1: SOCIAL ASSESSMENT

-Assessment of quality of life and social factors surrounding one or more health problems; ranking or positioning the health problems in context.

PHASE 2: EPIDEMIOLOGICAL ASSESSMENT

-Assessment of prevalence/incidence of a health condition, any co-morbid conditions, and affected populations.

Moreover, a specific focus on health issue(s) to be targeted.

PHASE 3: BEHAVIORAL AND ENVIRONMENTAL ASSESSMENT

-Assessment of the behavioral and environmental risk factors contributing to the health conditions you want to address (as identified in the epidemiological data).

PHASE 4: EDUCATIONAL AND ECOLOGICAL ASSESSMENT

-Assessment of attitudes, knowledge, social/cultural norms, community organization, and other factors that contribute to the behavioral and environmental risk factors identified in Phase 3.

PHASE 5: ADMINISTRATIVE/ POLICY ASSESSMENT

-Assessment of administrative, organizational, and political resources available to support the development and implementation of a health promotion program.

PHASE 6: IMPLEMENTATION

-Putting your program in place, after using your assessment process to design it. (That is what is meant by PROCEED).

Phase 7: PROCESS EVALUATION

-An assessment of program implementation.

Phase 8: OUTCOME EVALUATION

-An assessment of the short-term impacts of a program (2-3 years).

Phase 9: IMPACT EVALUATION

-An assessment of the long-term effects of your program. (The kinds of effects that might happen in several years or more).