

HEALTH EDUCATION



How to create a successful health
education campaign

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Introduction

- The most prominent contributor for death and disease globally are behavioural factors.
- Alcohol consumption, diet, exercise etc.
- The use of public health campaigns increase awareness by aiming at a target audience.
- Successful health campaigns will understand health behaviours and why they occur (Crosby, et al., 2011).

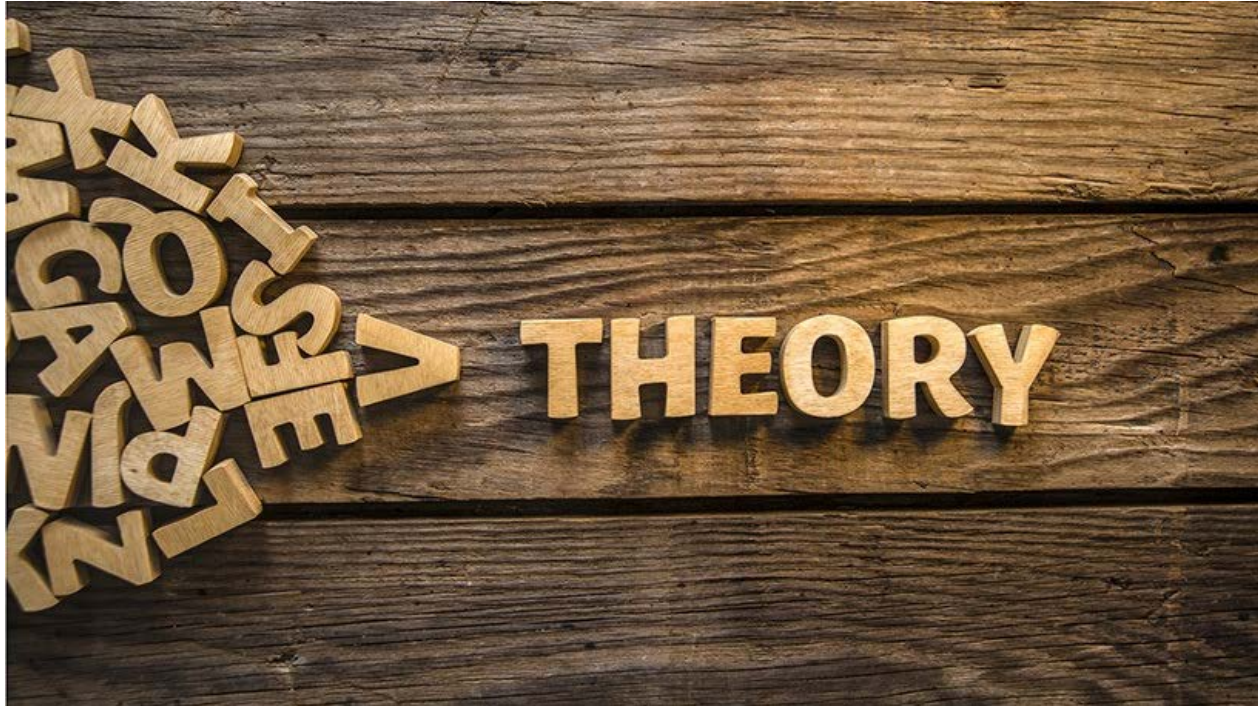




What makes a successful health campaign?

- Make sure you have a focus.
- Determine the primary target audience.
- Identify how the desired behavior would help the target audience.
- Identify what is stopping the target audience from making healthier choices.
- A clear and concise message (Maddox-Brown, 2011).





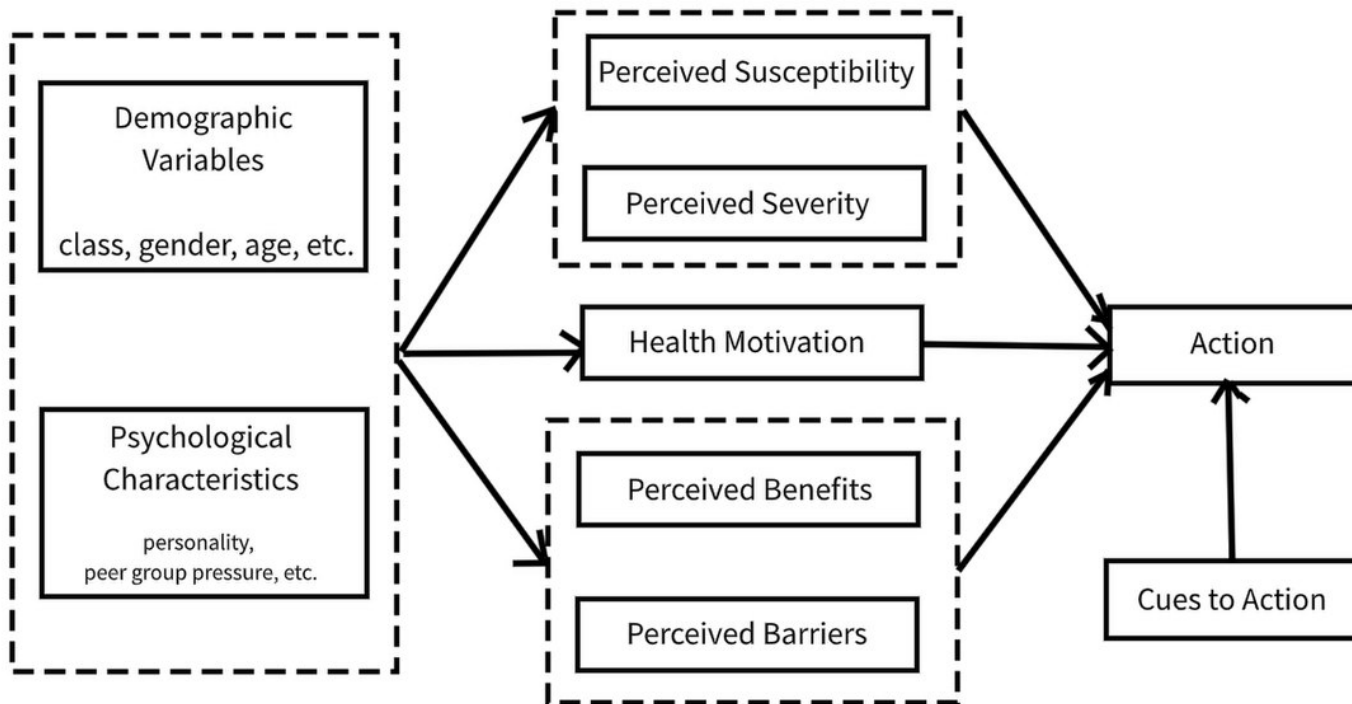
What is a theory and why is it important?

- 'A theory is a carefully thought-out explanation for observations of the natural world that has been constructed using the scientific method, and which brings together many facts and hypotheses' (Kanielczyk, 2017).
- Despite sharing similar concepts, all health behavior theories are unique.
- Theories help explain behavior and health behavior (Maddox, 2011)



The Health Behaviour Theories

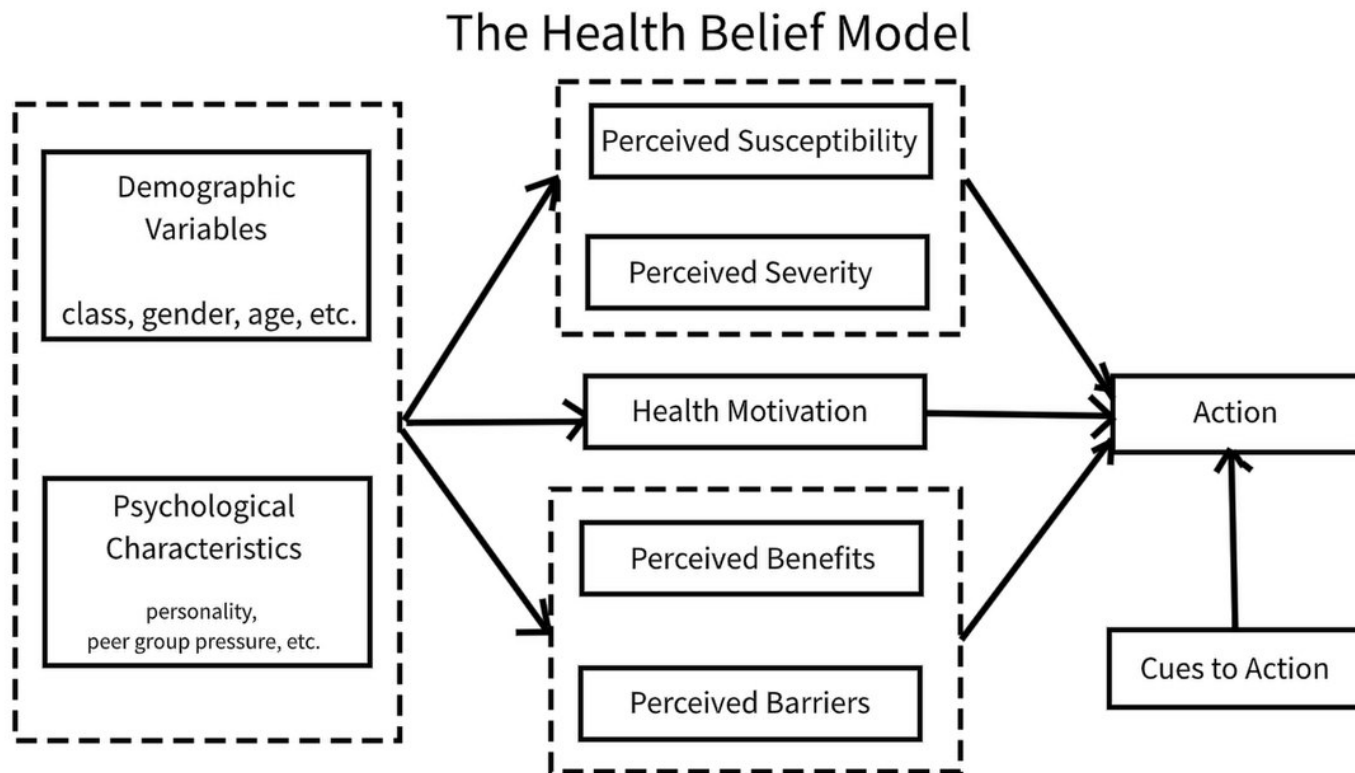
The Health Belief Model



- The health belief model (Rosenstock, 1974).
- The transtheoretical model (Prochaska & DiClemente, 1984)
- Social cognitive theory (Bandura, 1986)
- The theory of reasoned action (Ajzen & Fishbein, 1975)
- The theory of planned behaviour (Ajzen, 1985)



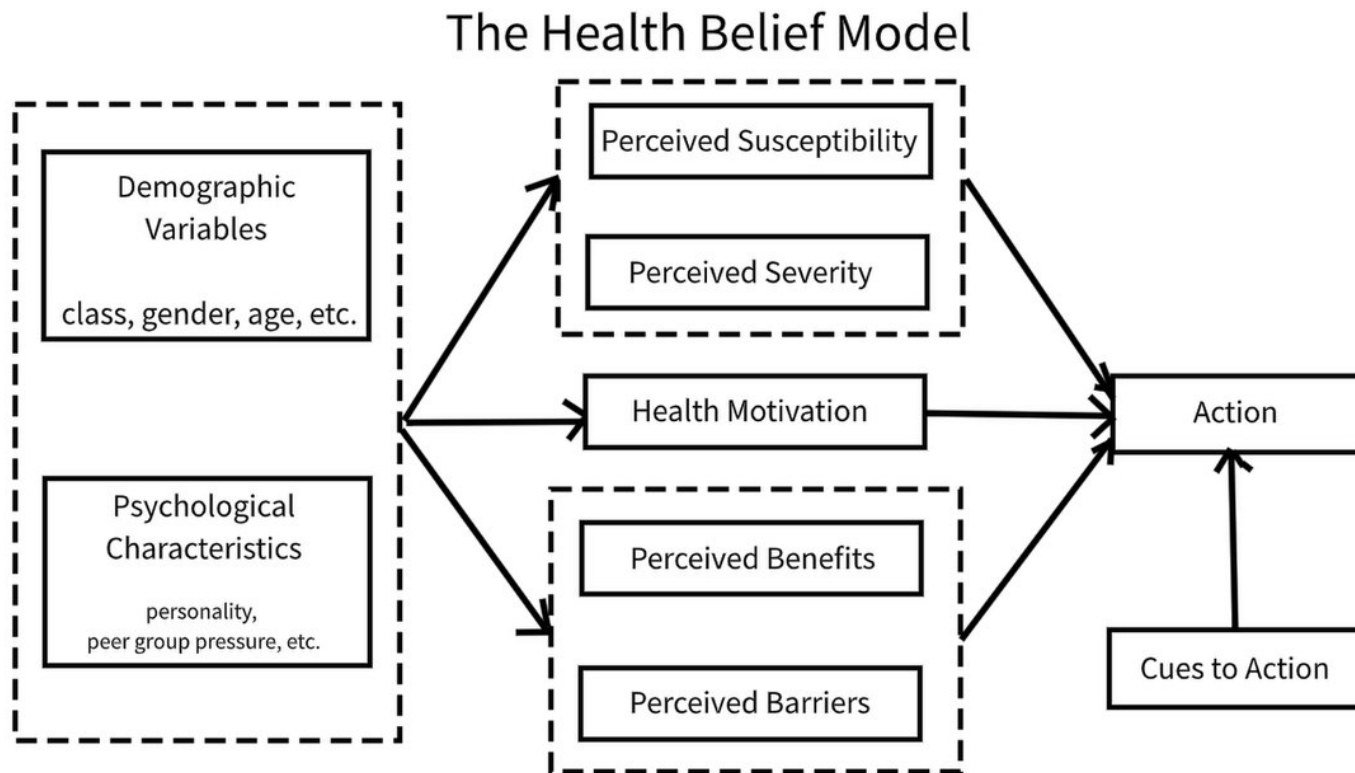
The Health Belief Model- HBM (Rosenstock, 1974)



- The health belief model was one of the first health behaviour theories and is one of the more well known theories (Rosenstock, 1974)
- Developed by scientists in the 1950's in order to understand why people failed to develop strategies that would prevent disease.
- The HBM suggests that the likelihood of a person adopting behavioural change relies on the individuals belief in the threat of the illness and the benefits recommended behaviour (Rosenstock, 1974)



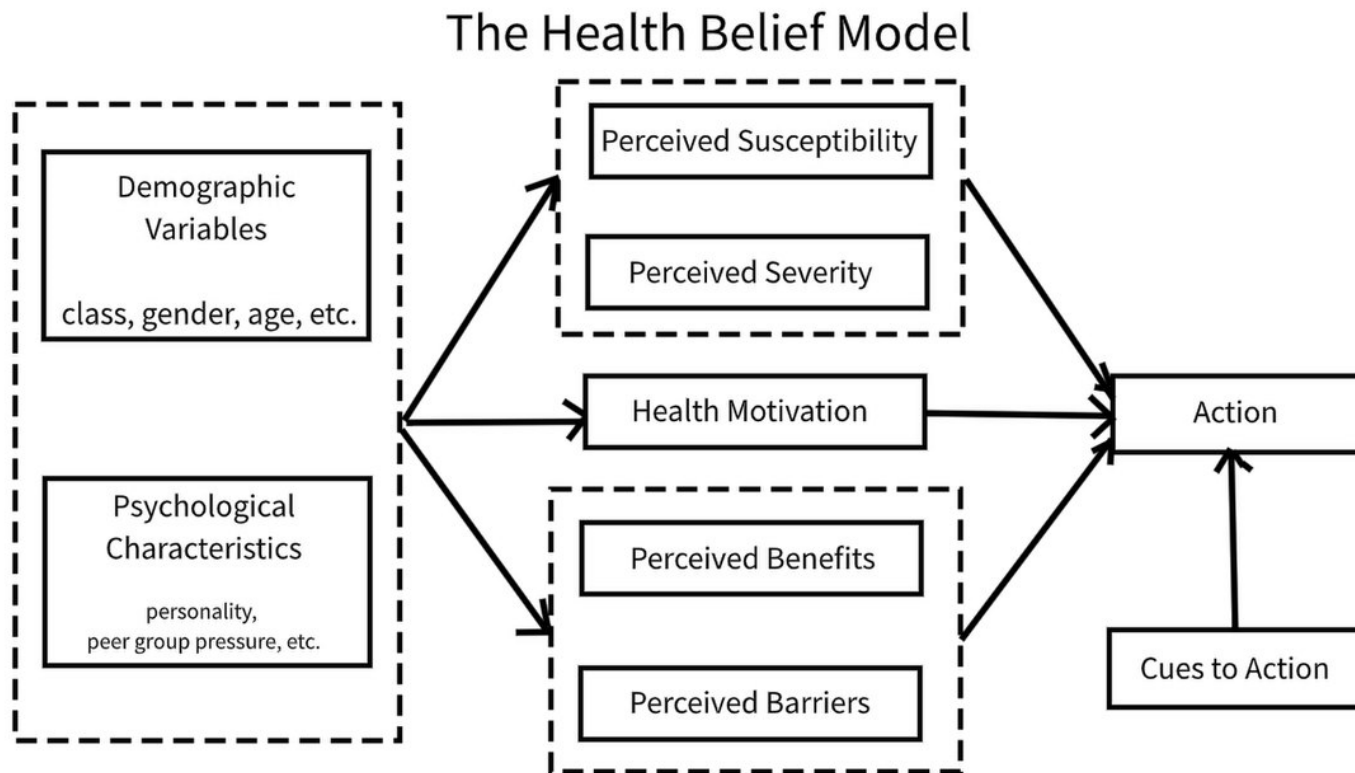
Key points of the Health Belief Model



- Perceived susceptibility
- Perceived severity
- Perceived benefits
- Perceived barriers
- Cue to action
- Self-efficacy



Weaknesses of the Health Belief Model



- Does not account for other factors that have an influence on health behaviours.
- Does not explain habitual behaviours.
- Does not account for social and peer influences (Hahm, 2008).





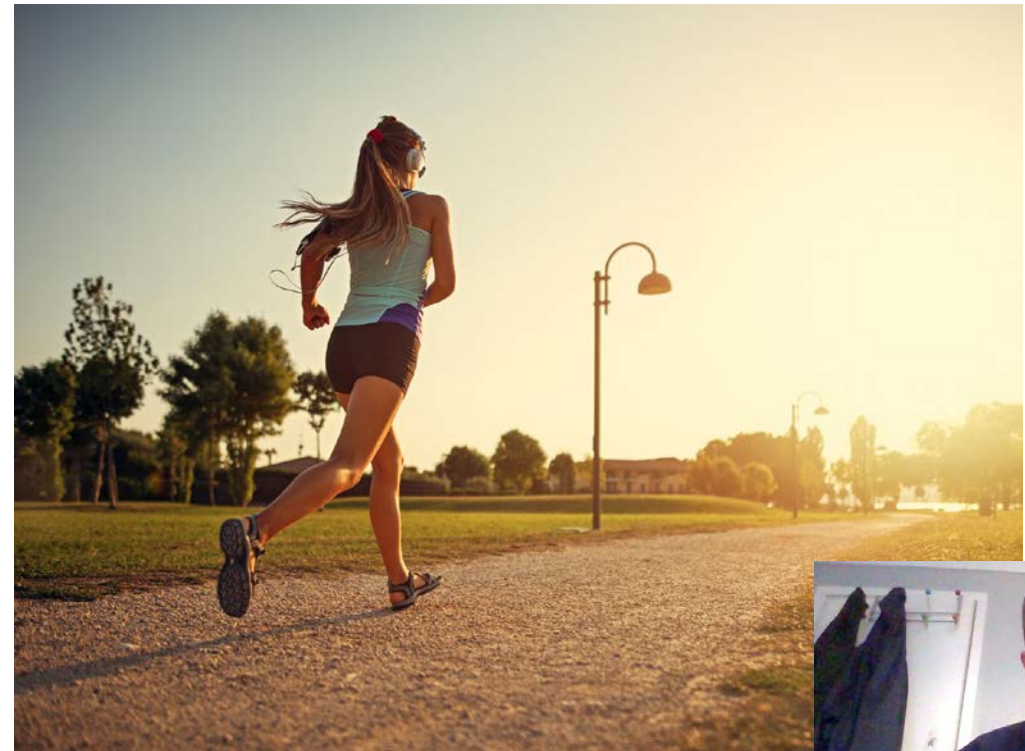
The Michigan Model for Health

- A successful use of the HBM.
- Developed to determine its impact on health issues such as drug use and aggression.
- Randomly chosen 4th and 5th graders were assigned lessons on these health issues.
- A survey was then taken
- Students who received extra lessons has better knowledge on health issues than those who didn't (O'neill, et al., 2011).
- The success of this campaign has lead to stro more campaigns like this one.



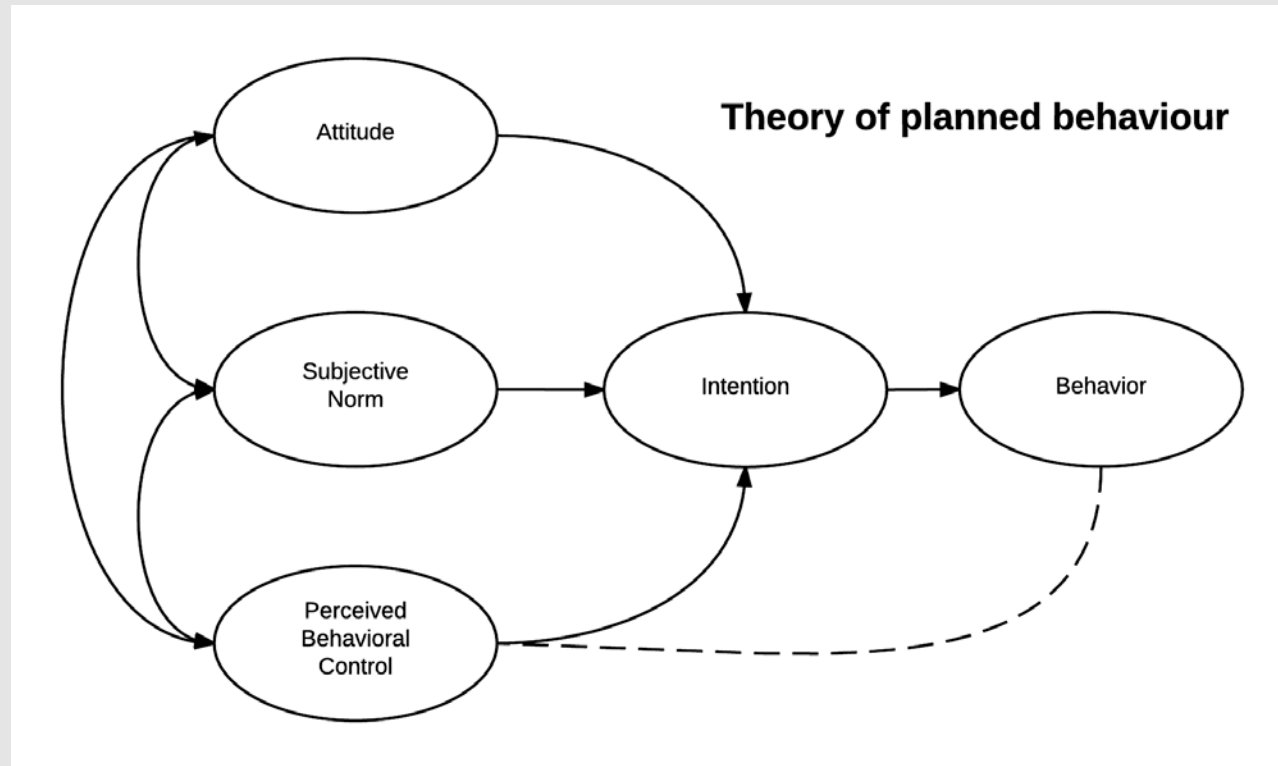
Theory of planned behaviour- TPB (Ajzen, 1985)

- One of the more influential and well known theories.
- Key theme of TPB is intent
- Based on the idea that people are logical (Beck and Ajzen, 1991).
- Takes into account the value people put on a behaviour.

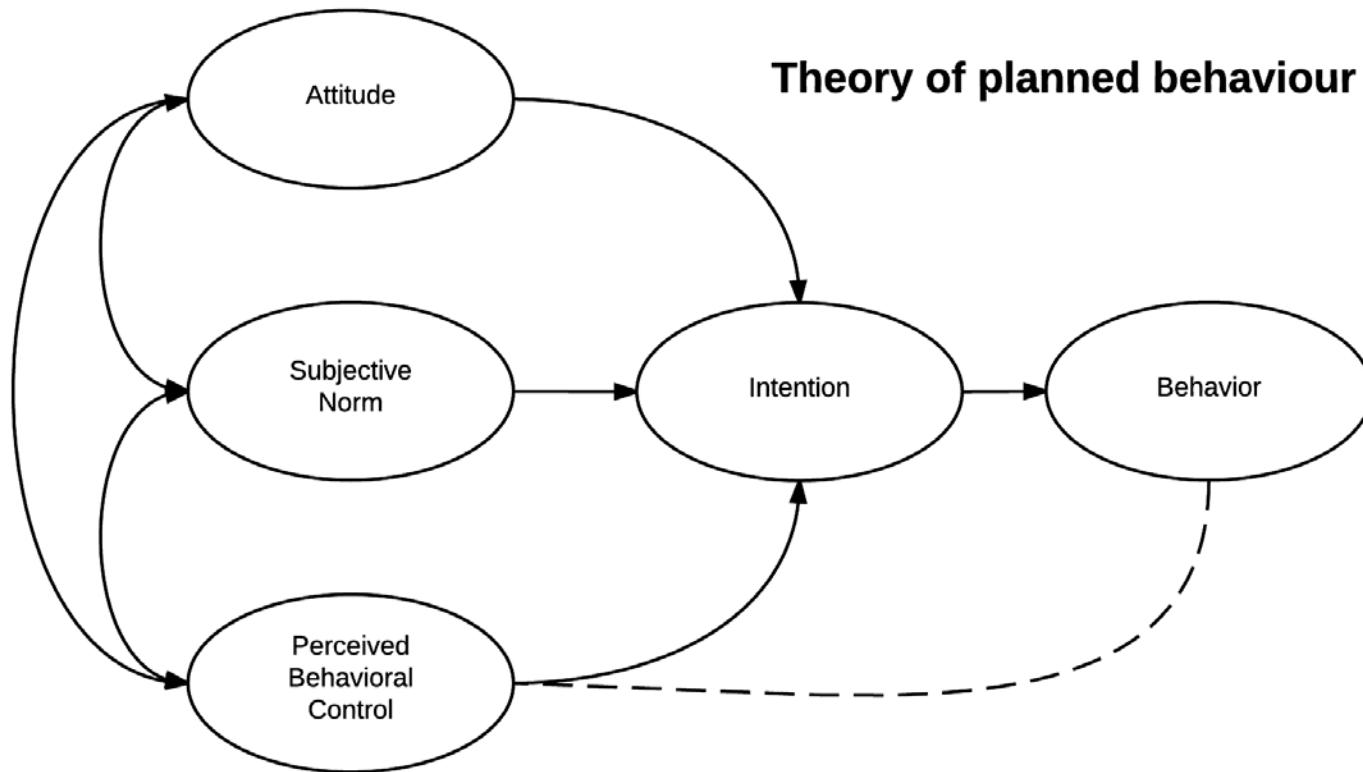


Key points of the Theory of Planned Behaviour

- Attitude
- Behavioural intention
- Subjective norms
- Social norms
- Perceived power
- Perceived behavioural control



Weakness of the TBP



- Thinks decision making is linear. Does not account for the fact that individuals can change their mind.
- Does not factor other variables such as fear.
- Does not account for environmental or economic influences on behavior (LaMorte, 2019).



SIPsmartER



- Created by the National Cancer Institution
- Decrease the consumption of sugar-sweetened drinks.
- Uses the TPB.
- Study showed a decrease in the consumption of sugar-sweetened drinks (Porter et al., 2019)



Conclusion

Both models are popular and well known.

Both have been successful.

They have different theories of health behaviour and predicting behaviour.

The TBP is a stronger theory.



Thanks for listening

Any questions?



Reference list

- Ajzen, I. (1985). From Intentions to Actions: A Theory of Planned Behavior. *Action Control*, 11–39. https://doi.org/10.1007/978-3-642-69746-3_2
- Ajzen, I., & Fishbein, M. (1975). A Bayesian analysis of attribution processes. *Psychological Bulletin*, 82(2), 261–277.
<https://doi.org/10.1037/h0076477>
- Bandura, A. (1989). Human agency in social cognitive theory. *American Psychologist*, 44(9), 1175–1184. <https://doi.org/10.1037/0003-066x.44.9.1175>
- Beck, L., & Ajzen, I. (1991). Predicting dishonest actions using the theory of planned behavior. *Journal of Research in Personality*, 25(3), 285–301.
[https://doi.org/10.1016/0092-6566\(91\)90021-h](https://doi.org/10.1016/0092-6566(91)90021-h)
- Hahm, C. (2008). *TABLE 2 . Health Belief Model: Strengths and Weaknesses of Theoretical...* ResearchGate.
https://www.researchgate.net/figure/Health-Belief-Model-Strengths-and-Weaknesses-of-Theoretical-Approaches_tbl2_23555265
- Kangielczyk, K. (2017). *What Do We Mean by “Theory” in Science?* Field Museum. <https://www.fieldmuseum.org/blog/what-do-we-mean-theory-science>
- LaMorte, W. (2019). *The Theory of Planned Behavior*. Sphweb.bumc.bu.edu; Boston University School of Public Health.
<https://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories3.html>



Reference list

Maddox-Brown, T. (2011). *Social and Behavioral Theories 1. Learning Objectives*. <https://obssr.od.nih.gov/wp-content/uploads/2016/05/Social-and-Behavioral-Theories.pdf>

Maddox-Brown, T. (2011). *Social and Behavioral Theories 1. Learning Objectives*. <https://obssr.od.nih.gov/wp-content/uploads/2016/05/Social-and-Behavioral-Theories.pdf>

Porter, K. J., Brock, D. J., Estabrooks, P. A., Perzynski, K. M., Hecht, E. R., Ray, P., Kruzliakova, N., Cantrell, E. S., & Zoellner, J. M. (2019). SIPsmartER delivered through rural, local health districts: adoption and implementation outcomes. *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-019-7567-6>

Prochaska, J. O. and DiClemente, C. C. (1984) *The Transtheoretical Approach: Crossing Traditional Boundaries of Therapy*. Dow Jones Irwin, Homewood, IL.

O'neill, J. M., Clark, J. K., & Jones, J. A. (2011). Promoting Mental Health and Preventing Substance Abuse and Violence in Elementary Students: A Randomized Control Study of the Michigan Model for Health. *Journal of School Health*, 81(6), 320–330. <https://doi.org/10.1111/j.1746-1561.2011.00597.x>



Reference list

Rosenstock, I. M. (1974). The Health Belief Model and Preventive Health Behavior. *Health Education Monographs*, 2(4), 354–386.

<https://doi.org/10.1177/109019817400200405>

Ryan, S., & Carr, A. (2010). *Theory of Planned Behavior - an overview* | *ScienceDirect Topics*. [Www.sciencedirect.com](http://www.sciencedirect.com).

<https://www.sciencedirect.com/topics/medicine-and-dentistry/theory-of-planned-behavior>

Walston, K. (2019). *International Encyclopedia of the Social & Behavioral Sciences* | *ScienceDirect*. [Sciencedirect.com](http://www.sciencedirect.com).

<https://www.sciencedirect.com/referencework/9780080430768/international-encyclopedia-of-the-social-and-behavioral-sciences>

