

## Chapter 1 : The Health Belief Model | Essay Example

*The Health Belief Model (HBM) was developed in the early s by social scientists at the U.S. Public Health Service in order to understand the failure of people to adopt disease prevention strategies or screening tests for the early detection of disease.*

The Health Belief Model originated in the s to help predict public attitudes and actions around health issues. It is still used in risk areas, from sexual health onwards. Assumption The Health Belief Model assumes that people are largely rational in their thoughts and actions, and will take the best health-supporting action if they: Feel that it is possible to address a negative health issue. Have a positive expectation that taking the proposed action will be effective in addressing the issue. Believe they are able to take the proposed action. Constructs There are a number of sub-variables in the belief that a health-related action is valuable. These provide both factors to enable measurement of attitudes and also routes to persuading people to act in healthy ways. If, for example, they are younger and believe that the condition afflicts mainly older people, then they will be less likely to act to protect themselves. Education may correct misunderstandings about susceptibility, which is often grossly incorrect, typically due either to social folklore or individual denial. The most severe health impact is death, followed by disablement and pain. Duration is also important: As with susceptibility, education can be specific about severity, including probabilities of survival and disablement. Perceived Benefits This is the belief in how effective the advised medicine or action will be in mitigating the problems of the condition considered in Severity. You can give a positive message about the benefits of taking specific actions, including accurate information about how effective medicines are at reducing susceptibility and severity. The message may also subtly include instructions in taking the recommended actions and indicate the timescales involved before benefits appear. These may be addressed through various means of support, from financial through reassurance and assistance. Cues to Action These are the prompts that are needed to move the person into the state where they are ready to take the prescribed action. These can include practical ways of nudging them, such as marked calendars, email reminders, how-to charts and so on. This self-belief can be bolstered with encouragement, hand-holding, training and other support. Model The model assumes the following causal linkages between constructs and other factors. Likelihood of behavior change is affected solely by the perceived threat from the disease. Perceived threat is impacted by: Perceived susceptibility and seriousness Cues to action, including information and symptoms General factors such as age, sex, race, personality and intelligence affect all of: Perceived threat Perception of benefits vs. As a general method of addressing beliefs it offers a useful structure for a wider range of belief-change situations. Probability and impact are common dimensions of risk in business assessment. Susceptibility and Severity map directly to these. Benefits receive much attention in sales and are the natural result of using a person-focused approach. The principles of cues and self-efficacy are not well covered in disciplines such as sales and offer additional ideas for broader changing-minds situations. The Health Belief Model provides a useful framework that may either provide direct help or may inspire similar thinking. See also Beliefs , Sales Glanz, K. Theory at a Glance: A Guide for Health Promotion Practice. National Institute of Health. Health Behavior and Health Education. Theory, Research and Practice.

## Chapter 2 : Health Belief Model

*INTRODUCTION. The Health Belief Model (HBM) is one of the first theories of health behavior. It was developed in the s by a group of U.S. Public Health Service social psychologists who wanted to explain why so few people were participating in programs to prevent and detect disease.*

The Health Belief Model HBM can be used alone as the theoretical basis of a health education program, or it can be used in combination with other models, learning theories and approaches. Since no model or learning theory can explain or predict all aspects of health behavior, combining compatible theories and models can create stronger health education programs. You can use the HBM in your work with youth by: If you are interested in incorporating the HBM into the curriculum you currently use, the following checklist and corresponding implementation ideas have been designed to help you. Show students videos which have youth like them with the condition. Ask youth to complete confidential personal risk assessments. Present recent statistics of youth their age, or from their community, with the condition. Have them explore web sites that show teens with the condition. Invite guest speakers who look like the youth to share their experiences with the condition. Generate discussion about whether or not students feel they could get the condition. Ask students to anonymously write down on an index card whether they believe they could get the condition and then collect the cards. Have students analyze the results of their personal risk assessments under 1 above and generate a discussion of their perceptions. Do you include activities that teach the seriousness of the condition and its consequences? Share case studies of people experiencing difficult consequences of the condition. Lead a visualization having youth imagine they have the condition and are dealing with its consequences. Tell youth to imagine having the condition and ask them to each write a letter to their best friend explaining what happened and how it feels to have the condition. Share compelling statistics of negative consequences of the condition. Show a video showing people with the condition talking about how their lives have changed. Ask students to brainstorm at least 20 ways the condition would change their lives. Ask youth to answer questions about how serious the condition is, or how much they want to avoid it e. Ask students to write down on index cards whether or not they believe the condition is serious, with their reasons, and collect the cards. Do you clearly present the desired action to take to avoid the condition? Model how to take the action in front of the group. Be sure students have all the information they need to take the action e. Clearly present the benefits of the recommended action using reliable resources e. Do you assess whether the youth believe the action will benefit them by preventing the condition? Generate discussion among students about whether they really think that the action will prevent the condition including their reasoning. Have youth in triads discuss whether they believe that the desired action will prevent the condition. Have each triad report back to the class, listing the different reasons reported on the board. Invite youth to voice any doubts they may have about the benefits of the desired action and then gently help them see all sides of the issue. Have a guest youth who experiences benefits from using the action address the class. Alternatively, a video may be used. Do you help youth identify their personal barriers to action? Have the group brainstorm all imagined barriers to taking action. Then ask each youth to pick out one or two barriers that apply to them. Give each youth a list of common barriers to taking action. Ask them to circle the ones that apply to them. Show a video or present a case study in which youth can recognize barriers experienced by someone else. Ask them if they can relate. Do you support youth in reducing or eliminating barriers or perception of barriers to taking action? Consider whether perceived barriers can be reduced by helping youth obtain additional information, use more time for skill-building, or build their own confidence taking action. Ask youth to role-play advising a younger sibling or friend who is faced with the same barriers to taking action. Brainstorm with large group strategies to overcome each barrier. If subject matter is not too sensitive, have youth work in small groups to brainstorm ways to reduce stated barriers. Do you provide youth with cues to action? Provide youth with incentive items e. Hang posters with the action messages in your setting. Encourage youth to write newsletter articles or take on art projects to creatively express the action message. Organize school or agency-wide events showcasing the action message. Encourage students to discuss the recommended action with their parents or other

responsible adults. Do you assess whether your students feel confident that they can take the recommended action correctly? Observing their skill practice; Promoting discussion with them about their practice experience, which may bring up doubts or perceived barriers to confidently using the skill; Positively reinforcing desired behaviors and steps to the desired behaviors. Conducting a brief anonymous survey after the skill building session to elicit questions or concerns that remain.

**Chapter 3 : The Health Belief Model: a decade later.**

*The health belief model (HBM) is a psychological health behavior change model developed to explain and predict health-related behaviors, particularly in regard to the uptake of health services.*

Public Health Service in order to understand the failure of people to adopt disease prevention strategies or screening tests for the early detection of disease. The HBM derives from psychological and behavioral theory with the foundation that the two components of health-related behavior are 1 the desire to avoid illness, or conversely get well if already ill; and, 2 the belief that a specific health action will prevent, or cure, illness. There are six constructs of the HBM. The first four constructs were developed as the original tenets of the HBM. The last two were added as research about the HBM evolved. The course of action a person takes in preventing or curing illness or disease relies on consideration and evaluation of both perceived susceptibility and perceived benefit, such that the person would accept the recommended health action if it was perceived as beneficial. The person weighs the effectiveness of the actions against the perceptions that it may be expensive, dangerous e. Cue to action - This is the stimulus needed to trigger the decision-making process to accept a recommended health action. These cues can be internal e. This construct was added to the model most recently in mid Self-efficacy is a construct in many behavioral theories as it directly relates to whether a person performs the desired behavior. Limitations of the model include the following: It does not take into account behaviors that are habitual and thus may inform the decision-making process to accept a recommended action e. It does not take into account behaviors that are performed for non-health related reasons such as social acceptability. It does not account for environmental or economic factors that may prohibit or promote the recommended action. It assumes that everyone has access to equal amounts of information on the illness or disease. It assumes that cues to action are widely prevalent in encouraging people to act and that "health" actions are the main goal in the decision-making process. The HBM is more descriptive than explanatory, and does not suggest a strategy for changing health-related actions. In preventive health behaviors, early studies showed that perceived susceptibility, benefits, and barriers were consistently associated with the desired health behavior; perceived severity was less often associated with the desired health behavior. The individual constructs are useful, depending on the health outcome of interest, but for the most effective use of the model it should be integrated with other models that account for the environmental context and suggest strategies for change.

## Chapter 4 : The Health Belief Model - Rural Health Promotion and Disease Prevention Toolkit

*The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviors. This is done by focusing on the attitudes and beliefs of individuals. The HBM was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels working in the U.S. Public Health Services.*

Cues to Action Provide how-to information, promote awareness, reminders. Glanz et al, , p. Scope and Application The Health Belief Model has been applied to a broad range of health behaviors and subject populations. Example This is an example from two sexual health actions. Youth believe the consequences of having STIs or HIV without knowledge or treatment are significant enough to try to avoid. Youth believe that the recommended action of getting tested for STIs and HIV would benefit them "possibly by allowing them to get early treatment or preventing them from infecting others. Perceived Barriers Youth identify their personal barriers to using condoms i. Youth identify their personal barriers to getting tested i. Cues to Action Youth receive reminder cues for action in the form of incentives such as pencils with the printed message "no glove, no love" or reminder messages such as messages in the school newsletter. Youth receive reminder cues for action in the form of incentives such as a key chain that says, "Got sex? Are you one of them? Self-Efficacy Youth confident in using a condom correctly in all circumstances. Youth receive guidance such as information on where to get tested or training such as practice in making an appointment. References Key publications Conner, M. Search and Practice with Social Cognition Models. Health Behavior and Health Education. Theory, Research and Practice. Theory at a Glance: A Guide for Health Promotion Practice. National Institute of Health. Findings from a Controlled Field Trial. Historical Origins of the Health Belief Model. Instrument development for health belief model constructs, Advances in Nursing Science, 6, Compliance with a medical regimen for asthma:

## Chapter 5 : Health belief model - Wikipedia

*The Health Belief Model is a theoretical model that can be used to guide health promotion and disease prevention programs. It is used to explain and predict individual changes in health behaviors. It is used to explain and predict individual changes in health behaviors.*

## Chapter 6 : HIV & AIDS Information :: Theoretical models of behaviour change - The health-belief model

*The Health Belief Model (HBM) posits that messages will achieve optimal behavior change if they successfully target perceived barriers, benefits, self-efficacy, and threat. While the model seems to be an ideal explanatory framework for communication research, theoretical limitations have limited its.*

## Chapter 7 : ReCAPP: Theories & Approaches: How Can I Use the Health Belief Model in My Setting?

*The Health Belief Model (HBM) is a behavioral health theory used in professional nursing practice. A behavioral health theory is a combination of knowledge, opinion, and actions taken by an.*

## Chapter 8 : Health Communication | Health Belief Model

*The Health Belief Model is a framework for motivating people to take positive health actions that uses the desire to avoid a negative health consequence as the prime motivation. For example, HIV is a negative health consequence, and the desire to avoid HIV can be used to motivate sexually active people into practicing safe sex.*

## Chapter 9 : ReCAPP: Theories & Approaches: Health Belief Model (HBM)

## DOWNLOAD PDF THE HEALTH BELIEF MODEL

*This model was originated in the late 's by three United States social psychologists. The Health Belief Model (HBM) tries to identify how individuals think and if they will take certain healthful actions given adequate information.*