

Focusing on the Process of Health Behavior Change

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WHAT I KNOW ABOUT ENERGY:

Consumer



- Transportation
- Manage climate
- Single dwellings
- Hospital worker (single use equipment)





Perspective: Professional



- Nurse
- Researcher (Interventionist)
- Focus on chronic illness and
- Health promotion
- Multidisciplinary teams
(my super-heroes)

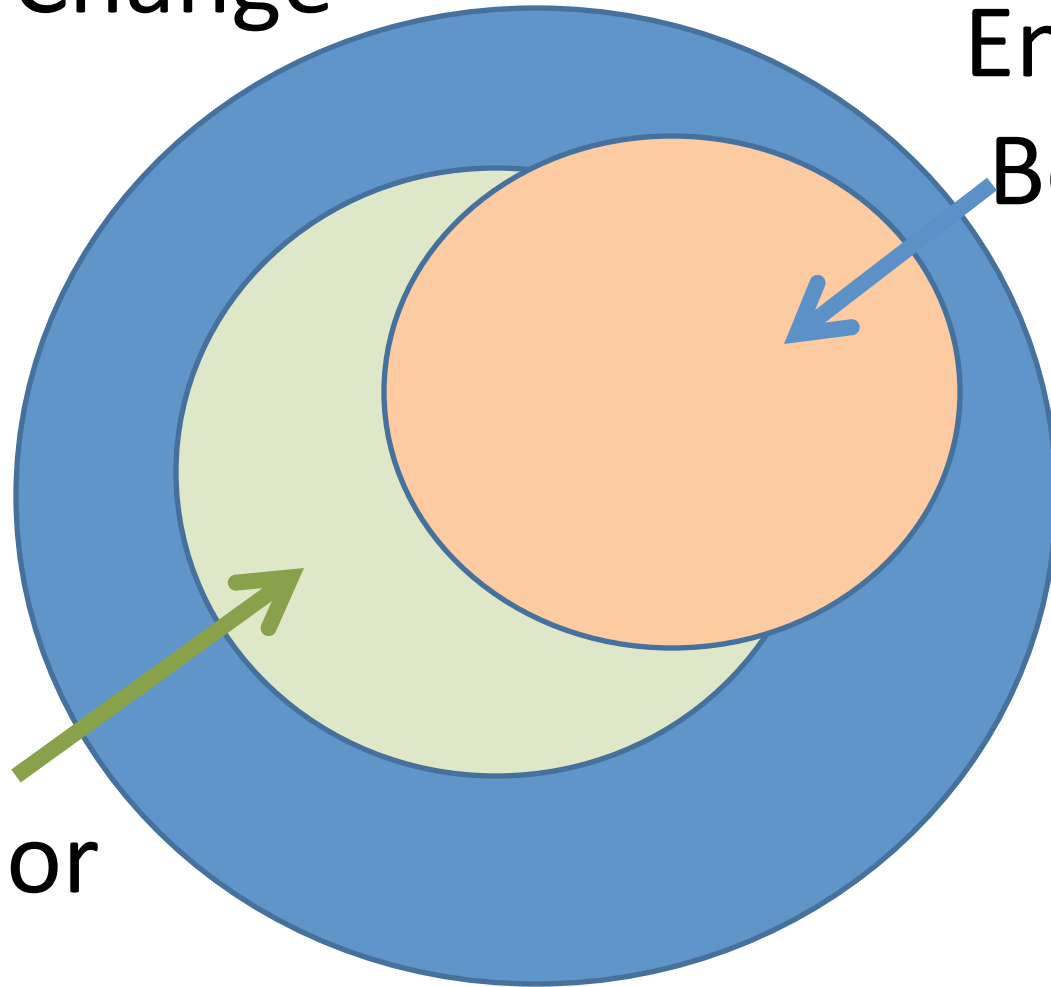


Exploring the Assumption

Behavior Change

Energy
Behavior

Health
Behavior



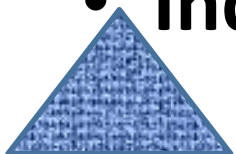


Energy and Health

- Effects everyone: locally and globally
- Based on science and technology
- Personal and social consequences: short and long term
- Federal regulations
- Private and federal funding
- Political



- **Individual and Group BEHAVIOR CHANGE**



Behavior Change: Scope

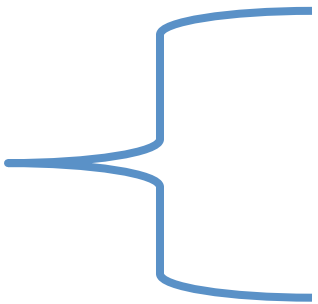
Up Stream



Down Stream

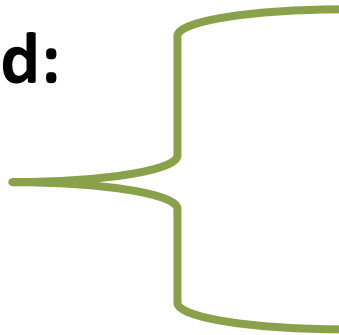
UP STREAM

Community



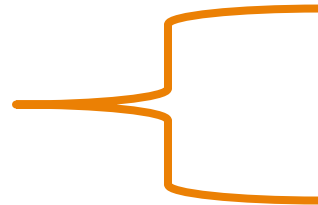
Sanitation
Food Supply
Education
Safety

**Population Based:
Health
Promotion**



Immunization
Dietary Management
Active life style
Hypertension

**Individual:
Disease
Management**



Symptom Awareness
Diagnosis and Treatment
Medication
Rehabilitation

Social
Consequences



Workman's Compensation
Disability
Health of the Nation

DOWN STREAM

Phases of health behavior change

Phase I: “Doctor Knows Best”

Outcome

- Denial to believe their patients were following orders



Phase II: Socio-demographic characteristics do not predict health behavior

Age, gender, race, socio-economic status, severity of condition*, extent of treatment*, cost, access, barriers



Approach: **EDUCATION**

- Widespread and firm belief that if you give people the facts they will be logically compelled to change their behavior



Outcome

- Increase knowledge
- Increase satisfaction
- In General – did not impact change to health behavior



Phase III: HEALTH BELIEFS

COGNITIVE EXPLANATIONS

- Theory of Reasoned Action
- Theory of Planned Behavior
- Health Belief Model
- Relapse Prevention
- Transtheoretical Model “Stage of Change”
- Social Cognitive Theory
- Self Efficacy





Intervention

- Education
 - Factual information
 - Booklets and brochures
 - films
- Small group approach
 - Changing health beliefs



Outcome

- Affected initiation but not maintenance

Changing Society

- “Bowling Alone”: Decrease in interest in small group sessions



Outcome

- **Initiation** of behavior change followed by rapid drop-off
- Occurs across all behaviors



Phase IV: Individual Responsibility

- Self-care
- Self-management
- Patient-centered intervention
- Social engagement



Self-management

Intervention

- Core set of behavior related to self management regardless of condition
- Small groups → Web Based: Lay Leaders
- Multiple sessions over time
- Focus on issues of concern to person
- Include information, roles, coping, behavior
- Social connections



Outcome: Behavior specific confidence

- **Self-efficacy predictive** of health behavior change
- Increases in self-efficacy resulted in behavior change



Known

- Education is important but insufficient
- General knowledge must be translated into personal know how
- Change is an iterative process occurs over time
- Self-regulation skills and ability
- Social connections are critical



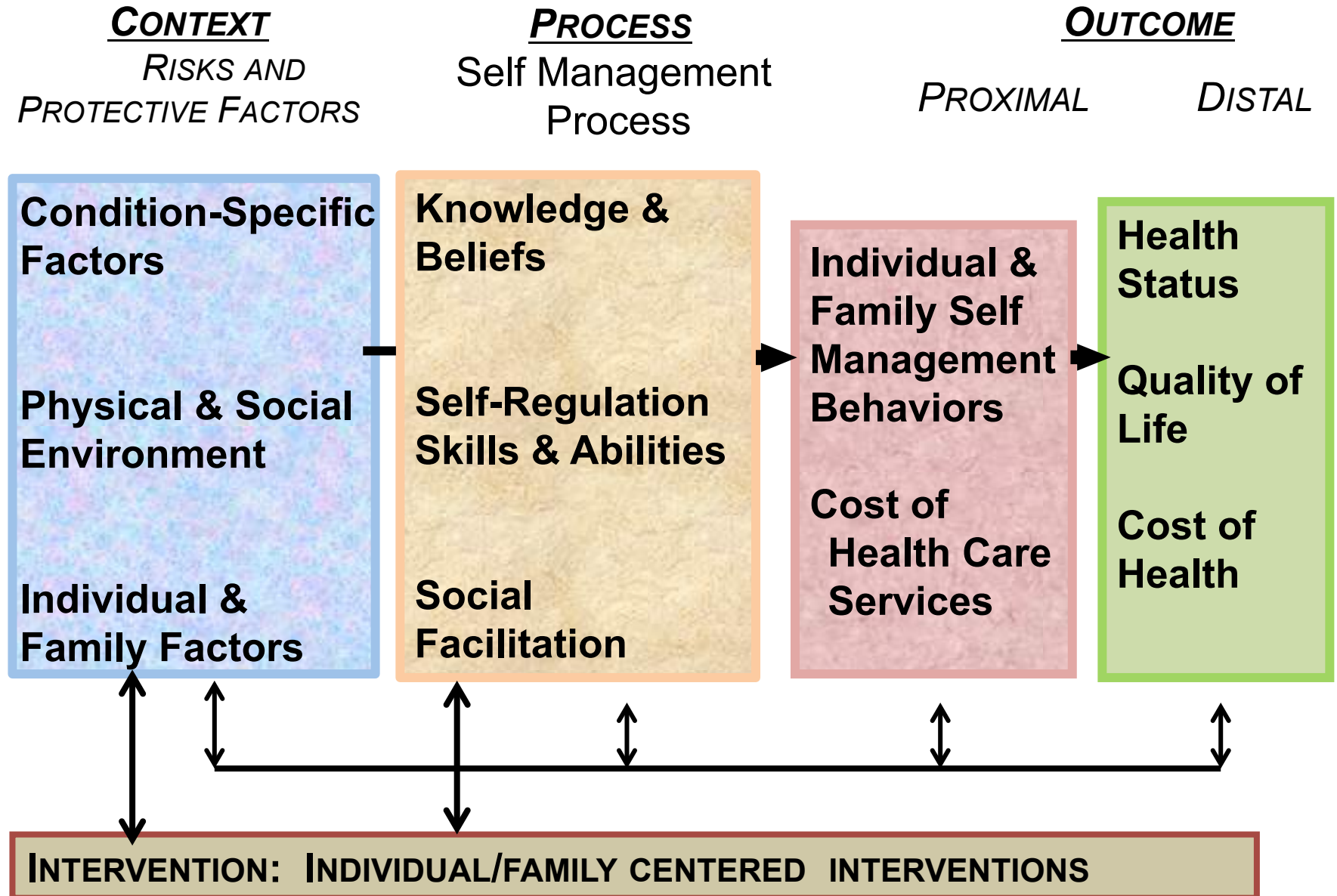
- Behavior occurs within the context of every day life
- Health behavior transcends the specific condition
- Initiation and maintenance are different processes

Individual and Family Self-management Theory

Ryan & Sawin

- Integration of prior work
- Expansion from individual to family
- Uniquely focuses on **process**

Individual and Family Self-management Theory



Individual and Family Self-management Theory

CONTEXT : RISKS AND PROTECTIVE FACTORS

Condition-Specific Factors

Individual/Family perception of

- *Complexity of condition & treatment*
- *Condition Stability & Transitions*

Physical & Social Environment

- *Health Care Access*
- *Transportation*
- *Culture*
- *Social Capital*

Individual & Family Factors

- *Developmental stages & Learning ability*
- ***Literacy***
- *Family structure & functioning*
- *Motivation and capacity to self-manage*

Individual and Family Self-management Theory

Process: *The Self Management Process*

Knowledge & Beliefs

- Factual information
- Self-efficacy
- Goal congruence

Self-Regulation Skills & Abilities

- Goal Setting, Self-monitoring and Reflective thinking
- Decision making, Planning and Action
- Self-evaluation
- Emotional Control

Social Facilitation

- Social Influence
- Support (emotional, instrumental or informational)
- Negotiated Collaboration

Individual and Family Self-management Theory

OUTCOME: PROXIMAL & DISTAL

Individual & Family Self Management Behaviors

- Engagement in activities/ treatment regimens

Cost of Health Care Services

Health Status

- Prevention, attenuation, stabilization, worsening of the condition

Quality of Life

- Perceived Well Being

Cost of Health

- Direct & Indirect Cost

Intervention/Program

Process...

1. Enhances knowledge and health beliefs
2. Develops a persons skills and ability to self manage
3. Fosters social facilitation

CONTEXT
***RISKS &
PROTECTIVE***

Targeted to sub-group based on one or more of the contextual factors

Contextual factors shape the intervention

PROCESS
Self Management Process

Enhances:

Knowledge & beliefs
Self-regulation skills & ability
Social Facilitation

Media:

Traditional & electronic

Characteristics:

Patient Centered (individual values and preferences)
Repetition, reflection & action
Personal responsibility



INTERVENTION: INDIVIDUAL/FAMILY CENTERED

Intervention: New & currently being tested



ADVANTAGES

- Clinical, research, science
- Based on prior research
- People like it
- Easy to understand by professionals and persons
- Provides direction for intervention/program development

Comment

Incongruent messages are a barrier to behavior change.



Acknowledgements

- Efficacy of a m-Health Self-Management Intervention (Ryan, 1R01NR013913-01)
- Center for Enhancement of Self-management in Individuals and Families (Marek, Ryan Co-I 1P2020NR0010674-01)
- Tailored Computerized Intervention for Behavior change (Ryan, 1R15NR009021-01A2)
- Patient Centered Information Interventions (Brennen, Ryan Post-Doctoral Fellowship T32NR07102)