



Theories and Models Frequently Used in Health Promotion

As you are planning or describing your program, referring to individual, interpersonal, or community-level theories that relate to health behavior change is sometimes useful. For example, these theories might be used in the “Causal Assumptions/ Theory of Change” column in your logic model or to help you identify potential points of intervention.

| Theory/Model | Summary | Key Concepts |
|---|---|--|
| Individual | | |
| Health belief model | For people to adopt recommended physical activity behaviors, their perceived threat of disease (and its severity) and benefits of action must outweigh their perceived barriers to action. | Perceived susceptibility Perceived severity Perceived benefits of action Perceived barriers to action Cues to action Self-efficacy |
| Stages of change (transtheoretical model) | In adopting healthy behaviors (e.g., regular physical activity) or eliminating unhealthy ones (e.g., watching television), people progress through five levels related to their readiness to change—pre-contemplation, contemplation, preparation, action, and maintenance. At each stage, different intervention strategies will help people progress to the next stage. | Pre-contemplation Contemplation Preparation Action Maintenance |
| Relapse prevention | Persons who are beginning regular physical activity programs might be aided by interventions that help them anticipate barriers or factors that can contribute to relapse. | Skills training Cognitive reframing Lifestyle rebalancing |
| Information processing paradigm | The impact of persuasive communication, which can be part of a social marketing campaign to increase physical activity, is mediated by three phases of message processing—attention to the message, comprehension of the content, and acceptance of the content. | Exposure; Attention Liking/interest; Comprehension; Skill acquisition; Yielding Memory storage Information search and Retrieval; Decision; Behavior; Reinforcement; Post-behavior consolidation. |

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| Interpersonal Level | | |
| Social learning/ social cognitive theory | Health behavioral change is the result of reciprocal relationships among the environment, personal factors, and attributes of the behavior itself. Self-efficacy is one of the most important characteristics that determine behavioral change. | Self-efficacy Reciprocal determinism Behavioral capability Outcome expectations Observational learning |
| Theory of reasoned action | For behaviors that are within a person's control, behavioral intentions predict actual behavior. Intentions are determined by two factors—attitude toward the behavior and beliefs regarding others people's support of the behavior. | Attitude toward the behavior <ul style="list-style-type: none"> • Outcome expectations • Value of outcome expectations Subjective norms <ul style="list-style-type: none"> • Beliefs of others • Desire to comply with others |
| Theory of planned behavior | People's perceived control over the opportunities, resources, and skills needed to perform a behavior affect behavioral intentions, as do the two factors in the theory of reasoned action. | Attitude toward the behavior <ul style="list-style-type: none"> • Outcome expectations • Value of outcome expectations Subjective norms <ul style="list-style-type: none"> • Beliefs of others • Desire to comply with others Perceived behavioral control |
| Social Support | Often incorporated into health promotion interventions, social support can be instrumental, informational, emotional, or appraising (providing feedback and reinforcement of new behavior) | Instrumental support Informational support Emotional support Appraisal support |

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|---------------------------------|--|--|
| Community Level | | |
| Community organization model | Public health workers help communities identify health and social problems, and they plan and implement strategies to address these problems. Active community participation is essential. | Social planning Locality development Social action |
| Ecological approaches | Effective interventions must influence multiple levels because health is shaped by many environmental subsystems, including family, community, workplace, beliefs and traditions, economics, and the physical and social environments. | Multiple levels of influence <ul style="list-style-type: none"> • Intrapersonal • Interpersonal • Institutional • Community • Public policy |
| Organizational change theory | Certain processes and strategies might increase the chances that healthy policies and programs will be adopted and maintained in formal organizations. | Definition of problem (awareness stage) Initiation of action (adoption stage) Implementation of change Institutionalization of change |
| Diffusion of innovations theory | People, organizations, or societies adopt new ideas, products, or behaviors at different rates, and the rate of adoption is affected by some predictable factors. | Relative advantage Compatibility Complexity Triability Observability |

Sources:

1. Alcalay R, Bell RA. Promoting Nutrition and Physical Activity Through Social Marketing: Current Practices and Recommendations. Davis, CA: Center for Advanced Studies in Nutrition and Social Marketing, University of California, Davis; 2000.
2. National Institutes of Health. Theory at a Glance: A Guide for Health Promotion Practice. Bethesda, MD: National Institutes of Health, National Cancer Institute; 1995.
3. US Department of Health and Human Services. Physical Activity and Health: A Report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

This table adapted from:

US Department of Health and Human Services. Physical Activity Evaluation Handbook. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2002, Appendix 3, pg. 43. (<http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf>)