

# Health Promotion

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Health promotion aims to enhance good health and prevent illness.

There are different ways in which psychologists try to promote healthy living such as ensuring health messages can be communicated effectively to their target audience, using examples of workplace, community and school campaigns.

There are different approaches to health promotion; those that use a model of social change in that they are based on the belief that ill health arises out of power inequalities in society and that health promotion should be concerned with changing society, and the behavioural change and educational approaches that focus on modifying individual behaviour and cognitions, and make use of psychological theory.

➤ Methods of promoting health

○ Fear arousal

- One function of fear arousal in health promo campaigns is to increase people's perceived threat by making the outcome of a particular behaviour very frightening.
- However, the role of fear arousal is not just to trigger the individual to make a cognitive decision about his/her behaviour, but to arouse emotional tension.
- The theory is based on the idea that the individual will change his or her behaviour in order to reduce this tension. It is commonly believed that the more you frighten people, the more likely they are to change their behaviour. Almost all health promotion campaigns contain an element of fear arousal.
- The classic study by Janis and Feshbach (1953) suggested that strong fear arousal can be counter-productive. If a fear arousing message is so frightening that it creates a degree of emotional tension that the individual cannot deal with through behaviour change, then the individual will use ego defence mechanisms to cope. This avoidance actually reduces the chance of behavioural change, reducing the effectiveness of the message.

- They gave groups of freshmen illustrated lectures on tooth decay and oral hygiene using different levels of fear elements. They were made to fill in questionnaires before, immediately after and one week after the lecture. Those in the minimal fear group showed maximum (36%) change in conformity to oral hygiene behaviour.
- Leventhal et al. (1967) showed smokers a 'high-fear' film, which presented a diseased lung caused by smoking. A 'low-fear' film was shown to another group. On leaving, participants in the high-fear condition reported being more vulnerable to lung cancer and more claimed they would give up smoking compared with those in the lower-fear condition. Conclusion: the more fear can be aroused the better, but this was a laboratory study with no longitudinal follow up.
- Yale Model of Communication- persuasive communications
  - Hovland et al. (1953) focus on 3 aspects of communication: the communicator (source), the communication (message) and the audience.
  - The communicator-
    - The Source Credibility theory states that people more likely to be persuaded when a source presents itself as credible, for example Bochner and Insko found that people were more likely to trust a sleep expert than a non-sleep expert, on matters surrounding sleep.
    - Low credibility sources are seen as more biased and unfair and have a much weaker effect on the audience's opinions than high credibility sources.
    - There are several ways of convincing an audience that a source of communication is credible, for example, using a doctor to explain why it is important to eat a healthy diet, using people who have had relevant experience such as using ex-drug addicts to talk to young people about substance use, or using people who are generally perceived as honest and trustworthy such as using celebrities in a health promo campaign who have a good public image. This will make the message more effective.

- The communication
  - It is reasonable to use fear arousal if it is necessary.
  - For complicated issues, it is better for the speaker to spell out the conclusions rather than rely on the audience. This is particularly true when the audience is either less well-informed or less 'intelligent'.
  - On the other hand, when the message is fairly simple, it is more effective to let the audience reach its own conclusions.
  - The more participation there is, the more the messages are internalised. This means that it is better to involve the audience in some way such as through a discussion.
  - Most health promo messages that are communicated through media are one-way such as leaflets, posters and videos. However, even with such material it is possible to get some audience participation or at least the perception of it. Pose questions from audience POV and answer them. Ask readers to answer personal questions by ticking boxes. This is more likely to engage the reader and make the message effective.
  - One sided argument for empathetic audience. Two-sided argument for aggressive audience.
- The audience
  - People with low self-esteem, depressive tendencies and 'social inadequacies' are more likely to be influenced by persuasive communications.
  - People with a strong sense of group conformity will be more resistant to messages that are contrary to the standards and beliefs of the groups.
  - We receive many more messages promoting unhealthy lifestyles than healthy ones and people with low self-esteem are likely to be persuaded by them, leading them to follow unhealthy lifestyles. Rather than attempt to 'counter-persuade' such people, it may be better to help them regain their self-esteem, so that

they become more resistant to negative health messages.

- Providing information (ref to adherence section)
  - The Heart Health Manual devised by Lewin et al (1992) was tested. In the field experiment, using a double blind, 176 patients were randomly allocated either to the HHM group or the control group.
  - Patients were assessed at 6 months and 1 year.
  - Key findings- patients with the manual were judged to have better psychological adjustment, visited the doctor less, and were less likely to have to be readmitted to hospital in the first 6 months compared to the control group.
- Health promo in schools, worksites and communities
  - Schools
    - Good opportunity to promote healthy living to students
    - Lessons where students are taught about healthy living can be part of any curriculum.
    - Walter et al. (1985) conducted a 5-year programme focusing on nutrition, physical fitness and cigarette smoking prevention in 2283 children in 22 elementary schools in New York. After one year, the programme group compared with the control group showed improved cholesterol levels, lower blood pressure and improved post-exercise pulse recovery rate.
    - However, many schools cannot afford to hire specialists to teach such curricula.
    - In the UK, Tapper et al. (2003) used role models called the “Food Dudes” and devised a programme aimed at promoting the eating of fruits and vegetables in schools.
    - It included:
      - Food dude adventure video
      - Set of food dude rewards
      - Set of letters from the food dudes for praise and encouragement
      - Food dude homepack
      - Teacher handbook and support materials

- Levels of fruit and vegetable consumption were measured at baseline, intervention and a 4-month follow up.
- Results- lunchtime and home consumption in the experimental school was higher than the control group so the programme was effective.
- Worksites
  - Gomel et al's (1983) worksite intervention research was conducted in 28 Australian ambulance stations with a view to reducing CVD. 4 intervention programmes were used. Overall results showed that 12-month cessation rates (e.g. of smoking) were far higher for both behavioural counselling groups (7%) compared with 0% for the risk assessment/risk education only conditions.
  - Strong worksite health promo seen in Johnson & Johnson. In 1978 the company began the Live For Life Program which covers thousands of the company's employees. It educated people on health knowledge, how to manage stress, exercising, weight control and smoking cessation. They have health screenings, seminars, action groups, exercise areas, nutritious food and follow-ups.
  - Studies conducted in the company show that employees who take part in the LFLP increase their physical activity levels, decrease in weight and are more likely to quit smoking compared to employees who do not take part.
- Communities
  - Community-based wellness programme in California (Farquhar et al, 1977) had an aim to get communities to change their health-related behaviour in an attempt to reduce the risk of CVD.
  - The Stanford three-community study involved 3 Californian communities that were demographically similar. Two of them shared the same television and radio stations where as the third did not and acted as a control comparison.
  - The 2 experimental communities were subjected to a programme through various media such as TV, radio, direct mail, newspapers, billboards, pamphlets and cookbooks. Dietary questionnaires were given along with cholesterol tests.

- The control community sample saw risk increase over the duration of the study while the two communities subjected to the campaign showed some moderate decreases. Longer-term follow-up checks were conducted and the largest success came from those who were older. The smallest levels of success came from those who were younger and had the least amount of education.
- Promoting health of a specific problem *(write evaluation from handout)*
  - This section focuses on a study by Kirsch and Pullen (2003) in which the authors describe and evaluate a school-based programme in the USA aimed at persuading children to wear bicycle helmets.
  - They describe a school educational programme named Safety Central, launched in 1997 and aimed at 4<sup>th</sup>-graders.
  - The programme had 2 key approaches-
    - To increase children's levels of self-efficacy: done by improving their skills (practising fitting and wearing a helmet), providing them with an experience of success (through an activity sheet) and persuasion (being encouraged by valued other e.g. parents and teachers)
    - To increase children's fear arousal by showing them a video that was designed to increase children's perceptions of their susceptibility to an injury and by sending a letter home to parents aimed at increasing parents' perception of the severity of a cycling accident. They also made the health behaviour easier by providing each child with a free helmet.
  - They evaluated the effectiveness of the Safety Central programme through use of a questionnaire and by direct observation.
  - Sample- 5 schools chosen to represent the demographic make-up of the community- 11 teachers, 284 children aged 10-12 years; 51% girls.
  - The authors conclude that the Safety Central is effective in teaching safety messages to children and that knowledge retention and safe behaviour was evident over a 1-2 year period. They suggest that a booster session should be introduced 2 years after the original programme to re-fit helmets and reinforce the message about susceptibility to injury.
  - The authors also express concern that 50% of their sample believed that they 'knew how to fall' and so could avoid injury. They

suggest that initiatives aimed at encouraging children to attribute cycling injuries more externally by stressing the limited control held by individuals in an accident would be useful.

- Finally, they stress the importance of reducing the costs of the health behaviour they are trying to promote, by making low-cost, 'cool' looking helmets readily available.

*MO Diaries*