Promoting Healthy Behavior Change

Do my friends and family influence my health choices?

What can I do to change an unhealthy habit?

How can I distinguish a bogus health claim from a real one?

How can I set a realistic health goal?

OBJECTIVES

- Discuss health in terms of its dimensions and historical perspectives.
- Explain the importance of a healthy lifestyle in preventing premature disease and in promoting wellness.
- Discuss the health status of Americans and the significance of Healthy People 2010 and other national initiatives to promote health.
- Understand the importance of a global perspective on health, and recognize how gender and racial and cultural background influence disparities in health status, research, and risk.
- Focus on your current risk behaviors, and realize how they can impact your current and future health.
- Learn how to apply behavior-change techniques to your own lifestyle.
interested in improving your health? Concerned about the health of a loved one, a particular population, or the state of our global health and not sure what to do about it? If so, you are not alone. At no time in our history have so many individuals, government agencies, community groups, businesses, policymakers, and health organizations focused so intently on a growing list of national and international health concerns. Epidemic rates of obesity, diabetes, and other chronic diseases, a wide range of environmental threats, and other health problems are highlighted daily in the popular media. Fears of terrorist threats, extreme weather events, and a growing list of infectious diseases add to our worries. This widespread focus on health issues makes even the most healthy among us wonder whether there is anything we can do to protect ourselves, our loved ones, and the very future of our planet.

The good news is that in spite of an ever-growing list of threats, the list of actions that we can take to prevent our own premature disease and disability and to help others reduce their risks also grows daily. We’re experiencing an unprecedented “wake-up-call” about how our seemingly insignificant actions can ultimately have an affect on life as we know it. There are numerous examples of this rededication to positive change. Consider this: scientists and politicians alike have reached consensus that global warming is real, and all levels of society are calling for change. The food industry is reducing dietary threats to human health, and policies are mandating increased safety in our food supply. Many of us are working hard to change our lifestyles, protect our environment, and be smarter health consumers. So, why isn’t the good news even better?

Let’s face it: getting and staying healthy is a challenge for most of us and requires knowledge and willpower. We know that we should eat right, exercise more, recycle, and manage stress—but when a pizza with “the works” is placed in front of us, we can’t resist. We are creatures of habit, and comfortable habits are often hard to break.

Our ability to make wise health choices is complicated by conflicting health claims, faulty research, and scientific reports written in technical language. Even the best scientists struggle to determine which research is valid and which provides only a preliminary indicator of harm or benefit. The average person is left wondering how to wade through the information available on the Internet and in the media and to determine the best course of action.

Not only must we negotiate the variety of information sources available to us, but we also must be aware of how the media often exploits our weaknesses and how businesses profit by catering to our fears and desires through clever ad campaigns. Food advertisements encourage us to consume enormous portions of high-fat foods and to eat when we aren’t hungry, are overstressed, or feeling blue.

The struggle to make personal health choices is not just a matter of willpower and knowledge. For some people, making positive lifestyle choices is even more difficult because they lack necessary resources to purchase healthy foods or adequate insurance to have preventive screenings. Social and environmental conditions play an important role in the health choices we make and the options we have. These inequities in health care and information access can make our choices easier or much more difficult.

In spite of the many factors and challenges influencing health, many people have made real strides in reducing personal risks to health. They have become smart and savvy health consumers by successfully negotiating the information available and have taken action to improve their health. Most important, these individuals have found their own unique ways to make small changes to sustain long-term positive behavior change. They have identified unhealthy behavior, planned a course of action, and changed their lifestyle for the better.

Have you ever wondered, for example, how one of your friends was able to lose weight and now walks up four flights of stairs to class, while you dash to the nearest elevator? Why do so many good health intentions remain only intentions?

This textbook cannot provide a foolproof recipe for achieving health in all areas. It is designed to provide fundamental knowledge about health topics, to help you use personal and community resources to create your own health profile, and to challenge you to think more carefully before making decisions that affect your health or the health of others at the local, national, and international levels. It shows how policies, programs, media, culture, ethnicity, gender, and socioeconomic status directly and indirectly influence health in the United States and around the world.

It is our hope that you will gain appreciation for the many achievements that have been made in health and the many challenges that lie ahead. Your generation faces an unprecedented number of advances in health, as well as a multitude of challenges. However, you have access to the knowledge, resources, and technology necessary to make positive changes. We hope that you will look at health not in an ethnocentric way, in which you focus only on your own health and that of people who look and talk like you and have habits and customs like yours. Instead, we hope that you consider your actions in the context of your own health, the

Today, health and wellness mean taking a positive, proactive attitude toward life and living it to the fullest.
health of your friends and families, and the health of millions of people in the world who are affected by your decisions.

Although health is not always totally within your control, certain behavior choices will affect you positively today and reduce future health risks. For those risk factors beyond your control, you can learn to react, adapt, respond appropriately, and use a reasoned rather than purely emotional rationale for your choices. By making informed, rational decisions, you will improve the quality and the length of your own life and have a positive influence on those around you.

**Putting Your Health in Perspective**

Although we use the term health almost unconsciously, few people understand the broad scope of the word. For some, health simply means the antithesis of sickness. To others, it means being in good physical shape and able to resist illness. Still others use terms such as wellness, or well-being, to include a wide array of factors that lead to positive health status. Why all of these variations?

In part, the differences in perception are due to an increasingly enlightened way of viewing health that has taken shape over time. As our understanding of illness has improved, so has our ability to understand what it means to be healthy. Although our current understanding of health has evolved over centuries, we face many challenges in ensuring that everyone has equal opportunities for achieving it.

**Health: Yesterday and Today**

Prior to the 1800s, if you weren’t sick, you were regarded as lucky. When childhood diseases such as diphtheria were virtually unstoppable and deadly epidemics such as bubonic plague, influenza, and cholera killed millions of people, survivors were believed to be of hearty, healthy stock and congratulated themselves on their good fortune. Those in poor health often suffered from the stigma of poor hygiene or being contagious and lived in conditions that harbored illness and spread disease. Not until the late 1800s did researchers recognize that entire populations were victims of environmental factors (such as microorganisms found in contaminated water, air, and human waste) over which they had little control. Public health officials moved swiftly to clean water supplies and enact other policies to help populations at greatest risk. As a result, health became synonymous with good hygiene. Colleges offered courses in health and hygiene, the predecessors of the course you are taking today.

Investigation into the environment as the primary cause of disease continued into the twentieth century as outbreaks of tuberculosis, pneumonia, and influenza surged in many regions of the world. Continued improvements in sanitation and the development of vaccinations and antibiotics that stopped the spread of infectious diseases brought dramatic changes in life expectancy.

By the 1940s, progressive thinkers began to note that there was more to health than hygiene or disease. At an international conference in 1947, the World Health Organization took the landmark step of clarifying what health truly meant: “Health is the state of complete physical, mental, and social well-being, not just the absence of disease or infirmity.”

Today, scientists recognize that health is much more than the absence of disease. It includes the physical, social, and mental elements of life, as well as environmental, spiritual, emotional, and intellectual dimensions. To be truly healthy, a person must be capable of functioning at an optimal level in each of these areas, as well as interacting with others and the greater environment. Rather than simply looking at how long we live, or the number of disease-free years we enjoy, public health researchers know that the quality of those years is also vital. Today, quality of life is considered as important as years of life. It’s not just how long we live, but also how well we live.

Morbidity (illness) rates indicate dramatic decline in common infectious diseases that devastated our ancestors. Today, many childhood diseases, such as measles and pertussis, can be prevented or cured because of improvements in education, socioeconomic conditions, medical technology, vaccinations, and other public health measures. For these reasons, average life expectancy at birth in the United States has risen to 77.85 years. According to mortality (death) rate statistics, people are now living longer than at any time in our history.

Will this trend continue? A recent study projects that today’s newborns may be the first generation to have a lower life expectancy than that of their parents. Largely attributable to the consequences of obesity, researchers report that life expectancy could decline by as much as 5 years over the course of the next few decades.

**The Evolution toward Wellness**

René Dubos, biologist and philosopher, aptly summarized the thinking of his contemporaries by defining health as “a quality of life, involving social, emotional, mental, spiritual, and biological fitness on the part of the individual, which results from adaptations to the environment.” The concept of adaptability, or the ability to successfully cope with life’s ups and downs, became a key element of the overall health definition. Eventually the term wellness became popular. It included the previously mentioned elements and also implied that there

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**Terms**

- **health**: The ever-changing process of achieving individual potential in the physical, social, emotional, mental, spiritual, and environmental dimensions.
- **wellness**: The achievement of the highest level of health possible in each of several dimensions.
- **morbidity**: The relative incidence of disease.
- **mortality**: The proportion of deaths to population.
were levels of health within each category. To achieve high-level wellness, a person would move progressively higher on a continuum of positive health indicators. People who fail to achieve these levels may move lower on the continuum. Today, the terms health and wellness are often used interchangeably to mean the dynamic, ever-changing process of achieving one’s potential in each of several interrelated dimensions. These dimensions typically include those presented in Figure 1.1 and described below:

- **Physical health** includes characteristics such as body size and shape, sensory acuity and responsiveness, susceptibility to disease and disorders, body functioning, physical fitness, and recuperative abilities. Newer definitions of physical health also include our ability to perform normal activities of daily living (ADLs), the tasks necessary to normal existence in today’s society. Getting out of bed in the morning, bending over to tie your shoes, and other usual daily tasks are examples of ADLs.

- **Social health** refers to the ability to have satisfying interpersonal relationships, including interactions with others, adaptation to social situations, and appropriate daily behaviors in society.

- **Intellectual health** refers to the ability to think clearly, reason objectively, analyze critically, and use brain power effectively to meet life’s challenges. It means learning from successes and mistakes and making responsible decisions that take into consideration all aspects of a situation.

- **Emotional health** refers to the ability to express emotions when they are appropriate, controlling them when they are not, and avoiding expressing them inappropriately. Self-esteem, self-confidence, self-efficacy, trust, love, and many other emotional reactions and responses are all part of emotional health.

- **Environmental health** refers to an appreciation of the external environment and the role individuals play to preserve, protect, and improve environmental conditions.

- **Spiritual health** involves subscribing to a way of life or a belief in a supreme being based on a particular religious doctrine or feeling of unity with a greater force and a guiding sense of meaning or value in all life. True spiritual health typically goes well beyond an organized religion and includes many more aspects of living a balanced, introspective and meaningful life.

Although typically not considered a dimension in most wellness continuums, **mental health** is an important concept. Often confused with emotional, social, spiritual, or intellectual activities of daily living (ADLs), the tasks necessary to normal existence in today’s society. Getting out of bed in the morning, bending over to tie your shoes, and other usual daily tasks are examples of ADLs.

**TABLE 1.1 How Many of These Healthy Behaviors Do You Practice?**

- Get a good night’s sleep (minimum of 7 hours)
- Maintain healthy eating habits and manage your weight
- Participate in physical recreational activities
- Practice safer sex
- Limit your intake of alcohol and avoid tobacco products
- Schedule regular self-exams and medical checkups

Several other actions may not add years to your life, but they can add significant life to your years:

- Control real and imaginary stressors
- Maintain meaningful relationships with family and friends
- Make time for yourself, and be kind to others
- Participate in at least one fun activity each day
- Respect the environment and the people in it
- Consider alternatives when making decisions; view mistakes as learning experiences
- Value each day and make the best of opportunities
- Understand the health care system, and use it wisely

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**activities of daily living (ADLs)** Tasks of everyday living, such as bathing and walking up and down stairs.

**mental health** The thinking part of psychosocial health; includes your values, attitudes, and beliefs.
health, it is a broader concept that encompasses all of these dimensions. According to the U.S. surgeon general, this umbrella term refers to the “successful performance of mental function, resulting in productive activities, fulfilling relationships with others, and the ability to adapt to change and cope with adversity. From early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.” What are some behaviors that a healthy individual might practice (Table 1.1)?

Many people believe that the best way to achieve wellness is to adopt a holistic approach, which emphasizes the integration of and balance among mind, body, and spirit. Achieving wellness means attaining the optimum level of wellness for a person’s unique limitations and strengths. A physically disabled person may function at his or her optimum level of performance; enjoy satisfying interpersonal relationships; maintain emotional, spiritual, and intellectual health; and have a strong interest in environmental concerns. In contrast, a person who spends hours lifting weights to perfect the size and shape of each muscle but pays little attention to nutrition may look healthy but not have a good balance in all areas of health. Although we often consider physical attractiveness and other external trappings in measuring overall health, these are only two indicators of wellness and indicate little about the other dimensions.

How healthy are you? Complete the Assess Yourself box on page 6 to gain perspective on your own level of wellness in each dimension.

what do you THINK?

Based on the wellness dimensions discussed, what are your key strengths in each dimension? What are your key deficiencies? What one or two things can you do to enhance your strong areas? To improve your weaknesses?

New Directions for Health

In 1990, the U.S. surgeon general proposed a national plan for promoting health among individuals and groups. Known as Healthy People 2000, the plan outlined a series of long-term objectives. Although many communities worked toward achieving these goals, as a nation we still had a long way to go by the new millennium.

Healthy People 2010

The Healthy People 2010 plan takes the original initiative to the next level. Healthy People 2010 is a nationwide program with two broad goals: (1) increase life span and quality of life and (2) eliminate health disparities. It includes 28 focus areas and a list of 10 leading health indicators (LHIs) that spell out specific health issues, each representing a public health priority (Table 1.2).

(Text continues on page 10.)
Although we all recognize the importance of being healthy, it can be a challenge to sort out which behaviors are most likely to cause problems or which ones pose the greatest risk. Before you decide where to start, it is important to take a careful look at your health status right now. Think carefully about where you believe that you are today in each of the dimensions of health. Rate your health status in each of the following dimensions by circling the number on the line that comes closest to describing the way you are most of the time.

<table>
<thead>
<tr>
<th>Poor Health</th>
<th>Average Health</th>
<th>Excellent Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
<td>1 2 3 4 5</td>
<td>3 4 5</td>
</tr>
<tr>
<td>Social health</td>
<td>1 2 3 4 5</td>
<td>3 4 5</td>
</tr>
<tr>
<td>Emotional health</td>
<td>1 2 3 4 5</td>
<td>3 4 5</td>
</tr>
<tr>
<td>Environmental health</td>
<td>1 2 3 4 5</td>
<td>3 4 5</td>
</tr>
<tr>
<td>Spiritual health</td>
<td>1 2 3 4 5</td>
<td>3 4 5</td>
</tr>
<tr>
<td>Intellectual health</td>
<td>1 2 3 4 5</td>
<td>3 4 5</td>
</tr>
</tbody>
</table>

After completing the above section, how would you rate your overall health?

Which area(s), if any, do you think you should work on improving?

If we were to ask your closest friends how healthy they think you are, which area(s) do you think they would say you need to work on and improve?

By completing the following assessment, you will have a clearer picture of health areas in which you excel and those that could use varying degrees of work. Taking this assessment will also help you to reflect on various components of health that you may not have thought about.

Answer each question. Then total your score for each section, and fill it in on the Personal Checklist at the end of the assessment for a general sense of your health profile. Think about the behaviors that influenced your score in each category. Would you like to change any of them? Choose the area that you’d like to improve, and then complete the Behavior Change Contract at the front of your book. Use the contract to think through and implement a behavior change over the course of this class.

Each of the categories in this questionnaire is an important dimension of health, but this is not a substitute for the advice of a qualified health care provider. Consider scheduling a thorough physical examination by a licensed physician or setting up an appointment with a mental health counselor at your school if you think you need help making a behavior change.

For each of the following, indicate how often you think the statements describe you.

<table>
<thead>
<tr>
<th>PHYSICAL HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am happy with my body size and weight.</td>
</tr>
<tr>
<td>2. I engage in vigorous exercises such as brisk walking, jogging, swimming, or running for at least 30 minutes per day, 3–4 times per week.</td>
</tr>
<tr>
<td>3. I do exercises designed to strengthen my muscles and increase endurance at least 2 times per week.</td>
</tr>
<tr>
<td>4. I do stretching, limbering up, and balance exercises such as yoga, Pilates, or tai chi to increase my body awareness and to control and increase my overall physical health.</td>
</tr>
<tr>
<td>5. I feel good about the condition of my body and would be able to respond to most demands placed upon it.</td>
</tr>
</tbody>
</table>

By completing the above section, how would you rate your overall health?

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Each of the categories in this questionnaire is an important dimension of health, but this is not a substitute for the advice of a qualified health care provider. Consider scheduling a thorough physical examination by a licensed physician or setting up an appointment with a mental health counselor at your school if you think you need help making a behavior change.

For each of the following, indicate how often you think the statements describe you.
6. I get at least 7–8 hours of sleep each night.

7. I try to add moderate activity to each day, such as taking the stairs instead of the elevator and walking instead of riding whenever I can.

8. My immune system is strong, and my body heals itself quickly when I get sick or injured.

9. I have lots of energy and can get through the day without being overly tired.

10. I listen to my body; when there is something wrong, I try to make adjustments to heal it or seek professional advice.

Total score for this section: ______

SOCIAL HEALTH

1. When I meet people, I feel good about the impression I make on them.

2. I am open, honest, and get along well with other people.

3. I participate in a wide variety of social activities and enjoy being with people who are different.

4. I try to be a “better person” and work on behaviors that have caused problems in my interactions with others.

5. I get along well with the members of my family.

6. I am a good listener.

7. I am open and accessible to a loving and responsible relationship.

8. I have someone I can talk to about my private feelings.

9. I consider the feelings of others and do not act in hurtful or selfish ways.

10. I try to see the good in my friends and do whatever I can to support them and help them feel good about themselves.

Total score for this section: ______

EMOTIONAL HEALTH

1. I find it easy to laugh, cry, and show emotions such as love, fear, and anger, and I try to express these in positive, constructive ways.

2. I avoid using alcohol or other drugs as a means of helping me forget my problems.

3. When viewing a particularly challenging situation, I tend to view the glass as “half full” rather than “half empty” and perceive problems as opportunities for growth.

4. When I am angry, I try to let others know in nonconfrontational and nonhurtful ways and try to resolve issues rather than stewing about them.

5. I try not to worry unnecessarily and try to talk about my feelings, fears, and concerns rather than letting them become chronic issues.

6. I recognize when I am stressed and take steps to relax through exercise, quiet time, or other calming activities.

7. I feel good about myself and believe others like me for who I am.

8. I try not to be too critical and/or judgmental of others and to understand differences or quirks that I may note in others.

9. I am flexible and adapt or adjust to change in a positive way.

10. My friends regard me as a stable, emotionally well-adjusted person whom they trust and rely on for support.

Total score for this section: _____.

(continues)
### Environmental Health
1. I am concerned about environmental pollution and actively try to preserve and protect natural resources.  
2. I buy recycled paper and purchase biodegradable detergents and cleaning agents whenever possible.  
3. I recycle my garbage, purchase refillable containers when possible, and try to minimize the amount of paper and plastics that I use.  
4. I try to wear my clothes for longer periods between washing to reduce water consumption and the amount of detergent in our water sources.  
5. I vote for pro-environment candidates in elections.  
6. I write my elected leaders about environmental concerns.  
7. I turn down the heat and wear warmer clothes at home in winter and use the air conditioner only when necessary or at higher temperatures in summer.  
8. I am aware of lead pipes in my living area, chemicals in my carpet, and other potential hazards, and I try to reduce my exposure whenever possible.  
9. I use both sides of the paper when taking class notes or doing assignments.  
10. I try not to leave the faucet running too long when I brush my teeth, shave, or shower.

Total score for this section: _____

### Spiritual Health
1. I believe life is a precious gift that should be nurtured.  
2. I take time to enjoy nature and the beauty around me.  
3. I take time alone to think about what’s important in life—who I am, what I value, where I fit in, and where I’m going.  
4. I have faith in a greater power, be it a Godlike force, nature, or the connectedness of all living things.  
5. I engage in acts of caring and goodwill without expecting something in return.  
6. I feel sorrow for those who are suffering and try to help them through difficult times.  
7. I look forward to each day as an opportunity for further growth and challenge.  
8. I work for peace in my interpersonal relationships, in my community, and in the world at large.  
9. I have a great love and respect for all living things, and regard animals, etc., as important links in a vital living chain.  
10. I go for the gusto and experience life to the fullest.

Total score for this section: _____

### Intellectual Health
1. I carefully consider my options and possible consequences as I make choices in life.  
2. I learn from my mistakes and try to act differently the next time.

Total score for this section: _____
3. I follow directions or recommended guidelines, avoid risks, and act in ways likely to keep myself and others safe.  
   1 2 3 4

4. I consider myself to be a wise health consumer and check reliable information sources before making decisions.  
   1 2 3 4

5. I am alert and ready to respond to life’s challenges in ways that reflect thought and sound judgment.  
   1 2 3 4

6. I have at least one hobby, learning activity, or personal growth activity that I make time for each week: something that improves me as a person.  
   1 2 3 4

7. I actively learn all I can about products and services before making decisions.  
   1 2 3 4

8. I manage my time well rather than let time manage me.  
   1 2 3 4

   1 2 3 4

10. I think about my self-talk (the things I tell myself) and then examine the evidence to see whether my perceptions and feelings are sound.  
    1 2 3 4

Total score for this section: ____

Although each of these six dimensions of health is important, there are some factors that don’t readily fit one dimension. As college students, you face some unique risks that others may not. For this reason, we have added an additional section to this self-assessment that focuses on personal health promotion and disease prevention. Answer these questions, and add your results to the Personal Checklist in the following section.

<table>
<thead>
<tr>
<th>PERSONAL HEALTH PROMOTION/DISEASE PREVENTION</th>
</tr>
</thead>
</table>
| 1. I know the warning signs of common sexually transmitted infections, such as genital warts (HPV), chlamydia, and herpes, and read new information about these diseases as a way of protecting myself.  
   1 2 3 4 |
| 2. If I were to be sexually active, I would use protection such as latex condoms, dental dams, and other means of reducing my risk of sexually transmitted infections.  
   1 2 3 4 |
| 3. At parties or during happy hours, I find ways other than binge drinking to loosen up and have a good time.  
   1 2 3 4 |
| 4. When I have more than 1 or 2 drinks, I ask someone who is not drinking to drive me and my friends home.  
   1 2 3 4 |
| 5. I have eaten too much in the last month and have forced myself to vomit to avoid gaining weight.  
   4 3 2 1 |
| 6. I have several piercings and have found that I enjoy the rush that comes with each piercing event.  
   4 3 2 1 |
| 7. If I were to have a tattoo or piercing, I would go to a reputable person who follows strict standards of sterilization and precautions against bloodborne disease transmission.  
   1 2 3 4 |
| 8. I engage in extreme sports and find that I enjoy the highs that come with risking bodily harm through physical performance.  
   4 3 2 1 |
| 9. I am careful not to mix alcohol or other drugs with prescription and over-the-counter drugs.  
   1 2 3 4 |
    1 2 3 4 |

Total score for this section: ____

(continues)
ASSESS yourself

HOW HEALTHY ARE YOU? (continued)

PERSONAL CHECKLIST
Now, total your scores in each of the health dimensions, and compare them to what would be considered optimal scores. Which areas do you need to work on? How does your score compare with how you rated yourself in the first part of the questionnaire?

<table>
<thead>
<tr>
<th>Health Dimension</th>
<th>Ideal Score</th>
<th>Your Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
<td>40</td>
<td>___</td>
</tr>
<tr>
<td>Social health</td>
<td>40</td>
<td>___</td>
</tr>
<tr>
<td>Emotional health</td>
<td>40</td>
<td>___</td>
</tr>
<tr>
<td>Environmental health</td>
<td>40</td>
<td>___</td>
</tr>
<tr>
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<td>40</td>
<td>___</td>
</tr>
<tr>
<td>Intellectual health</td>
<td>40</td>
<td>___</td>
</tr>
<tr>
<td>Personal health promotion/</td>
<td>40</td>
<td>___</td>
</tr>
<tr>
<td>disease prevention</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What Your Scores in Each Category Mean

**Scores of 35–40:** Outstanding! Your answers show that you are aware of the importance of these behaviors in your overall health. More important, you are putting your knowledge to work for you by practicing good health habits that should reduce your overall risks. Although you received a very high score on this part of the test, you may want to consider areas where your scores could be improved.

**Scores of 30–34:** Your health practices in these areas are very good, but there is room for improvement. Look again at the items you answered that scored 1 or 2 points. What changes could you make to improve your score? Even a small change in behavior can help you achieve better health.

**Scores of 20–29:** Your health risks are showing! Find information about the risks you are facing and why it is important to change these behaviors. Perhaps you need help in deciding how to make the changes you desire. Assistance is available from this book, your professor, and student health services at your school.

**Scores below 20:** You may be taking unnecessary risks with your health. Perhaps you are not aware of the risks and what to do about them. Identify each risk area, and make a mental note as you read the associated chapter in the book. Whenever possible, seek additional resources, either on your campus or through your local community health resources, and make a serious commitment to behavior change. If any area is causing you to be less than functional in your class work or personal life, seek professional help. In this book you will find the information you need to help you improve your scores and your health. Remember that these scores are only indicators, not diagnostic tools.

For each focus area, the plan presents specific objectives for the nation to achieve during the next decade. For instance, nutrition data show that only 42 percent of Americans aged 20 and older are at their healthy weight; the goal is to raise that number to 60 percent. In the focus area of physical activity and fitness, 40 percent of Americans aged 18 and older do not engage in any leisure-time physical activity. The objective is to reduce this number to 20 percent by 2010.

An overarching goal of *Healthy People 2010* is to eliminate health disparities. Disparities in health care are often the result of disadvantages faced by minority groups, women, and children, whose health care suffers because of their race, ethnicity, gender, and/or socioeconomic status. This goal is particularly important as we consider the increasingly diverse population in the United States. According to the 2000 U.S. Census, approximately 30 percent of the population currently belongs to a racial or ethnic minority group. It is projected that by the year 2100, non-Hispanic whites will make up only 40 percent of the U.S. population.

**National Changes: Improving Health and Reducing Disparities**

Are we making progress? From all indicators, national priorities are shifting, and health professionals and public and private organizations are beginning to work together to help people make better health decisions. For example, cities across the United States are passing legislation that bans
MAKE it happen!

ASSESSMENT: The Assess Yourself activity gave you the chance to look at the status of your health in several dimensions. Now that you have considered these results, you can begin to take steps toward changing certain behaviors that may be detrimental to your health.

MAKING A CHANGE: To change your behavior, you need to develop a plan. Follow these steps below and complete your Behavior Change Contract to take action.

1. Evaluate your behavior, and identify patterns and specific things you are doing. What can you change now? What can you change in the near future?

2. Select one pattern of behavior that you want to change.

3. Fill out the Behavior Change Contract found at the front of your book. It should include your long-term goals for change, your short-term goals, the rewards you’ll give yourself for reaching these goals, potential obstacles along the way, and strategies for overcoming these obstacles. For each goal, list the small steps and specific actions that you will take.

4. Chart your progress in a journal. At the end of a week, consider how successful you were in following your plan. What helped you be successful? What made change more difficult? What will you do differently next week?

5. Revise your plan as needed: Are the short-term goals attainable? Are the rewards satisfying?

EXAMPLE: Felipe assessed his health and discovered that his score in the Personal Health Promotion section was low—25 points—because of some risky behaviors in which he was engaging. In particular, he realized that he had driven several times after drinking and that he was not performing monthly testicle self-examinations. Felipe decided to tackle one of these issues at a time. He completed a Behavior Change Contract to drive only when he had had fewer than 2 drinks. Steps in his contract included finding out about designated driver programs, moderating his drinking so that he was sober and competent to drive at the end of a night out with friends, and finding concerts and other events to attend that did not involve drinking. The rewards he chose for these steps included tickets to a concert and a new computer game. After a few months, Felipe realized that he had been in several situations in which he might previously have driven under the influence. Instead, he had given himself alternatives such as designated drivers, budgeting for a taxi, and moderating his drinking, and thus he had avoided unsafe situations.

Next month, Felipe will get a pamphlet from the health center on testicular self-exams and choose a day of the month to be his self-examination day. Every month that he does the exam, he’ll sleep in an extra hour that weekend as a reward.

trans fats from restaurant food items. This landmark action and others are designed to improve life span, quality of life, and the state of our environment.

On the flip side, we do still see disparities in health care, such as those evident during the Hurricane Katrina disaster. Some populations are at a distinct disadvantage when it comes to getting healthy and staying healthy. For example, if you are a college student without health insurance and on a limited budget, you may put off a visit to the doctor or not go at all. If you have a serious illness, this delay can lower your chance of successful treatment. Factors such as language barriers can also impact an individual’s health negatively. A recent study by the UCLA Center for Health Policy Research reported that people whose primary language is not English or who could not read prescription labels or follow written medical instructions had significant barriers to overall health.9

Recognizing the changing demographics of the U.S. population and the vast differences in health status based on racial or ethnic background, Healthy People 2010 included strong language about the importance of reducing health disparities.10 Contributors to disparities include the following:

- Race and ethnicity. Research indicates dramatic health disparities among people with specific racial and ethnic backgrounds. These differences are believed to be attributed not to race or genetic susceptibility, but rather to socioeconomic differences, poor access to health care, cultural barriers, beliefs, discrimination, and limited education and employment opportunities.
- Inadequate health insurance. Large numbers of people are uninsured or underinsured. Those without adequate insurance coverage may face high co-payments, high...
determinants, or limited care in their area (for more on health insurance, see Chapter 16).

- **Lifestyle behaviors.** Persistent poverty may make it difficult to buy healthy food, get enough rest and exercise, cope with stress, and seek preventive medicine. Obesity, smoking, and lack of exercise are examples of health problems related directly to behavioral and cultural patterns we adopt from our families.
- **Transportation.** Whether you live in an urban or rural area and have access to public transportation or your own vehicle can have a huge impact on what you choose to eat and your ability to visit the doctor or dentist. Older people, people with disabilities, and people who lack the financial means to travel for preventive tests such as mammograms are clearly at a health disadvantage.

### A New Focus on Health Promotion

The objectives of *Healthy People 2010* have prompted action to promote health and prevent premature disability through social, environmental, policy-related, and community-based programming. There is also a new emphasis on assisting individuals in changing unhealthy behaviors. The term **health promotion** describes the educational, organizational, procedural, environmental, social, and financial supports that help individuals and groups reduce negative health behaviors and promote positive change. Health promotion programs identify healthy people who are engaging in **risk behaviors** (actions that increase susceptibility to negative health outcomes), motivate them to change their actions, and provide support to increase chances of success. Effective stop-smoking programs, for instance, don’t simply say, “Just do it.” Instead, they provide information about possible consequences to smokers and the people they expose to secondhand smoke (educational support); encourage smokers to participate in smoking cessation classes and allow employees time off to attend or set up buddy systems to help them (organizational support); establish policies governing smokers’ behaviors and supporting their decisions to change, such as banning smoking in the workplace and removing cigarettes from vending machines (environmental support); and provide monetary incentives to motivate people to participate (financial support).

Health promotion programs also encourage people with sound health habits to maintain them. By attempting to modify behaviors, increase skills, change attitudes, increase knowledge, influence values, and improve health decision making, health promotion goes well beyond the simple information campaign. By basing services in communities, organizations, schools, and other places where most people spend their time, health promotion programs increase the likelihood of long-term success on the road to health and wellness.

Whether we use the term **health** or **wellness**, we are talking about a person’s overall responses to the challenges of living. Occasional dips into the ice cream bucket and other dietary indulgences, failures to exercise every day, flare-ups of anger, and other deviations from optimal behavior should not be viewed as major failures. Actually, the ability to recognize that each of us is an imperfect being attempting to adapt in an imperfect world signals individual well-being.

We must also remember to be tolerant of others. Rather than be warriors against pleasure in our zeal to change the health behaviors of others, we need to be supportive, non-judgmental, and helpful to people trying to achieve their own health goals. Ultimately, we all have to find our own best way to make change happen.

### Disease Prevention

Most health promotion initiatives include **disease prevention**. Historically, the health literature describes three types of prevention: primary, secondary, and tertiary.

In a general sense, **prevention** means taking positive actions now to avoid becoming sick later. Getting immunized against diseases such as polio, deciding not to smoke cigarettes, and practicing safer sex constitute **primary prevention**—actions designed to reduce risk and avoid health problems before they start. **Secondary prevention** (also referred to as **intervention**) involves recognizing health risks or early problems and taking action (intervening) to stop them before they lead to actual illness. Getting a young smoker to quit is an example of secondary prevention. The third type, **tertiary prevention**, involves treatment and/or rehabilitation after a person is already ill. Typically, health care professionals practice tertiary prevention.

### Health Status Report: How Well Are We Doing?

In the United States, chronic diseases account for seven of the ten leading causes of death and are linked to preventable lifestyle behaviors such as tobacco use, poor nutrition and
lack of physical activity leading to obesity, alcohol use, car crashes, risky sexual behavior, and drug use. 

Table 1.3 describes the six main preventable risk behaviors identified by the Centers for Disease Control and Prevention (CDC). These preventable risk behaviors not only kill many, but also affect quality of life for nearly 100 million Americans and account for 70 percent of total medical expenditures.11

Primary and secondary prevention offers our best hope for reducing the incidence (number of new cases), and prevalence (number of existing cases) of disease and disability. Model intervention programs for a multitude of health problems have been well tested and have proven effective in the community. If you are interested in learning more about primary prevention programs, check out the CDC website, and search for model prevention programs.

Health educators in our schools and communities offer an effective delivery mechanism for prevention and intervention programs. Certified Health Education Specialists (CHES) make up a trained cadre of public health educators with special credentials and competencies in developing prevention programs that offer scientifically and behaviorally sound methods to help individuals and communities increase the likelihood of success in achieving optimal health. These specialists have the skills and experience to greatly enhance the nation’s health. A major shift in focus from treatment to prevention is necessary to achieve our national goals.

**Improving Quality of Life**

In the last decade, the way we look at health has been quietly shifting. This new view will have a profound impact on how we perceive our nation’s health status. For decades we have looked at steadily increasing life expectancy rates and proudly proclaimed that the health of Americans has never been better. Recently, however, health organizations and international groups have attempted to quantify the number of years a person lives with a disability or illness compared to the number of healthy years. The World Health Organization summarizes this concept as healthy life expectancy. Simply stated, healthy life expectancy refers to the number of years a newborn can expect to live in full health, based on current rates of illness and mortality. For example, if we could delay the onset of diabetes so that a person didn’t develop the disease until she was 60 years old, rather than developing it at 30, there would be a dramatic increase in that individual’s healthy life expectancy. Several countries are currently working to develop policies to increase healthy life expectancy.

This concept of healthy life expectancy can have tremendous implications for your health and motivation to change behaviors now. Although you know that you should exercise, maintain a healthy weight, and not drink and drive, the threat of heart disease, cancer, or accident-related injuries seems decades away. Recognizing how your present actions will play a role in your future health can motivate you to make behavior changes now to ensure the maximum number of happy, healthy years.

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**TABLE 1.3 The Center for Disease Control and Prevention’s Six Critical Health Behaviors: How Do You Stack Up?**

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tobacco use. Over 4,000 American youth aged 12–17 start smoking every day. Asthma, respiratory and cardiovascular diseases, gum diseases, cancer, and other chronic health problems increase dramatically in smoking adults.</td>
</tr>
<tr>
<td>2.</td>
<td>Unhealthy dietary behavior. Almost 80% of young adults do not eat the daily recommended serving of fruits and vegetables. Nearly 9 million young aged 6–19 are overweight.</td>
</tr>
<tr>
<td>3.</td>
<td>Inadequate physical activity. As children age, physical activity declines. Less than one-third of all young adults participate in physical activity on a regular basis.</td>
</tr>
<tr>
<td>4.</td>
<td>Unsafe sexual behaviors that lead to HIV, other STIs, and unintended pregnancy. Nearly 34% of young women become pregnant at least once before they reach the age of 20, and about 19 million become infected with an STI. Almost half of all STIs are in people aged 15–24.</td>
</tr>
<tr>
<td>5.</td>
<td>Alcohol and drug use. Alcohol abuse is the third leading preventable cause of death in the United States and is a factor in approximately 42% of all car crashes.</td>
</tr>
</tbody>
</table>

what do you THINK?

Think about your own health right now. On a scale from 1 to 10, with 1 being the lowest and 10 the highest, rate your fitness level (going for a run; hiking up a hill), your ability to form and maintain healthy relationships, and your ability to cope with daily stressors.

Achievements in Public Health

Shortcomings aside, for those of us in the field of public health, the saying “We’ve come a long way, baby” accurately reflects the health achievements of the past 100 years. 

Table 1.4 lists the ten greatest public health achievements of the past century according to the CDC.

The more we learn about the remarkable resilience of the human body and spirit, and the more that technology stretches our imagination and enlarges our possibilities, the more likely that the twenty-first century will surpass the twentieth in health-related breakthroughs.

Preparation for Better Health in the Twenty-First Century

As the demographics of the U.S. population change, we will need to take action at the federal, state, local, and individual level to reduce health disparities and achieve the goal of health for every person. Although it is important that each of us work to preserve and protect our own health, it is also important to become actively engaged in the health of our communities, our nation, and the global population. Central to this goal is the concept of cultural competency, defined as a set of congruent attitudes and policies that come together in a system or among individuals and enables effective work in cross-cultural situations. The mark of a truly healthy person is whether the individual focuses beyond the “me” aspect of human existence and becomes equally concerned with the “we” aspect of health, as well as having a sense of responsibility about the broader environment we live in. As a college student in the twenty-first century, it is important that you understand the cultural differences of America’s diverse population, examine your own health-related values and beliefs, and help others navigate the health system and make healthy choices.

A Focus on Global Health Issues

Everyone’s health is profoundly affected by economic, social, behavioral, scientific, and technological factors. The world economy has become increasingly interconnected and globalized; every day, millions of people move across national borders in search of opportunities and resources. The increasing mobility of people and the corresponding spread of diseases have led to a realization that global health is everyone’s responsibility.

TABLE 1.4 Ten Greatest Public Health Achievements of the Twentieth Century

1. Vaccinations
2. Motor vehicle safety
3. Workplace safety
4. Control of infectious diseases
5. Reduction in cardiovascular disease (CVD) and stroke deaths
6. Safe and healthy foods
7. Maternal and infant care
8. Family planning
9. Fluoridated drinking water
10. Recognition of tobacco as a health hazard

Modern travel has made health and the spread of disease a global issue. The deadly flu pandemic of 1918 took over one year to travel around the globe. Today, modern air travel could spread illness globally in a matter of weeks.

Borders, leading to many new challenges for health around the world. Current concern over pandemic flu is a grim reminder of the need for a proactive international response to disease prevention. Health risks are not limited to disease; contaminants to our food, air, and water supplies, global warming, and chemical toxins are modern health threats to the global community.

Likewise, health disparities are not just a national concern. Disparities exist in every nation around the globe, but those that lack adequate resources such as food, water, and shelter, have weak economies, and offer poor access to health care face severe challenges. In developed nations, the leading causes of death are heart disease, stroke, and cancer. In developing nations, people die from infections long eradicated in more prosperous countries.

Attaining global health in the twenty-first century will require each of us to do our part to protect our own health and the health of others, whether at home or abroad. We will need time to understand the vast differences in health status across various social groups and to promote community action that addresses the unique needs of each population.

Gender Differences and Health

When it comes to health-related differences, men and women really do seem to be from Mars and Venus. Though much of the male and female anatomy is identical, researchers are discovering that the same diseases and treatments can affect men and women very differently. Many illnesses—for example, osteoporosis, multiple sclerosis, depression, diabetes, and Alzheimer’s disease—are much more common in women, even though rates for these diseases seem to be increasing in men. Why these differences? Is it simply a matter of lifestyle? Clearly, it is much more complicated than that. Consider the following:

- The size, structure, and function of the brain differ in women and men, particularly in areas that affect mood and behavior and in areas used to perform the same tasks. Reaction time is slower in women, but accuracy is higher.
- Bone mass in women peaks in their twenties; in men, it peaks gradually until age 30. At menopause, women lose bone at an accelerated rate, and 80 percent of people with osteoporosis are women.
- Women’s cardiovascular systems are different in size, shape, and nervous system impulses, and women have faster heart rates.
- Women’s immune systems are stronger than men’s, but women are more prone to autoimmune disease (diseases in which the body attacks its own tissues, such as multiple sclerosis, lupus, and rheumatoid arthritis). Women experience pain in ways different from men and may react to pain medications differently.

Differences do not stop there; according to a report by the Society for Women’s Health Research:

- Women respond differently to prescription, over-the-counter, and illicit drugs. For example, antidepressants are absorbed, distributed, and eliminated differently in women, and monthly fluctuation in a woman’s hormones may also alter drug response. Women are therefore more likely to need dosage adjustments and more follow-up care.
- Women who smoke are at increased risk for elevated LDL (bad) cholesterol and are more likely to die of lung cancer, suffer a stroke, and develop cardiovascular and respiratory disease than men who smoke the same number of cigarettes.
- Women are more likely than men to suffer a second heart attack within one year of their first heart attack.
- Women are two times more likely than men to contract a sexually transmitted infection and ten times more likely to contract HIV (the virus that causes AIDS) when having unprotected intercourse.

Surprisingly, although these and countless other disparities in health have long been recognized, researchers largely ignored the unique aspects of women’s health until the 1990s, when the National Institutes of Health (NIH) funded a highly publicized 15-year, $625 million dollar study. Known as the Women’s Health Initiative (WHI), this study was designed...
to focus research on the uniqueness of women with respect to drug trials, development of surgical instruments, and other health issues rather than assuming that women would respond just like the men previously studied. The WHI and several follow-up studies are providing invaluable information about women’s risks and potential strategies for prevention, intervention, and treatment.

**what do you THINK?**

Why do you think there are differences between men and women in their risks for certain diseases?

- Which of the differences highlighted in the previous section could be modified through changes in health behavior?

**Changing Your Health Behaviors**

As Mark Twain said, “Habit is habit, and not to be flung out the window by anyone, but coaxed downstairs a step at a time.” The chances of successfully changing negative habits improve when you identify a key behavior that you want to change and develop a plan for gradual modification that allows you time to unlearn negative patterns and substitute positive ones.

First, identify what is most important to you or what causes you the greatest immediate and long-term risks. For example, if you are concerned about your weight, assess your eating patterns and decide where you can make changes that you can live with. Too many of us decide on New Year’s Day that we are going to lose weight, exercise more, find more friends, and essentially reinvent ourselves overnight! Is it any wonder that we don’t keep most of these resolutions?
FIGURE 1.3 Effects of Health on Academic Performance
Your personal health and wellness can affect your academic success. In a recent American College Health Association survey, students indicated specific health problems that prevented them from performing at their best.


FIGURE 1.4 identifies major factors that influence behavior and behavior-change decisions. They can be divided into three general categories: predisposing, enabling, and reinforcing.

Predisposing Factors Our life experiences, knowledge, cultural and ethnic heritage, and current beliefs and values are all predisposing factors that influence behavior. Factors that may predispose us to certain health conditions include age, sex, race, income, family background, educational background, and access to health care. For example, if your parents smoked, you are 90 percent more likely to start smoking than someone whose parents didn’t. If your peers smoke, you are 80 percent more likely to smoke than someone whose friends don’t.

Enabling Factors Skills and abilities; physical, emotional, and mental capabilities; community and government priorities and commitment to health; and safe and convenient resources and facilities that make health decisions

TABLE 1.5 Leading Causes of Death in the United States by Age (Years), 2003

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cause of Death</th>
<th>All Ages</th>
<th>15–24</th>
<th>25–44</th>
<th>45–64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diseases of the heart</td>
<td>665,089</td>
<td>15,272</td>
<td>29,307</td>
<td>563,390</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malignant neoplasms</td>
<td>556,902</td>
<td>5,368</td>
<td>19,290</td>
<td>388,911</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cerebrovascular diseases</td>
<td>157,689</td>
<td>3,988</td>
<td>25,007</td>
<td>138,134</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chronic lower respiratory diseases</td>
<td>125,382</td>
<td>1,651</td>
<td>16,850</td>
<td>109,139</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unintentional injuries</td>
<td>109,277</td>
<td>1,133</td>
<td>7,626</td>
<td>62,817</td>
<td></td>
</tr>
<tr>
<td>Under 1 Year</td>
<td>Congenital anomalies</td>
<td>5,621</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 1 Year</td>
<td>Short gestation or low birth weight</td>
<td>4,849</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 1 Year</td>
<td>Sudden infant death syndrome</td>
<td>2,162</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 1 Year</td>
<td>Maternal complications</td>
<td>1,710</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 1 Year</td>
<td>Complications of placenta, cord, membranes</td>
<td>1,099</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

easy or difficult are enabling factors. Positive enablers encourage you to carry through on your intentions to change. Negative enablers work against your intentions to change. For example, if you would like to join a local fitness center but discover that the closest one is four miles away and the membership fee is $500, those negative enablers may convince you to stay home. By contrast, if your school’s fitness center is two blocks away, stays open until midnight, and offers a special student membership, those positive enablers will probably convince you to join. Identifying positive and negative enabling factors and devising alternative plans when the negative factors outweigh the positive are part of planning for behavior change.

Reinforcing Factors Reinforcing factors include the presence or absence of support, encouragement, or discouragement that significant people in your life bring to a situation; employer actions and policies; health provider costs and access; community resources; and access to health education. For example, if you decide to stop smoking and your family and friends continue smoking in your presence, you may be tempted to start smoking again. In other words, your smoking behavior is reinforced. If, however, you are overweight, you lose a few pounds, and all your friends tell you how terrific you look, your positive behavior is reinforced, and you will likely continue your weight-loss plan.

The manner in which you reward or punish yourself in the process of change also plays a role. Accepting small failures and concentrating on your successes can foster further achievements. Berating yourself because you binged on ice cream or argued with a friend may create an internal environment in which failure becomes almost inevitable. Telling yourself that you’re worth the extra effort and giving yourself a pat on the back for small accomplishments are often overlooked factors in positive behavior change.

Motivation and Readiness to Change
Wanting to change is a prerequisite of the change process, but there is much more to the process than motivation. Motivation must be combined with common sense, commitment, and a realistic understanding of how best to move from
point A to point B. *Readiness* is the state of being that precedes behavior change, and people who are ready are likely to make the actual effort.\(^{18}\) People who are ready to change possess the attitudes, knowledge, skills, and internal and external resources that make change possible.

Some of us need a little boost before we are able to change our behaviors. Rewards, or incentives for successfully reaching goals that we set, are effective ways to keep ourselves on track. For example, you might allow yourself to eat something that you really enjoy after losing 5 pounds, rather than depriving yourself until you lose all 30 of the pounds that you want to lose. The *Skills for Behavior Change* box on page 20 describes the series of stages that a person progresses through in successfully changing a health behavior.

### Self-Efficacy

Self-efficacy is one of the most important factors influencing our health status. People who have it are more likely to take action to improve their health, stick to the plan of action, and experiment with other options for making improvements. Self-efficacy is defined as an individual’s belief that he or she is capable of achieving certain goals or performing at a level that may influence events in life.\(^{19}\) In general, people who exhibit high self-efficacy are confident they can succeed, and they approach challenges with a positive attitude. Prior success in academics, athletics, or social interactions will lead to expectations of success in the future. Self-efficacious people are more likely to feel a sense of personal control over situations. People who approach challenges, such as changing an unhealthy behavior, with confidence may be more motivated to change and achieve a greater level of success. In contrast, someone with low self-efficacy may give up easily or never even try to change a behavior. People with low self-efficacy tend to shy away from difficult challenges. They may have failed before, and when the going gets tough they are more likely to give up or revert to old patterns of behavior. How can one improve self-efficacy? Learning new skills and having successful experiences can help improve confidence and develop a “can-do” attitude.

### External versus Internal Locus of Control

The conviction that you have the ability to change is a powerful motivator. Individuals who feel that they have limited control over their lives often find it more difficult to initiate positive changes.\(^{20}\) If they believe that someone or something else controls a situation, they may become easily frustrated and give up. People with these characteristics have an external locus of control, which can rob them of confidence in their ability to succeed in a particular behavior. Often, they are among the first to follow the crowd and to engage in risky behaviors that they believe will increase their popularity. In contrast, people who are confident that their behavior will influence an outcome in a manner they desire tend to have an internal locus of control.

They are more apt to take action because they think it’s important, are less motivated by what others think, and feel they are in charge of the situation.

### Beliefs and Attitudes

We often assume that when rational people realize that their actions put them at risk, they will act to reduce that risk—but this is not necessarily true. Consider the number of health professionals who smoke, consume junk food, and act in other unhealthy ways. They surely know better, but their “knowing” is disconnected from their “doing.” Why is this so? Two strong influences on behavior are beliefs and attitudes.

A belief is an appraisal of the relationship between some object, action, or idea (for example, smoking) and some attribute of that object, action, or idea (for example, smoking is expensive, is dirty, and causes cancer—or, it is relaxing). An attitude is a relatively stable set of beliefs, feelings, and behavioral tendencies in relation to something or someone. Psychologists studying the relationship between beliefs and health habits have determined that although beliefs can subtly influence behavior, they may not actually cause people to behave differently. In 1966, psychologist I. Rosenstock developed a classic theory, the *Health Belief Model (HBM)*, to show when beliefs affect behavior change.\(^{21}\) Although many other models attempt to explain the influence of beliefs on behaviors, the HBM remains one of the most widely accepted. It holds that several factors must support a belief before change is likely:

- **Perceived seriousness of the health problem.** How severe would the medical and social consequences be if the

| **self-efficacy** | Belief in one’s ability to perform a task successfully. |
| **personal control** | Belief that one’s own internal resources allow one to control a situation. |
| **belief** | Appraisal of the relationship between some object, action, or idea and some attribute of that object, action, or idea. |
| **attitude** | Relatively stable set of beliefs, feelings, and behavioral tendencies in relation to something or someone. |
| **Health Belief Model (HBM)** | Model for explaining how beliefs may influence behaviors. |
Many of us resolve to change a given behavior, only to return to the behavior after a short time.

Why do so many good intentions fail? According to Drs. James Prochaska and Carlos DiClemente, we are going about things in the wrong way, and fewer than 20 percent of us are really prepared to take action. Prochaska and DiClemente believe that behavior changes usually fail if they start with the change itself. Instead, we must go through a series of stages to prepare ourselves for that change.

1. **Precontemplation.** People in the precontemplation stage have no current intention of changing. They may have tried to change a behavior before and given up, or they may be in denial and unaware of any problem.

   **Strategies for Change:** Sometimes a few frank, yet kind, words from friends may be enough to make precontemplators take a closer look at themselves. Recommending readings or making tactful suggestions can help precontemplators consider making a change.

2. **Contemplation.** In this phase, people recognize that they have a problem and begin to contemplate the need to change. People can languish in this stage for years, realizing that they have a problem but lacking the time or energy to address it.

   **Strategies for Change:** Often, contemplators need a little push to get them started. This may come in the form of helping them set up a change plan (for example, inviting a friend to join you on your morning walk), buying a helpful gift (such as a low-fat cookbook), sharing articles about a particular problem, or inviting them to go with you to hear a speaker on a related topic.

3. **Preparation.** Most people at this point are close to taking action. They’ve thought about what they might do and may even have come up with a plan.

   **Strategies for Change:** People in the preparation stage can benefit from following a few simple guidelines. Set realistic goals (large and small), take small steps toward change, change only a couple of things at once, reward small milestones, and seek support from friends. Fill out the Behavior Change Contract in the front of this book to help you commit to making these changes.

4. **Action.** In this stage, people begin to follow their action plans. Those who have prepared for change, thought about alternatives, engaged social support, and made a realistic plan of action are more ready than those who have given it little thought. Unfortunately, too many people start behavior change here rather than going through the first three stages.

   **Strategies for Change:** Publicly stating the desire to change helps ensure success. Encourage friends who are making a change to share their plans with you. Offer to help, and try to remove potential obstacles from the person’s intended action plan.

5. **Maintenance.** Maintenance requires vigilance, attention to detail, and long-term commitment. Many people reach a goal, only to relax and slip back into the undesired behavior. Be aware of the potential for relapses, and develop strategies for dealing with such challenges. Common causes of relapse include overconfidence, daily temptations, stress or emotional distractions, and self-deprecation.

   **Strategies for Change:** Continue taking the same actions that led to success in the first place. Find fun and creative ways to maintain positive behaviors.

6. **Termination.** By this point, the behavior is so ingrained that the current level of vigilance may be unnecessary. The new behavior has become an essential part of daily living. Can you think of someone you know who has made a major behavior change that has now become an essential part of that person’s life?

race, and ethnic background; sociopsychological variables, including personality traits, social class, and social pressure; and structural variables, including knowledge about or prior contact with the health problem.

People follow the Health Belief Model many times every day. Take, for example, smokers. Older smokers are likely to know other smokers who have developed serious heart or lung problems. They are thus more likely to perceive tobacco as a threat to their health than is a teenager who has just begun smoking. The greater the perceived threat of health problems caused by smoking, the greater the chance a person will quit.

However, many chronic smokers know the risks yet continue to smoke. Why do they miss these cues to action? According to Rosenstock, some people do not believe that they will be affected by a problem—they act as though they had some kind of immunity to it—and are unlikely to change their behavior. In some cases, they may think that even if they get cancer or have a heart attack, the health care system will cure them. They also may feel that the immediate pleasure outweighs the long-range cost.

### Intentions to Change

Our attitudes reflect our emotional responses to situations and follow from our beliefs. The Theory of Reasoned Action states that our behaviors result from our intentions to perform actions. An intention is a product of our attitude toward an action and our beliefs about what others may want us to do. A behavioral intention, then, is a written or stated commitment to perform an action.

In brief, the more consistent your attitude is towards an action and the more support you receive from others to take that action, the more likely you are to succeed. Verbalizing your intentions is important, but recognize that environmental, physical, and social barriers make even the best laid plans and intentions challenging.

### Significant Others as Change Agents

Many of us are highly influenced by the approval or disapproval (real or imagined) of close friends, loved ones, and the social and cultural groups to which they belong. Such influences can support healthy behavior, or they can interfere with even the best intentions.

#### Your Family

From the time of your birth, your parents or other family members have given you strong cues about which actions are and are not socially acceptable. Brushing your teeth, bathing, wearing deodorant, and chewing food with your mouth closed are behaviors that your family probably instilled in you long ago. Your family culture influenced your food choices, religious and political beliefs, and all your other values and actions. If you deviated from your family’s norms, a family member probably let you know fairly quickly. Good family units provide caring, trust, and protection; are dedicated to the healthful development of all family members; and work to reduce problems.

When a loving family unit does not exist, when it does not provide for basic human needs, or when dysfunctional, irresponsible individuals try to build a family under the influence of drugs or alcohol, it becomes difficult for a child to learn positive health behaviors. Often, healthy behaviors get their start in healthy homes; unhealthy homes breed unhealthy habits. Healthy families provide the foundation for a clear and necessary understanding of what is right and wrong, what is positive and negative. Without this fundamental grounding, many young people have great difficulties.

#### Social Bonds and the Influence of Others

Just as your family influences your actions during your childhood, your friends and significant others influence your behaviors as you grow older. Most of us desire to fit the “norm” and avoid hassles in our daily interactions with others. If you deviate from the actions expected in your hometown, or among your friends, you may suffer ostracism, strange looks, and other negative social consequences. Understanding the subtle and not-so-subtle ways in which other people influence our actions is an important step toward changing our behaviors.

The behavior choices we make can be explained by the Theory of Planned Behavior. This theory outlines three reasons for how we choose to behave:

1. **Our attitudes toward the behavior:** what we think about the positive or negative effects of our actions and the importance of each of those

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**Do my friends and family influence my health choices?**

The support and encouragement of friends who have similar goals and interests will strengthen your commitment to develop and maintain positive health behaviors.
2. *Our level of perceived behavioral control:* our beliefs about the constraints and/or opportunities we might have concerning the behavior.

3. *Our subjective norms:* whether we think our actions will meet the approval or disapproval of people important to us.

For example, if you want to lose weight because you believe it will make you more desirable, you’ll have strong intentions to begin a weight-loss program (attitudes toward the behavior). Intentions are powerful indicators of successful behavior change. If there is a convenient, affordable fitness center near you, and if the schedule works for you, you’ll be even more motivated and believe you can make the change (perceived control). Finally, the influence of others serves as a powerful social support for positive change. If friends offer encouragement (subjective norms), you are more likely to remain motivated to change your behaviors. However, if you think that your friends will think you are a “nerd” for going to the gym, or if the gym is inconvenient or expensive, you may quickly lose your motivation. The importance of cultivating and maintaining close social bonds with others is an important part of overall health. The key people in our lives play a powerful role in our motivation to change for the better, or for the worse.

**Shaping**

Regardless of how motivated you are, some behaviors are almost impossible to change immediately. To reach your goal, you may need to take a number of individual steps, each designed to change one small piece of the larger behavior. This process is known as shaping.

For example, suppose that you have not exercised for a while. You decide that you want to get into shape, and your goal is to jog three miles every other day. But you realize that you’d face a near-death experience if you tried to run even a few blocks in your current condition. So you decide to build up to your desired fitness level gradually. During week 1, you will walk for one hour every other day at a slow, relaxed pace. During week 2, you will walk for the same amount of time but speed up your pace and cover slightly more ground. During week 3, you will speed up even more and try to go even farther. You will continue taking such steps until you reach your goal.

Whatever the desired behavior change, all shaping involves the following actions:

- Start slowly, and try not to cause undue stress during the early stages of the program.
- Keep the steps small and achievable.
- Be flexible. If the original plan proves uncomfortable or you deviate from it, don’t give up! Start again, and move forward.
- Don’t skip steps or move to the next step until you have mastered the previous one.
- Reward yourself for meeting regular, previously-set goals.

Remember, behaviors don’t develop overnight, so they won’t change overnight.

**Visualization**

Mental practice can transform unhealthy behaviors into healthy ones. Athletes and others use a technique known as *imagined rehearsal* to reach their goals. By visualizing their planned action ahead of time, they are better prepared when they put themselves to the test.

For example, suppose you want to ask someone out on a date. Imagine the setting (walking together to class). Then practice in your mind and out loud exactly what you want to say. Mentally anticipate different responses (“Oh, I’d love to, but I’m busy that evening. . . .”) and what you will say in reaction (“How about if I call you sometime this week?”). Careful mental and verbal rehearsal—you could even try out your scenario on a friend—will greatly improve the likelihood of success.

**Modeling**

*Modeling,* or learning behaviors by watching others perform them, is one of the most effective strategies for changing behavior. For example, suppose that you have trouble talking to people you don’t know very well. One of the easiest ways to improve your social skills is to observe others who are verbal and approachable, and see how they carry themselves. This process of modeling can help you learn and adapt new behaviors. The key is to watch and study those who already possess the skills you desire. By mimicking their actions and responses, you can gradually develop a comfortable approach to social situations.

Remember to stay flexible and patient. Change is a gradual process, and both modeling and shaping techniques require persistence and dedication. By implementing these strategies, you can work towards making positive changes in your personal and social life.
to improve your communication skills is to select friends whose social skills you envy. Observe them. Do they talk more or listen more? How do people respond to them? Why are they such good communicators? If you observe behaviors you admire and isolate their components, you can model the steps of your behavior-change technique on a proven success.

Controlling the Situation

Sometimes, the right setting or the right group of people will positively influence your behaviors. Many situations and occasions trigger certain actions. For example, in libraries, houses of worship, and museums, most people talk softly. Few people laugh at funerals. The term situational inducement refers to an attempt to influence a behavior by using occasions and social settings to control it.

For example, you may be more apt to stop smoking if you work in a smoke-free office, a positive situational inducement. But working in a smoke-filled bar, a negative situational inducement, may tempt you to resume. By carefully considering which settings will help and which will hurt your effort to change, and by deciding to seek the first and avoid the second, you will improve your chances for change.

Reinforcement

Another way to promote positive behavior change is to reward yourself for it. This is called positive reinforcement. Each of us is motivated by different reinforcers.

Most positive reinforcers can be classified into five categories: consumable, activity, manipulative, possessional, and social.

- **Consumable reinforcers** are delicious edibles, such as candy, cookies, or gourmet meals.
- **Activity reinforcers** are opportunities to do something enjoyable, such as watching TV or going on vacation.
- **Manipulative reinforcers** are incentives, such as getting a lower rent in exchange for mowing the lawn or the promise of a better grade for doing an extra-credit project.
- **Possessional reinforcers** are tangible rewards, such as a new TV or a sports car.
- **Social reinforcers** are signs of appreciation, approval, or love, such as loving looks, affectionate hugs, and praise.

When choosing reinforcers, determine what would motivate you to act in a particular way. Research has shown that people can be motivated to change their behaviors, such as not smoking during pregnancy or abstaining from cocaine, if they set up a token economy system whereby they earn tokens or points that can be exchanged for meaningful rewards, such as money. The difficulty often lies in determining which incentive will be most effective. Your reinforcers may initially come from others (extrinsic rewards), but as you see positive changes in yourself, you will begin to reward and reinforce yourself (intrinsic rewards). Although reinforcers should immediately follow a behavior, beware of overkill. If you reward yourself with a movie every time you go jogging, this reinforcer will soon lose its power. It would be better to give yourself this reward after, say, a full week of adhering to your jogging program.

**what do you THINK?**

What consumable reinforcers would be a healthy reward for your new behavior? If you could choose one activity reinforcer with which to reward yourself after one week of success in your new behavior, what would it be? If you could obtain something (possessional reinforcer) after you reach your goal, what would it be? If you maintain your behavior for one week, what type of social reinforcer would you like to receive from your friends?

Changing Self-Talk

Self-talk, the way you think and talk to yourself, can also play a role in modifying health-related behaviors. Self-talk can reflect your feelings of self-efficacy, discussed earlier in this chapter. When we don’t feel self-efficacious, it’s tempting to engage in negative self-talk, which can sabotage our best intentions. Here are some strategies for changing self-talk.

Rational-Emotive Therapy

Rational-emotive therapy, a form of cognitive therapy or self-directed behavior change, is based on the premise that there is a close connection between what people say to themselves and how they feel. According to psychologist Albert Ellis, most emotional problems and related behaviors stem from irrational statements that people make to themselves when events in their lives are different from what they would like them to be.

For example, suppose that after doing poorly on a test, you say to yourself, “I can’t believe I flunked that easy exam. I’m so stupid.” By changing this irrational, “catastrophic” self-talk into rational, positive statements about what is really going on, you increase the likelihood that you will make a positive behavior change. Positive self-talk might be phrased as follows: “I really didn’t study enough for that exam, and I’m not surprised I didn’t do well. I’m certainly not stupid. I just need to prepare better for the next test.” Such self-talk will help you to recover quickly and take positive steps to correct the situation.
The Internet can be a wonderful resource for rapid answers. In fact, 72 percent of college students obtain health information from the Web. However, some of the answers are better than others. If you’re not careful, you could end up feeling frazzled, confused, and—worst of all—misinformed. How can you maximize your chances of locating high-quality information? Follow these tips:

- Look for websites sponsored by an official government agency, a university or college, or a hospital/medical center. These typically offer accurate, up-to-date information about a wide range of health topics. Government sites are easily identified by their .gov extensions (for example, the National Institute of Mental Health is www.nimh.nih.gov); college and university sites typically have .edu extensions (Johns Hopkins University is www.jhu.edu). Hospitals often have a .org extension (Mayo Clinic: www.mayoclinic.org). Major philanthropic foundations, such as the Robert Wood Johnson Foundation, the Legacy Foundation, the Kellogg Foundation, and others, often provide information about selected health topics.

- Search for well-established, professional, peer-reviewed journals such as the New England Journal of Medicine (http://content.nejm.org) or the Journal of the American Medical Association (JAMA) (http://jama.ama-assn.org). Although some of these sites require a fee for access, often you can locate concise abstracts and information, such as a weekly table of contents, that can help you conduct a search. Other times, you can pay a basic fee for a certain number of hours of unlimited searching. You may also find that your college library subscribes to a number of these online journals.

- Consult the Centers for Disease Control and Prevention (www.cdc.gov) for consumer news, updates, and alerts.

- For a global perspective on health issues, visit the World Health Organization (www.who.int/en/).

- There are many government and education-based sites that are independently sponsored and reliable. The following is just a sample. We’ll provide more in each chapter as we cover specific topics.
  - Aetna Intelihealth: www.intelihealth.com
  - Dr. Koop.com: www.drkoop.com
  - Drug InfoNet: www.druginfonet.com
  - Health AtoZ.com: www.healthatoz.com

- WebMD health: http://my.webmd.com

The American Accreditation Healthcare Commission (www.urac.org) has devised over 50 criteria that health sites must satisfy to display its seal. Look for the “URAC Accredited Health Web Site” seal on websites you visit. In addition to policing the accuracy of health claims, URAC evaluates health information and provides a forum for reporting misinformation, privacy violations, and other complaints.

- And finally, don’t believe everything you read. Cross-check information against reliable sources to see whether facts and figures are consistent. Be especially wary of websites that try to sell you something. Just because a source claims to be a physician or an expert does not mean that this is true. When in doubt, check with your own health provider, health education professor, or state health division website.


Blocking/Thought Stopping By purposefully blocking or stopping negative thoughts, a person can concentrate on taking positive steps toward behavior change. For example, suppose you are preoccupied with your ex-partner, who has recently deserted you for someone else. You consciously stop thinking about the situation and force yourself to think about something more pleasant (perhaps dinner tomorrow with your best friend). By refusing to dwell on negative images and forcing yourself to focus elsewhere, you can avoid wasting energy, time, and emotional resources and move on to positive change.

Problem Solving: The Art of Self-Instruction

Some people seem to naturally take on challenges and deal with stressful life events in positive ways. However, most of us struggle with such challenges. Even so, we can learn to do a better job of tackling and overcoming problems in our lives. According to psychologist Donald Meichenbaum, we can learn to inoculate ourselves against stressful events or control our anger over certain situations. Before a stressful
event (for example, going to the doctor for tests for sexually transmitted infection), Meichenbaum encourages his patients to practice coping skills, such as deep breathing or progressive muscle relaxation, or to practice self-instruction (“I’ll feel better once I know what is going on here”). He provides a list of strategies that are designed to help each of us cope with stressors and modify anger reactions or other negative behaviors.26

- Prepare for the situation by defining your stressor. What is it you have to do? Develop a plan to cope with stress reactions as a problem to be solved.
- Set concrete, realistic goals and specific behaviors you can do to reach goals.
- Try out the most acceptable and practical solution, and generate a wide range of possible alternative courses of action.
- Imagine and consider how others might respond if asked to deal with similar problems.
- Evaluate the pros and cons of each proposed solution, and organize the solutions from least to most practical and desirable.
- Rehearse strategies and behaviors by using imagery or role playing the behavior in advance.
- Confront the situation. Keep the focus on the present. What is it you have to do? Expect fear or anxiety, and use your preparation to cope with it.
- Expect some failures, but reward yourself for having tried.
- Reconsider the original problem in light of your attempt at problem solving.

Changing Your Behavior

Self-Assessment: Antecedents and Consequences

Behaviors, thoughts, and feelings always occur in a context, that is, in a situation. Situations can be divided into two components: the events that come before and those that come after. Antecedents are the setting events for a behavior; they stimulate a person to act in certain ways. Antecedents can be physical events, thoughts, emotions, or the actions of other people. Consequences—the results of behavior—affect whether a person will repeat that action. Consequences also can consist of physical events, thoughts, emotions, or the actions of other people.

Suppose you are shy and must give a speech in front of a large class. The antecedents include walking into the class, feeling frightened, wondering whether you are capable of doing a good job, and being unable to remember a word of your speech. If the consequences are negative—if your classmates laugh or you get a low grade—your terror about speaking in public will be reinforced, and you will continue to dread this kind of event. In contrast, if you receive positive feedback from the class or instructor, you may actually learn to like speaking in public.

Learning to recognize the antecedents of a behavior and acting to modify them is one method of changing behavior. A diary noting your undesirable behaviors and identifying the settings in which they occur can be a useful tool. Figure 1.5 identifies factors that can make behavior change more difficult.

<table>
<thead>
<tr>
<th>If you think…</th>
<th>then</th>
<th>try this strategy…</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I don’t have enough time&quot;</td>
<td>Chart your hourly activities for one day. What are your highest priorities? What can you eliminate? Plan to make some time for a healthy change next week.</td>
<td></td>
</tr>
<tr>
<td>&quot;I’m too stressed&quot;</td>
<td>Assess your major stressors right now. List those you can control and those you can change or avoid. Then identify two things you enjoy that can help you reduce stress now.</td>
<td></td>
</tr>
<tr>
<td>&quot;I worry about what others may think&quot;</td>
<td>Ask yourself how much others influence your decisions about drinking, sex, eating habits, etc. What is most important to you? What actions can you take to act in line with these values?</td>
<td></td>
</tr>
<tr>
<td>&quot;I don’t think I can do it&quot;</td>
<td>Just because you haven’t before doesn’t mean you can’t now. To develop some confidence, take baby steps and break tasks into small pieces.</td>
<td></td>
</tr>
<tr>
<td>&quot;It’s a habit I can’t break&quot;</td>
<td>Habits are difficult to break but not impossible. What triggers your behavior? List ways you can avoid these triggers. Ask for support from friends and family.</td>
<td></td>
</tr>
</tbody>
</table>

FIGURE 1.5 Common Barriers to Behavior Change

What types of things might prevent you from changing a bad habit to a healthy one? If you find that you ask yourself any of these questions, try the suggested strategy to overcome the barrier.
Analyzing Personal Behavior

Successful behavior change requires determining what you want to change. All too often we berate ourselves by using generalities: “I’m lousy to my friends; I need to be a better person.” Determining the specific behavior you would like to modify—in contrast to the general problem—will allow you to set clear goals. What are you doing that makes you a lousy friend? Are you gossiping or lying about your friends? Have you been a taker rather than a giver? Or are you really a good friend most of the time?

Let’s say the problem is gossiping. You can analyze this behavior by examining the following components.

■ Frequency. How often do you gossip—all the time or only once in a while?
■ Duration. How long have you been doing this?
■ seriousness. Is your gossiping just idle chatter, or are you really trying to injure other people? What are the consequences for you? For your friends? For your relationships?
■ Basis for problem behavior. Is your gossip based on facts, perceptions of facts, or deliberate embellishment of the truth?
■ Antecedents. What kinds of situations trigger your gossiping? Do some settings or people bring it out in you more than others do? What triggers your feelings of dislike or irritation toward your friends? Why are you talking behind their backs?

Once you assess your actions and determine what motivates you, consider what you can do to change your behavior.

Decision Making: Choices for Change

Now it is time to make a decision that will lead to positive health outcomes. Try to anticipate what might occur in a given setting and to think through all possible safe alternatives.

For example, suppose you know that you are likely to be offered a drink when you go to a party. What response could you make that would be okay in your social group? If someone is flirting with you and the conversation takes on a distinct sexual overtone, what might you do to prevent the situation from turning bad? Advance preparation will help you stick to your behavior plan.

Fill out the Behavior Change Contract at the beginning of this book to help you set a goal, anticipate obstacles, and create strategies to overcome those obstacles. Remember that things typically don’t “just happen.” Making a commitment by completing a contract helps you stay alert to potential problems, be aware of your alternatives, maintain a good sense of your own values, and stick to your beliefs under pressure.

Setting Realistic Goals

Changing behavior is not easy, but sometimes we make it even harder by setting unrealistic and unattainable goals. To start making positive changes, ask yourself these questions.

1. **What do I want?** What is your ultimate goal—to lose weight? Exercise more? Reduce stress? Have a lasting relationship? Whatever it is, you need a clear picture of the target outcome.
2. **Which change is the greatest priority at this time?** Often people decide to change several things all at once. Suppose that you are gaining unwanted weight. Rather than saying, “I need to eat less, start jogging, and really get in shape,” be specific about the current behavior you need to change. Are you eating too many sweets? Too many high-fat foods? Perhaps a realistic goal would be to try to eat less fat during dinner every day. Choose the behavior that constitutes your greatest problem, and tackle that first. You can always work on something else later. Take small steps, experiment with alternatives, and find the best way to meet your goals.
3. **Why is this important to me?** Think through why you want to change. Are you doing it because of your health? To look better? To win someone else’s approval? Usually, doing something because it’s right for you rather than to win others’ approval is a sound strategy. If you are changing for someone else, what happens when that other person isn’t around?
4. **What are the potential positive outcomes?** What do you hope to accomplish?
5. What health-promoting programs and services can help me get started? Nearly all campuses offer helpful resources. You might buy a self-help book at the campus bookstore, speak to a counselor, or enroll in an aerobics class at the local fitness center.

6. Are there family or friends whose help I can enlist? Social support is one of your most powerful allies. Getting a friend to exercise with you, asking your partner to help you stop smoking by quitting at the same time you do, and making a commitment with a friend to never let each other drive if you’ve been drinking alcohol—these are all examples of how people can help each other make positive changes.

**what do you THINK?**

Why is it sometimes hard to make decisions?
- What factors influence your decision making?
- Select one behavior that you want to change, and refer to the Behavior Change Contract.

Using the goal-setting strategies discussed here, outline a plan for change.

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**TAKING charge**

**Summary**

- Health encompasses the entire dynamic process of fulfilling one’s potential in the physical, social, emotional, spiritual, intellectual, and environmental dimensions of life. Wellness means achieving the highest level of health possible in several dimensions.

- Although the average American life span has increased over the past century, we also need to increase the quality of life. Programs such as *Healthy People 2010* have established national objectives for achieving longer life and quality of life for all Americans through health promotion and disease prevention.

- Health disparities have become recognized as contributors to increased disease risks. Factors such as gender, race, and socioeconomic status continue to play a major role in health status and care. Women have longer lives but have more medical problems than do men. To close the gender gap in health care, researchers have begun to include more women in medical research and training.

- For the U.S. population as a whole, the leading causes of death are heart disease, cancer, and stroke. In the 15- to 24-year-old age group, the leading causes are unintentional injuries, homicide, and suicide. Many of the risks associated with cancer, heart disease, and stroke can be reduced through lifestyle changes. Many of the risks associated with accidents, homicide, and suicide can be reduced through preventive measures, particularly reductions in the use of alcohol and other drugs.

- Several factors contribute to a person’s health status, and a number of them are within our control. Beliefs and attitudes, self-efficacy, locus of control, intentions to change, support from significant others, and readiness to change are factors over which individuals have some degree of control. Access to health care, genetic predisposition, health policies that support positive choices, and other factors are all potential reinforcing, predisposing, and enabling factors that may influence health decisions.

- Behavior-change techniques, such as shaping, visualization, modeling, controlling the situation, reinforcement, changing self-talk, and problem solving help people succeed in making behavior changes.

- Decision making has several key components. Each person must explore his or her own problems, the reasons for change, and the expected outcomes. The next step is to plan a course of action best suited to individual needs and fill out a Behavior Change Contract.

**Chapter Review**

1. Our ability to perform everyday tasks, such as walking up the stairs, is an example of
   a. improved quality of life.
   b. physical health.
   c. health promotion.
   d. activities of daily living.

2. Janice describes herself as confident and trusting, and she displays both high self-esteem and high self-efficacy. The dimension of health this relates to is the
   a. social dimension.
   b. emotional dimension.
   c. spiritual dimension.
   d. intellectual dimension.
3. Which of the following is an example of primary prevention?
   a. attending a smoking cessation program
   b. using a condom during sexual intercourse
   c. receiving radiation therapy for cancer
   d. going to physical therapy for an injury resulting from a skiing accident

4. What statistic is used to describe the number of new cases of AIDS in a given year?
   a. morbidity
   b. mortality
   c. incidence
   d. prevalence

5. Because Craig’s parents smoked, he is 90 percent more likely to start smoking than someone whose parents didn’t. This is an example of what factor influencing behavior change?
   a. circumstantial factor
   b. enabling factor
   c. reinforcing factor
   d. predisposing factor

6. Suppose you want to lose 20 pounds. To reach your goal, you take small steps to gradually lose weight. You start by joining a support group and counting calories. After 2 weeks, you begin an exercise program and gradually build up to your desired fitness level. What behavior change strategy are you using?
   a. shaping
   b. visualization
   c. modeling
   d. reinforcement

7. After Kirk and Tammy pay their bills, they reward themselves by watching TV together. The type of positive reinforcement that motivates them to pay their bills is
   a. activity reinforcer.
   b. consumable reinforcer.
   c. manipulative reinforcer.
   d. possessional reinforcer.

8. The setting events for a behavior that cue or stimulate a person to act in certain ways are called
   a. antecedents.
   b. frequency of events.
   c. consequences.
   d. cues to action.

9. What strategy for change is advised for an individual in the preparation stage of change?
   a. seeking out recommended readings
   b. finding creative ways to maintain positive behaviors
   c. setting realistic goals
   d. publicly stating the desire for change

10. Spiritual health could best be described as
    a. exclusive to religiosity.
    b. optional for achieving wellness.
    c. related to one’s purpose in life.
    d. finding fulfilling relationships.

Answers to these questions can be found on page A-1.

**Questions for Discussion and Reflection**

1. How are the terms health and wellness similar? What, if any, are important distinctions between these terms? What is health promotion? Disease prevention?
2. How healthy is the U.S. population today? Are we doing better or worse in terms of health status than we have done previously? What factors influence today’s disparities in health?
3. What are some of the major differences in the way men and women are treated in the health care system? Why do you think these differences exist? How do race, sexual orientation, religion, marital status, and age affect how people are treated in the health care system?
4. What is the Health Belief Model? What is the Theory of Reasoned Action? How may each of these models be working when a young woman decides to smoke her first cigarette? Her last cigarette?
5. Explain the predisposing, reinforcing, and enabling factors that might influence a young mother who is dependent on welfare as she decides whether to sell drugs to support her children.
6. Using the stages of change model (described in the Skills for Behavior Change box on page 20), discuss what you might do (in stages) to help a friend stop smoking. Why is it important that a person be ready to change before trying to change?
Accessing Your Health on the Internet

The following websites explore further topics and issues related to personal health. For links to the websites below, visit the Companion Website for Health: The Basics, Eighth Edition at www.aw-bc.com/donatelle.
1. CDC Wonder. Clearinghouse for comprehensive information from the Centers for Disease Control and Prevention (CDC), including special reports, guidelines, and access to national health data. http://wonder.cdc.gov
3. National Center for Health Statistics. Outstanding place to start for information about health status in the United States. Links to key documents such as Health, United States (published yearly); national survey information; and information on mortality by age, race, gender, geographic location, and other important data. Includes comprehensive information provided by the CDC, as well as easy links to at least ten of the major health resources currently being used for policy and decision making about health in the United States. www.cdc.gov/nchs/default.htm
5. World Health Organization. Excellent resource for global health information. Provides information on the current state of health around the world, such as illness and disease statistics, trends, and illness outbreak alerts. www.who.int/en

Further Reading


Provides an up-to-date overview of U.S. health statistics, risk factors, and trends.


An edited text featuring experts from throughout the country discussing the role that health professionals play in health change. It outlines an ecological approach to improving the nation’s health and has served as a catalyst for initiatives focused on current health issues and future plans to improve health and prevent premature death and disability.


The summary of a national effort to examine the nation’s health status and describe how key individuals and organizations can work as a public health system to create conditions in which people can be healthy. In addition, this text recommends the evidence-based actions necessary to make the U.S. health system work effectively.


An overview of key writings on public health and issues affecting individuals and populations. Special emphasis on health determinants, emerging threats to health, the health of diverse populations, and issues of health care quality, costs, and access.


This plan contains the U.S. surgeon general’s long-range goals for increasing the life span for all Americans by three years and improving access to health for all Americans, regardless of sex, race, socioeconomic status, and other variables.

e-themes from The New York Times

For up-to-date articles about current health issues, visit www.aw-bc.com/donatelle, select Health: The Basics, Eighth Edition, Chapter 1, and click on “e-themes.”
References


