

**Fitness for Duty:
A Simple System for Making
Health Related Change**

**Satellite Conference and Live Webcast
Thursday, January 17, 2008
12:00-1:30 p.m. (Central Time)**

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Faculty

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Objectives

- **Recognize the importance of behavioral science in public health initiatives.**
- **Become familiar with the efficacy of competing behavior change models.**
- **Be able to differentiate deficits in knowledge vs. deficits in motivation vs. deficits in behavior change skills.**
- **Learn how to apply a simple model for implementing health related life change.**

The Life of Many Americans: Chronic Conditions by Age

- 33% of persons aged 18 to 44
- 66% of persons aged 45 to 64
- 88% of persons over 65

(JAMA, 1997)

Demographic Changes

- Life expectancies are increasing
 - life expectancies have increased 30 to 40 years in developed countries over the last century
- Populations are aging
 - over 65 age group is the fastest growing segment
 - in 2010: 39 million

Lifestyle Choices

- Tobacco use
- Unhealthy nutrition
- Physical inactivity
- Excessive alcohol use
- Unsafe sex

Public Health Resolutions

- **Presidential directives**
 - Emphasis on protection of critical infrastructure
- **Department of Homeland Security**
 - National Response Plan
 - National Incident Management System
 - National Preparedness Goal

Public Health Resolutions

- **Increase all-hazard preparedness**
 - CDC cooperative agreements to states
 - Academic Centers of Excellence (DHS) and Centers for Public Health Preparedness (CDC)
 - HRSA funding to states for hospital preparedness
- **Health 2010 goals**

Personal Resolutions

- **Start exercising**
- **Eat well**
- **Lose weight**
- **Stop smoking**
- **Sleep more**
- **Reduce stress**
- *Help others to change?*

Behavior is The Common Denominator In Any Change...

- “Things do not change; we change.”
 - Henry David Thoreau
 - Change yourself
 - Change someone else
 - Change your community
 - Change the world

Models of Behavior Change

- Learning Theories (Skinner/Pavlov)
- Health Belief Model (Rosenstock)
- Theory of Reasoned Action (Ajzen & Fishbein)
- Social Cognitive Theory (Bandura)
- Transtheoretical Model (Prochaska & DiClemente)

There Is No “Perfect” Model

- Comprehensiveness
- Parsimony
- Empirical support
- Ease of translation

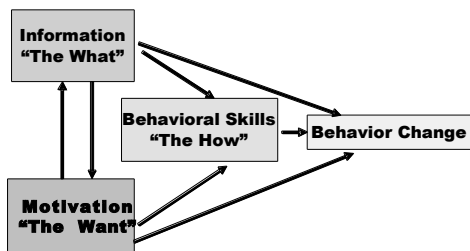
Why don't we change?

- Is it that we don't know *What* to do?
- Is it that we don't *Want* to do it?
- Or is it that we don't know *How* to make lasting changes to habits and routines?

Information-Motivation-Behavioral Skills Model

- Empirically tested
- Conceptually based
- Generalizable
- Parsimonious
- *Intuitive*

Information Motivation Behavioral Skills Model (Fisher and Fisher, 1992)



Information

- Knowledge that is directly relevant to the behavior to be changed
 - Communicating to patients that physical activity is good for overall health
 - What to do to be more physically active: walking, biking, swimming, and other physical movement
- *Does the person know what to do?*

Motivation

- Inducement to engage in and maintain a new behavior
 - attitude toward the behavior
 - subjective norm
 - perceived costs vs. benefits
 - perceived vulnerability
- *Does the person want to change?*

Behavioral Skills

- Strategies necessary to effectively perform the behavior
 - Goal setting
 - Self monitoring
 - Arranging the environment
 - Recruiting social support
 - Reinforcement
- *Does the person know how to change?*

Who are You? Change Types

- *Uninformed*—"I don't know what to do"
- *Unmotivated*—"I don't want to do it"
- *Unskilled Behaviorally*—"I don't know how to change"

Information and Motivation are Not Sufficient to Change Behavior

- Most smokers know that smoking is bad for their health
 - Most overweight people know they should lose weight
 - Most public health professionals know the health statistics in Alabama and want to help make change
- If information and motivation were enough, we would all be healthy!*

The Challenge of Motivation

- Clinicians may be unfamiliar with strategies to increase motivation
 - Motivational Interviewing (Miller, 1983)
 - Communication with the goal of increasing patient's intrinsic motivation to change
 - Resolve ambivalence
 - Address "readiness"

The Challenge of Motivational Interviewing

- Necessary steps
 - Get permission
 - Make *suggestions*
 - Ask open-ended questions
 - Use reflective listening—connect content and feelings
 - Elicit “change talk”
 - Explore ambivalence
 - Demonstrate respect, empathy, and patient autonomy

The Challenge of Motivational Interviewing

- Intensive training and follow-up
 - Note: trained mental health professionals have variability in their efficacy

The Challenge of Motivational Interviewing

- Special “talents” are needed:
 - Elicit “change talk,” not resistance
 - Accurate empathy
 - Positive assumptions about human nature
 - Accept the patient
- Time: 5 to 20 minutes for intervention

Low Motivation = Reality Check

- Reconsider the behavior you selected; is there another one that *you want* to change?
- Reality check:
 - This may not be the time for you to change

Quick Motivation Boosters

- Imagine yourself five years from now
 - If my behavior stays the same, I will feel _____.
 - If I keep doing exactly as I do today, I will look _____.
 - If I don't change a thing, my health will be _____.
 - How will my health effect my family and friends?

Dissonance Can Boost Motivation...

- Don't do it all- but do something
 - It's hard to say you're not confident in your ability to diet when you have cut down on the amount of sweets you eat- you're doing the behavior.

“The How”- SMART Skills

- Set a Goal
- Monitor Your Progress
- Arrange Your World for Success
- Recruit a Support Team
- Treat Yourself

Set a Clear, “Do-able” Goal

- Specific, measurable, observable behavior
- Make it reachable

Monitor Your Actions

- Include target behaviors
- Monitor with tracking sheet, diary, calendar, pda
- Place form in a visible location- state where that will be

Arrange Your World for Success

- Get rid of junk food
- Set alarm
- Get everything together the night before
- Post reminders
- Work your calendar
- *Take advantage of the tools offered by your employer*

Recruit a Support Team

- Increase chances for success
- Tell them what you need
- Show them progress towards goals
- Communication is the key

Treat Yourself:

Behavior that is rewarded is more likely to occur again!

- What will your reward be?
- What will you need to do to get it?
- How often will you reward yourself?
- List some “bigger” rewards for down the road.

Creating Lasting Change

- “What if” scenarios
- *Take the 3 Day Rule pledge*
 - 3 days without “right” behavior – is trigger
 - Stop – write down reasons
 - Pick an exact date to start back
 - Put date on calendar
 - Start over on set date
 - Continuous loop

Now you know how...

- *WHAT* to change (information)
- *WANT* to change (motivation)
- *HOW* to change (skills)
 - Set a Goal
 - Monitor Your Progress
 - Arrange Your World for Success
 - Recruit a Support Team
 - Treat Yourself

Upcoming Programs

How Can Use of the Performance Standards Drive
National, State and Local Public Health Policy?
Wednesday, January 23, 2008
1:00 - 2:30 p.m. (Central Time)

Political Leadership, Health Policies and Health
Disparities in Developed and Developing Nations
Wednesday, January 30, 2008
1:00 - 2:30 p.m. (Central Time)

Emergency Management Assistance Compact
Thursday, January 31, 2008
12:00 - 1:30 p.m. (Central Time)

For complete list of upcoming programs
visit: www.adph.org/alphtn
