

Healthworks

Sample Episode 9

A project of Curtin University and
Health Communication Resources



What this package contains

The *Healthworks* radio series consists of thirteen programs full of useful information and ideas to help you improve the health of your community. The series is based on a post-graduate course at Curtin University in Perth, Australia.

This package contains

- a sample script of *Healthworks* Episode #9
- a section of the *Healthworks* workbook relating to Episode #9

When you have evaluated this sample program download the 13 *Healthworks* audio tracks and the Workbook. The workbook is for listeners to add their answers to the questions asked in the *Healthworks* radio series. Refer to the *Healthworks* Info Pack for details of how to download the 13 audio files and the entire workbook.

For further information contact Health Communication Resources at info@h-c-r.org.



Healthworks (15-minutes). Program 9

1. MD INTRO...(:15) THEN KEEP MUSIC UNDER ANNCR... :45
2. ANNCR This is **Healthworks**, and I'm...(NAME). Welcome to the program! This episode we'll think about *why* people do the things they do, and why they change their health behaviour. We must know this to do effective health promotion; so stay tuned and we'll discuss "why". :20
3. MD INTRO MUSIC UP AND OUT :10

Review of Previous Program: Research

4. ANNCR Last time, we heard about research that helps us understand our communities' health needs. Turn to Section Eight in your workbook, to review that subject before we move on. That's Section Eight.

Here's your first question: what does *quantitative research* measure?
5. FX PLR (0:03) PLUS PAUSE (0:03) 0:06
6. ANNCR Quantitative research measures numbers — things like, how many people in the community smoke. If you said anything like that, about numbers or quantity, you're right.

Now, think about *participatory action research*. Who takes part in this?
7. FX PLR (0:03) PLUS PAUSE (0:05) 0:08
8. ANNCR The community takes part in participatory action research — that is correct. The people in your target group help you identify their health issues — and because of that, they're more likely to accept your health promotion message.

And there's another good thing about participatory action research. Think back to the first episode of **Healthworks**. The Ottawa Charter says one of the main health promotion goals is *strengthening community action*. When people help you gather information for your program, community action is strengthened because the community is taking action to improve their own health.

<PAUSE>

The third type of research we discussed last time was *qualitative research*. This includes things like focus groups: interviewing small groups of people to get detailed information. With focus groups, we can learn about the health problems that people feel are *most* important. We can find out why those problems exist. And, we can get ideas for activities for our health promotion program.
9. MD FLASH

Today's Topic: Theories of Health Behaviour

10. ANNCR This is *Healthworks*, and our topic this episode is theories of health behaviour.

Health promotion sometimes involves getting people to change their behaviour. We want smokers to stop smoking. We want people who do no exercise to get out and do some. And we want those at risk of HIV-AIDS to understand the dangers, and behave in ways that help prevent them getting HIV-AIDS.

Now human behaviour is complex, so it's worthwhile knowing about psychological theories that attempt to explain that behaviour. There are too many theories to explain here on *Healthworks*, so for this episode, let's focus on just one: the Health Belief Model.

<PAUSE>

The Health Belief Model was developed in the 1950s. It helps us understand some of the reasons for health behaviour — and once we know these reasons, we can plan suitable activities.

There are six main parts to the Health Belief Model. In Section Nine of your workbook you'll see spaces to fill in the names of each point. I'll list the six points, and then we'll consider one health problem to see how these points work.

Are you ready? Here we go...

Point one of the Health Belief Model is *perceived susceptibility*. This is a person's opinion of their chances of developing the condition or health problem. How likely or susceptible they feel they are about getting that problem. The word to write in your notes is *susceptibility*.

<SLOWLY> S-u-s-c-e-p-t-i-b-i-l-i-t-y. *Perceived susceptibility*.

<PAUSE>

The second point is *perceived seriousness*. This is about how serious a person believes the health problem would be. That's *perceived seriousness*.

<PAUSE>

Point three of the Health Belief Model is *perceived benefits*. Do people think that changing their health behaviour will benefit them? And, how much benefit would they get?

<PAUSE>

Next is point four: *perceived barriers*. What are the *barriers* — the “costs” of doing the recommended health behaviour? And in the Health Belief Model, remember, we're thinking about perceptions. What do people feel

— or *perceive* — are the barriers to changed behaviour? Well, barriers could include things like lack of support from a person’s social group and getting into debt, if the person does the recommended behaviour.

<PAUSE>

Point five is *cues to action*. A *cue to action* is a signal — a *cue* — that promotes positive health actions. A cue could be a media campaign, or a reminder from our friends to stay away from the refrigerator! These are *cues to action*.

<PAUSE>

And finally, point six is *self-efficacy*. Efficacy is spelt: e-f-f-i-c-a-c-y. It’s another word for *empowerment*, or feeling *able* or *capable* of doing the advised action. Do the people in your community feel they are confident in their ability to change their health behaviour? If they are confident about this, then your community has *self-efficacy*.

<PAUSE>

Now, you should have those six points listed in your workbook. In a moment we’ll talk about a young woman with a drug problem, and find out how the Health Belief Model can give us ideas for activities to help her change her direction in life.

11. FLASH

:10

12. ANNCR

This is ***Healthworks***. This episode we’re talking about the Health Belief Model, to find out how a psychological theory can help us choose activities that help change people’s health behaviour. To do this, let’s think about a young student who has a drug problem. We won’t meet Emma in person, but we’ll take a peek in her diary. Listen to what she wrote the other day...

13. FX

FADE UP CONTEMPORARY MUSIC IN BACKGROUND

14. EMMA

< HIGH SCHOOL STUDENT, AS IF TALKING TO SELF >

Dear Diary...

<SIGHS> *My school marks are getting worse; I know mama’s worried. I’m sure she knows I’m using. And that doctor told her a lot of rubbish MARIJUANA isn’t a drug. More like a tonic! When I smoke I feel great! So relaxed....*

Still, the other stuff, cocaine, is pretty bad. I wonder what’ll happen if I keep using that? My friend says “nothing,” but I’m worried. They told us about it in school.

Sometimes I wish I could just give it all up. No more money worries. No more upset parents. But saying I want to stop is one thing. To actually stop taking marijuana and cocaine is different. What about the man I get my

drugs from? He's scary. I've seen how angry he gets when others have tried to quit. Anyway, what if I try and can't stop? What if I really am hooked?

15. FX MUSIC OUT
16. ANNCR Emma certainly has some problems. As health professionals, can we help her? Yes, we can. We can provide treatment, but that's only part of it. The real change must come from Emma herself — she needs to stop using drugs. But, can she? Let's use the Health Belief Model to think about Emma's perceptions of drug taking. We'll decide if the Model can give us any health promotion ideas to help Emma help herself.
- Take a look at your notes about the six main parts of the Health Belief Model. First we'll discuss *perceived susceptibility*.
- This is a person's opinion of their likelihood of developing a particular condition or health problem. Think about Emma. Does she think taking drugs is likely to cause her health problems?
17. FX PLR (0:03) PLUS PAUSE (0:03) 0:06
18. ANNCR Well, let's discuss this answer. Listening to Emma's diary entry, I think the answer, at first, might be "no." Emma was scornful of her mother's worry about it. But notice how Emma reacted to the health program her school ran, discussing the dangers of cocaine?
19. EMMA <EXTRACT FROM DIARY>
- I wonder what'll happen if I keep using it?*
20. ANNCR Emma is worried about the dangers of cocaine. So if you said Emma perceives, or feels, that she is *susceptible* to health problems because of her drug taking, you're right.
- So, the Health Belief Model has told us something. We now know one of the things that Emma is concerned about. We can use that information to develop messages for our health promotion program. What about having a poster describing the effects of drugs? Or, even better, a group meeting where a young person with health problems from taking drugs, tells others all about these problems? The Health Belief Model can give us ideas like these, because the model shows us where to start with our health promotion message.
- That's the first part of the Health Belief Model: *perceived susceptibility*. Next is *perceived seriousness*.
- Does Emma think cocaine users face serious health problems?
21. FX PLR (0:03) PLUS PAUSE (0:03) 0:06
22. ANNCR Yes, Emma does think cocaine users face serious health problems. That's

correct. Remember what Emma wrote in her diary about this?

23. EMMA <EXTRACT FROM DIARY>

My friend says “nothing,” but I’m worried. They told us about it in school.

24. ANNCR Emma thinks that continuing to use cocaine could affect her health. So, as we prepare a health promotion program for Emma and others like her, we can use this knowledge to select activities that work on the positive influences in Emma’s life.

<PAUSE>

Okay, moving on to the next point in the Health Belief Model: *perceived benefits* of change. Emma knows that if she stops using drugs, her family life will improve, and she’ll have more money. And she’s clever, so I’m sure she also knows she’ll have better grades, and a better future.

But along with those feelings, there’s more. *Perceived barriers* is point four. What are the barriers for Emma? She mentioned two of them: the person she buys the drugs from and her fear of failure. So, using the Health Belief Model, we can identify the areas where Emma feels vulnerable. Then, we can develop activities to build up her strength and capacity to change. And that brings us to the last points of the Model.

<PAUSE>

Point five is *cues to action*. What things in Emma’s environment will motivate her to change? One possibility is pressure from her parents. Some health promotion programs focus on the parents and friends of the person with the problem, helping them with communication skills, or knowledge about the health issue. Peer pressure, media campaigns, and even the health problems themselves, can all be *cues to action*.

The final point in the Health Belief Model is *self-efficacy*. If Emma believes she has the confidence to stop taking drugs, she is more likely to succeed. But if Emma believes she’ll fail... she probably will. Health promotion helps people like Emma realise their own strength, and helps people make changes that can give them more control over their health — and their future.

25. MD FLASH 0:10

26. ANNCR Let’s review the Health Belief Model. Point one is *perceived susceptibility*. No, here’s a question for you about point two: what does *perceived seriousness* mean?

27. FX PLR (0:03) PLUS PAUSE (0:05) 0:08

28. ANNCR *Perceived seriousness* is a person’s opinion about how serious the problem or condition would be. That’s right.

Next question: what's point three of the Health Belief Model?

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|-----------|--|------|
| 29. FX | PLR (0:03) PLUS PAUSE (0:03) | 0:06 |
| 30. ANNCR | <p><i>Perceived benefits</i> is point three. It's a person's opinion about the benefits of changing their health behaviour. That's right.</p> <p><i>Perceived barriers</i> is next, and then <i>cues to action</i>. Here's another question for you: what are <i>cues to action</i>?</p> | |
| 31. FX | PLR (0:03) PLUS PAUSE (0:03) | 0:06 |
| 32. ANNCR | <p><i>Cues to action</i> are things that promote positive health actions. That's exactly right!</p> <p>And the final point is <i>self-efficacy</i> — a person's confidence that they are able to make the advised change.</p> | |
| 33. FX | FLASH | 0:04 |
| 34. ANNCR | The Health Belief Model is only one of many psychological theories that can help us do health promotion better. Next time we'll discuss how to keep track of what we need to do — and when — as we plan our health promotion program. Join me again then! I'm...(NAME). | |
| 35. MD | EXTRO (MUSIC UP AT 13:45; OUT AT 14:45) | 1:00 |

Workbook

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A project of Curtin University and
Health Communication Resources



Radio stations participating in this *Healthworks* project are permitted to charge a nominal fee to recover their costs of reproducing and distributing this workbook.

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Welcome

Welcome to *Healthworks* a radio series for health workers. The series consists of thirteen programs full of useful information and ideas to help you improve your own professional practice to improve the health of your community. The series is based on a post-graduate course at Curtin University in Perth, Australia.

This workbook has spaces to add your answers to the questions asked in the *Healthworks* radio series. When you hear the answers during the programs, simply add the answers into the available spaces. When you complete each program's questions, take this workbook to the radio station broadcasting this *Healthworks* radio series. A Certificate of Completion will be issued. Note: the evaluation sheet, at the back of the workbook, must be completed before a certificate is issued.

At the back of this workbook is a glossary of words discussed in the series.

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Section 9: Theories of Health Behaviour

After reviewing episode eight, we discuss the Health Belief Model, including what it is and how it can help us choose health promotion activities that help enhance people’s health. We talk about a young woman with a drug problem, and understand how the Health Belief Model can give us ideas for activities to help her improve her life.

Listen to the episode and fill in the names of six main parts of the Health Belief Model. Add notes about these parts, in the dotted lines. The questions for these topics start on the next page.

The Six Main Parts of the Health Belief Model

1. *Perceived s* _____ *y*

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2. *Perceived s* _____ *s*

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3. *Perceived b* _____ *s*

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4. *Perceived b* _____ *s*

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.....
1. Does Emma think taking drugs is likely to cause her health problems?
.....
.....

2. Does Emma think that cocaine users face serious health problems?
.....

3. What does perceived seriousness mean? (Fill in the gaps)

It is a person's opinion about how s _____ s the problem or condition would be.

4. What is point three of the Health Belief Model? (Fill in the gaps)

Perceived b _____ s.

5. What are cues to action? (Fill in the gaps)

Things that promote positive health a _____ n.

We've come to the end of this episode. Next time we find out about health promotion planning - so tune in then.