CPH Exam Review Webinar
Health Equity, Social Justice & the Application of Theory
CPh Study Resources

1. Content Outline
2. Sample Exam Questions
3. Practice Exams
4. Webinars
5. ASPPH Study Guide
6. APHA Study Guide

www.nbphe.org/cph-study-resources/
Evidence-based Approaches to Public Health (10%)
Communication (10%)
Leadership (10%)
Law and Ethics (10%)
Public Health Biology and Human Disease Risk (10%)
Collaboration and Partnership (10%)
Program Planning and Evaluation (10%)
Program Management (10%)
Policy in Public Health (10%)
Health Equity and Social Justice (10%)
Sample Exam Questions

Sample questions in the format of the CPH exam
Practice Exams

Online mini-exam of 50 questions from the CPH item-bank
Study Webinars

Upcoming Webinars
Lecture and Q&A

- Planning and Evaluation and Collaboration and Partnerships
  August 14, 1-3pm ET
- Public Health Systems, History and Leadership
  August 28, 1-2pm ET
- Public Health Law
  September 10, 1-2 pm ET
- Health Policy Process
  September 17, 1-2 pm ET
- Public Health Biology and Human Disease Risk
  September 27, 1-3 pm ET

These and all past webinars /presentations are posted on
https://www.nbphe.org/cph-study-resources/
ASPPH CPH Study Guide

cphstudyguide.aspph.org
Editors: Karen Liller and Jaime Corvin
University of South Florida College of Public Health
$41.95 APHA member /$51.95 non member. eBook and print available
Let’s Get Started!
CPH Exam Review Webinar
Health Equity, Social Justice & the Application of Theory
Anna Torrens Armstrong, PhD, MPH, CPH, MCHES
University of South Florida College of Public Health
Overview

• Population Health

• Social Justice & Health Equity
  – Health Disparities
  – Social Determinants
  – Cultural Competence

• Theoretical Frameworks
Audience Poll: Your CPH Journey?

Where would you consider yourself in your journey to prepare for the CPH exam?

a. Not ready and not intending to be ready for the next 6 months (but I’m here, so there’s that!)

b. Not quite ready, but thinking about registering to take the exam in the next 6 months.

c. Registered and preparing to take the exam in the next 60 days.

d. Registered and have been prepping to take the exam (in less than 30 days).
Live Poll Question
Where are you in your Public Health career?

Where would you place yourself in terms of your public health experience?

a. Working on my degree.
b. Brand new degree in PH, hot off the press!
c. 5 years or less working in the field.
d. 5-10 years or more working in the field.
e. 10-20 years in the field.
f. 20+ years??
g. Other
Live Poll Question
Healthy People 2020 Goals

• Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.

• Achieve health equity, eliminate disparities, and improve the health of all groups.

• Create social and physical environments that promote good health for all.

• Promote quality of life, healthy development, and healthy behaviors across all life stages.
Mission of public health: “Fulfill society's interest in assuring conditions in which people can be healthy.”²

https://econsalut.blogspot.com/2017/04/what-is-population-health.html

Image source: http://riss-ijhs.ca/archives/3177
The study of the distribution and determinants of death, disease, and disability in human populations, and the application of this study to control health problems.
Population Health Examples

- Poster: "Diphtheria is deadly - Immunisation is the safeguard"
- Sign: "Click it or Ticket. Ticket $80-$91"
- Poster: "Cover your Cough" (with illustrations of coughing into tissues and covering mouths)
- Poster: "Clean your Hands" (with illustrations of washing hands and using hand sanitizer)

The images and text are related to public health campaigns aimed at preventing the spread of diseases and promoting hygiene.
Social Justice

Image source: [http://www.historylink.org/File/20212](http://www.historylink.org/File/20212); Illustration, Determinants of Equity, King County Office of Equity and Social Justice Courtesy King County
Health Equity

Reducing health disparities brings us closer to reaching health equity.

Programs designed to reduce health disparities

Health Disparities

Epidemiological Measures:
- Birth rate
- Infant mortality rate
- Mortality
- Cause specific mortality

Why do we need to measure health disparities?

African Americans are more likely to die at early ages from all causes.

Image source: https://www.cdc.gov/vitalsigns/aahealth/index.html
SOCIAL DETERMINANTS
FACTORS THAT INFLUENCE YOUR HEALTH

The conditions in which you live, learn, work and age affect your health. Social determinants such as these can influence your lifelong health and well-being.

- **Housing**
  - House

- **Healthy Food**
  - Wheelbarrow

- **Graduation**
  - Graduation cap

- **Incarceration**
  - Hand with money symbol

- **Poverty**
  - Dollar sign

- **Environment**
  - Trees

- **Access to Care**
  - Nurse

- **Health Coverage**
  - Cross

- **Literacy**
  - Book

The Nation's Health
A Publication of the American Public Health Association

www.thenationshealth.org/sdoh

Source: Robert Wood Johnson Foundation, Commission to Build a Healthier America

Image source: http://thenationshealth.aphapublications.org/sites/default/files/additional-assets/images/NHInfographicSDOH.jpg
<table>
<thead>
<tr>
<th>Upstream Intervention (leads to health equity)</th>
<th>Upstream</th>
<th>Patient</th>
<th>Downstream</th>
<th>Downstream intervention (leads to social gradient)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy is revised in order to make drugs affordable and accessible</td>
<td>Health Policy</td>
<td>Patient would benefit from a new drug for chronic illness</td>
<td>Patient forced to use generic drug, not optimized</td>
<td>Patient pays for drug out of pocket or uses samples</td>
</tr>
<tr>
<td>Universal Health Insurance is installed</td>
<td>Health Insurance</td>
<td>Patient requires imaging for diagnosis</td>
<td>Delayed diagnosis due to inappropriate imaging</td>
<td>Patient pays or relies on personal insurance for imaging</td>
</tr>
<tr>
<td>Clean water and sanitation is ensured for all the population</td>
<td>Water systems</td>
<td>Patient lives in an area with unclean water</td>
<td>Patient infected</td>
<td>Patient relies on personal filters or water systems</td>
</tr>
</tbody>
</table>

Source: https://blogs.bmj.com/case-reports/2018/07/02/making-a-difference-by-addressing-social-determinants-of-health/
Cultural Competence


Image source: https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=34
Esperanza is a 35-year-old female living in Buenos Aires, Argentina in an area known as *Villa Miseria*, an overcrowded slum near Buenos Aires. There is no sanitation system and the electrical power is not always consistent. Approximately a mile away is the vibrant city of Buenos Aires. The health and economic disparities between these two areas is glaring. Esperanza does not have access to the same services as a mother living in Buenos Aires and is 35% more likely to die in childbirth than a mother in Buenos Aires.
To improve health outcomes in Villa Miseria, which of the following principles would be helpful?

a. Health determinism
b. Social justice
c. Epidemiologic studies
d. The Transtheoretical Model
Live Poll Question
Question 2

The single best predictor of poor health is Esperanza’s community, as well as in society in general is:

a. Poverty
b. Race
c. Religion
d. Gender
Live Poll Question
A public health team was interested in assisting in Villa Miseria to address concerns with water and sanitation. They seek to do so in a culturally appropriate way. Which of the following is the best example of culturally appropriate community engagement and empowerment strategies?

a. Providing health services and implementing programs that have proven to be successful in communities that are culturally distinct from the focus community.

b. Avoiding bias by developing programs prior to meeting with community leaders, and investigating the specific needs of the community.

c. Choosing interventions that have previously been applied in the community by local and national political leaders.

d. Implementing health projects that result in the reciprocal transfer of knowledge and skills among all collaborators and partners.
A stakeholder in the proposed water and sanitation program is best described as:

a. Anyone involved in the operations or affected by the program in Villa Misera
b. The beneficiaries and participants in the program in Villa Misera
c. The sponsors and administrators of the program in Villa Misera
d. The financial investors in the program in Villa Misera
The biological, environmental, behavioral, organizational, political and social factors that are contributing to health in Villa Miseria are commonly referred to as:

a. social justice
b. determinants of health
c. health behaviors
d. causal factors
If you can’t explain it *simply*, you don’t understand it well enough.

– Albert Einstein
<table>
<thead>
<tr>
<th><strong>Public Health Approach</strong></th>
<th><strong>Essential Skills for Population Assessment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Surveillance:</td>
<td>1. <strong>Assessment</strong></td>
</tr>
<tr>
<td>What is the problem?</td>
<td></td>
</tr>
<tr>
<td>2. Risk factor identification:</td>
<td>2. <strong>Determining Cause</strong></td>
</tr>
<tr>
<td>What is the cause?</td>
<td></td>
</tr>
<tr>
<td>3. Intervention Evaluation:</td>
<td>3. <strong>Creating a Clinical Picture</strong></td>
</tr>
<tr>
<td>What works for prevention?</td>
<td></td>
</tr>
<tr>
<td>4. Implementation:</td>
<td>4. <strong>Evaluation</strong></td>
</tr>
<tr>
<td>How do you do it?</td>
<td></td>
</tr>
</tbody>
</table>
Social Ecological Model

- Public Policy: national, state, local laws and regulations
- Community: relationships between organizations
- Organizational: organizations, social institutions
- Interpersonal: families, friends, social networks
- Individual: knowledge, attitudes, skills
Theories of Behavior Change

- Transtheoretical Model
  - Stage of Change
  - Process of Change
  - Decisional Balance
  - Self-efficacy

- Health Belief Model
  - Moderating factors
  - Perceived Sus + Sev = Perceived Threat
  - Perceived Benefits-Barrier
  - Cues to Action
TTM Construct 1: Stages of Change

- **Pre-contemplation**: No; Denial
- **Contemplation**: Maybe; Ambivalence
- **Determination/Preparation**: Yes, Let’s Go; Motivated
- **Action**: Doing It; Go
- **Maintenance**: Living It
- **Relapse/Recycle**: Start Over; Ugh!!
TTM Constructs 3 & 4: Decisional Balance and Self Efficacy

![Diagram of TTM Constructs 3 & 4: Decisional Balance and Self Efficacy]
## TTM Construct 2: Process of Change

<table>
<thead>
<tr>
<th>Processes of Change</th>
<th>Description/Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consciousness Raising</td>
<td>Enhancing knowledge and awareness of health risks and protective behaviors; developing a sense of justice.</td>
</tr>
<tr>
<td>Dramatic Relief</td>
<td>Enhancing emotional reaction to health-risk behaviors.</td>
</tr>
<tr>
<td>Self-Reevaluation</td>
<td>Visualizing life without the health-risk behavior; assess cognitively and affectively self-image for a particular behaviors.</td>
</tr>
<tr>
<td>Environmental Reevaluation</td>
<td>Developing appreciation for how personal behaviors affect others through cognitive assessments and empathy training.</td>
</tr>
<tr>
<td>Self-Liberation</td>
<td>Establishing the belief that one can change and make commitments to change (New Year's resolutions; contracts; goal setting).</td>
</tr>
<tr>
<td>Helping Relationships</td>
<td>Obtaining support for the healthful behavior change; use supportive others to support behavior change.</td>
</tr>
<tr>
<td>Counter-conditioning</td>
<td>Substituting healthful behaviors for unhealthy behaviors; e.g., walking instead of eating; chewing gum instead of smoking.</td>
</tr>
<tr>
<td>Contingency Management</td>
<td>Focusing on the consequences of behavior; reward positive behaviors; keep records for behavior; alter the environment.</td>
</tr>
<tr>
<td>Stimulus Control</td>
<td>Managing cues that stimulate behavior; remove or avoid cues for unhealthy behaviors and create cues that support health-promoting behaviors.</td>
</tr>
<tr>
<td>Social Liberation</td>
<td>Promoting social causes consistent with the desired and healthful behavior; e.g., lobbying for smoke-free environments, advocating for low-fat and vegetarian restaurant options and fitness facilities at workplaces; transcending socially designated norms and practices to adopt health-protective behaviors.</td>
</tr>
</tbody>
</table>
The Health Belief Model (HBM)
HBM Constructs: Six described below

Health Belief Model

Individual Perceptions

1. Perceived susceptibility to disease
2. Perceived severity of disease

Modifying Factors

3. Self-efficacy
4. Perceived threat of disease
5. Cues to Action (Education | Symptoms | Media)

Likelihood of Action

6. Perceived benefits of behaviour change

* added in 1988 to recognise one-time vs sustained change
<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Susceptibility</td>
<td>One's opinion of chances of getting a condition</td>
<td>Define population(s) at risk, risk levels; personalize risk based on a person's features or behavior; heighten perceived susceptibility if too low.</td>
</tr>
<tr>
<td>Perceived Severity</td>
<td>One's opinion of how serious a condition is and what its consequences are</td>
<td>Specify consequences of the risk and the condition</td>
</tr>
<tr>
<td>Perceived Benefits</td>
<td>One's belief in the efficacy of the advised action to reduce risk or seriousness of impact</td>
<td>Define action to take; how, where, when; clarify the positive effects to be expected.</td>
</tr>
<tr>
<td>Perceived Barriers</td>
<td>One's opinion of the tangible and psychological costs of the advised action</td>
<td>Identify and reduce barriers through reassurance, incentives, assistance.</td>
</tr>
<tr>
<td>Cues to Action</td>
<td>Strategies to activate &quot;readiness&quot;</td>
<td>Provide how-to information, promote awareness, reminders.</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>Confidence in one's ability to take action</td>
<td>Provide training, guidance in performing action.</td>
</tr>
</tbody>
</table>
How might you use Transtheoretical Model and the Health Belief Model in application?
Regular Exercise is any \textit{planned} physical activity (e.g., brisk walking, aerobics, jogging, bicycling, swimming, rowing, etc.) performed to increase physical fitness. Such activity should be performed \textit{3 to 5 times per week for 20-60 minutes per session}. Exercise does not have to be painful to be effective but should be done at a level that increases your breathing rate and causes you to break a sweat.

Question:
Do you exercise regularly according to that definition?

- [ ] Yes, I have been for \textbf{MORE} than 6 months.
- [ ] Yes, I have been for \textbf{LESS} than 6 months.
- [ ] No, but I intend to in the \textbf{next 30 days}.
- [ ] No, but I intend to in the \textbf{next 6 months}.
- [ ] No, and I do \textbf{NOT} intend to in the \textbf{next 6 months}.
<table>
<thead>
<tr>
<th>Theoretical Construct</th>
<th>Item (True/False)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Susceptibility*</td>
<td>- My child is very likely to get HPV</td>
</tr>
<tr>
<td>Perceived Severity*</td>
<td>- The HPV infection can cause a serious disease</td>
</tr>
<tr>
<td>Perceived Benefits*</td>
<td>- The HPV vaccine is very effective at preventing cervical cancer</td>
</tr>
<tr>
<td></td>
<td>- Children should be vaccinated against HPV</td>
</tr>
<tr>
<td>Social Norms+</td>
<td>- Most people important to me think I should give my child a HPV vaccine</td>
</tr>
<tr>
<td></td>
<td>- Most of the parents I know take their children for HPV vaccine.</td>
</tr>
</tbody>
</table>

* = Health Belief Model; + = Theory of Reasoned Action

Theories of Behavior Change

- Theory of Planned Behavior
- Social Cognitive Theory
DON'T TELL ME, LET ME GUESS, YOU WERE IN THE MIDDLE OF A TWEET.

GYM STUFF
CONVENIENTLY PLACED
RIGHT NEXT TO MY BED

[Cartoon image of a car accident]

[Image of gym clothes and water bottle next to bed]
Behavioral beliefs
Evaluation of behavioral outcomes
Normative beliefs
Motivation to comply
Control beliefs
Perceived power

Attitude toward behavior
Subjective norm
Behavioral intention
Behavior

Note: Upper blue section shows the Theory of Reasoned Action; the entire figure shows the Theory of Planned Behavior.
<table>
<thead>
<tr>
<th>Construct</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intent</td>
<td>Likelihood of taking action</td>
<td>How likely are you to stop smoking in the next 30 days? (VL—VU)</td>
</tr>
<tr>
<td>Attitudes Toward Object or Action</td>
<td>Subjective evaluation of the object or action; positive or negative evaluation of self-performance of a particular behavior</td>
<td>Cigarettes are cool? (SA—SD)</td>
</tr>
<tr>
<td>Behaviors</td>
<td>Beliefs about the consequences of particular behavior</td>
<td>Smoking is bad for your health? (SA—SD)</td>
</tr>
<tr>
<td>Expected Outcomes</td>
<td>Anticipated outcomes of a particular behavior</td>
<td>I like smoking. (SA—SD)</td>
</tr>
<tr>
<td>Subjective Norms (also called injunctive norms)</td>
<td>Beliefs about the extent to which referents approve or disapprove of the behavior; perceptions of social pressure on behavior</td>
<td>Most smokers get lung cancer. (SA—SD)</td>
</tr>
<tr>
<td>Normative Beliefs (also called descriptive norms and perceived prevalence)</td>
<td>Beliefs about the prevalence and acceptability of the object or action; perception about a behavior influenced by the judgment of significant others</td>
<td>If I smoked, I would not develop a habit. (SA—SD)</td>
</tr>
<tr>
<td>Motivation to Comply</td>
<td>Importance of referents’ perceived preference</td>
<td>My friends would not approve of my smoking. (SA—SD) How important is it to your wife that you quit smoking? (VI—VU)</td>
</tr>
<tr>
<td>Perceived Behavioral Control (composed of perceived control and perceived power)</td>
<td>Subjective evaluation of one’s ability to engage in the intended behavior; perceived ease or difficulty of performing the particular behavior</td>
<td>How many of your friends smoke? (none, a few, some, most)</td>
</tr>
<tr>
<td>Perceived Behavioral Control</td>
<td>Subjective evaluation of the presence of factors that may facilitate or impede performance of the behavior</td>
<td>Most smokers try to quit? (SA—SD)</td>
</tr>
<tr>
<td>Perceived Power</td>
<td>Importance of facilitating and constraining factors</td>
<td>I could quit smoking if my wife (friend, co-workers) quit. (SA—SD)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I could quit smoking if I used a nicotine patch. (SA—SD)</td>
</tr>
</tbody>
</table>

VL—VU: Very likely to very unlikely
SA—SD: Strongly agree to strongly disagree
VI—VU: Very important to very unimportant
Behavioral Beliefs [6 items tested, 5 retained]; Cronbach α = 0.71

“For you, how likely is it that drinking less than 1 cup of SSB each day would help you lose weight?”

Evaluation of Behavioral Outcomes [6 items tested, 5 retained]; Cronbach α = 0.74

“How important is it for you over the next two months to lose weight?”

Normative Beliefs [8 items tested, 8 retained]; Cronbach α = 0.73

“Your friends would approve of you drinking less than 1 cup of SSB each day.”

Motivation to Comply [4 items tested, 3 retained]; Cronbach α = 0.75

“How important is it for you to drink the same amount of SSB as your friends do?”

Control Beliefs [6 items tested, 6 retained]; Cronbach α = 0.73

“How likely is it that SSB would be served at the social events you attend?”

Perceived Power [6 items tested, 6 retained]; Cronbach α = 0.55

“How easy would it be to limit your SSB to less than 1 cup each day, if you wanted to, if SSB would be served at the social events you attend?”

Attitudes [6 items tested, 3 retained (affective attitude only)]; Cronbach α = 0.79

“For you, drinking less that 1 cup of SSB would be harmful-beneficial.”

Subjective Norms [3 items tested, 3 retained]; Cronbach α = 0.55

“Most people who are important to you want you to drink less than 1 cup of SSB each day.”

Perceived Behavioral Control [3 items tested, 3 retained]; Cronbach α = 0.51

“You have complete personal control over limiting you SSB to less than 1 cup each day, if you really wanted to.”

Behavioral Intentions [4 items tested, 4 retained]; Cronbach α = 0.93

“I plan to limit my SSB to less than 1 cup each day.”

Implementation Intentions [4 items tested, 4 retained]; Cronbach α = 0.96

“I have made plans concerning when to limit my SSB to less than 1 cup each day.”

Sugar-sweetened Beverage Consumption
### Opening Questions, Nonspecific Beverages

To get us started, I want you to take a look of the paper in front of you. I would like you to look through the pictures of the different beverages and circle the beverages YOU most commonly drink. You can also add any beverages that are not shown on the paper. Also, please take some time to write down any feelings, thoughts, or draw any pictures that come to mind when thinking of these drinks.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Tell me about the feelings or thoughts that you associated with the drinks you consume most often.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective norms</td>
<td>Tell me why it is or is not important that you drink the same amount or type of drinks as your friends and family.</td>
</tr>
<tr>
<td>Perceived behavioral control</td>
<td>If you wanted to change the drinks you consume most, tell me what would make that hard or easy.</td>
</tr>
</tbody>
</table>

### Sugar-Sweetened Beverage—Specific Questions

Now, we are going to turn our focus to only the drinks that have added sugar, or sugar-sweetened beverages. This includes regular sodas; energy or sport drinks; juice drinks such as Sunny Delight,\(^a\) lemonade, punch, and Kool-Aid\(^b\); and sweet tea or coffee with sugar. This does NOT include diet drinks or any drinks sweetened with artificial sweeteners.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Let’s start with soda. Tell me about the good things associated with drinking soda.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tell me about the bad things associated with drinking soda.</td>
</tr>
<tr>
<td></td>
<td>Now let’s move on to energy or sport drinks. Tell me about the good things associated with drinking energy or sport drinks.</td>
</tr>
<tr>
<td></td>
<td>Tell me about the bad things associated with drinking energy or sport drinks.</td>
</tr>
<tr>
<td></td>
<td>How about juice drinks like lemonade, Sunny Delight, Capri Sun,(^b) Kool-Aid. Tell me about the good things associated with drinking these juice drinks.</td>
</tr>
<tr>
<td></td>
<td>Tell me about the bad things associated with drinking these juice drinks.</td>
</tr>
<tr>
<td></td>
<td>And finally, how about coffee and/or tea with added table sugar (not sweetener packets). Tell me about the good things associated with drinking coffee and/or tea with added sugar.</td>
</tr>
<tr>
<td></td>
<td>Tell me about the bad things associated with coffee and/or tea with added table sugar.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subjective norms</th>
<th>Health professionals recommend that people drink 1 cup or less of sugar-sweetened beverages per day [SHOW PARTICIPANTS BEVERAGE MODELS]. Tell me how you feel about this recommendation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Intention</td>
<td>I want you to tell me about your intentions to meet the drink recommendation of 1 cup or less of sugar-sweetened beverages per day in the next month.</td>
</tr>
<tr>
<td>Implementation intentions</td>
<td>If you intend to limit, what would your plan look like? When, where, and what drinks would you limit? (If you already meet the recommendation, talk about your plans to continue to meet this recommendation?)</td>
</tr>
<tr>
<td>Perceived behavioral control</td>
<td>What makes it easy to drink 1 cup or less of sugar-sweetened beverages per day?</td>
</tr>
<tr>
<td></td>
<td>What makes it hard drink 1 cup or less of sugar-sweetened beverages per day?</td>
</tr>
<tr>
<td></td>
<td>What would you and/or your family and friends need to help meet this recommendation?</td>
</tr>
</tbody>
</table>
Social Cognitive Theory

https://greatexperimentsblog.blogspot.com/2017/10/monkey-see-monkey-do-bobo-doll.html
SCT Constructs

- Reciprocal determinism: Person, behavior & environment
- Cognitions
  - Behavioral Capability
  - Expectancies
  - Self-efficacy; collective efficacy
  - Outcome expectations
  - Social influence
- Observational learning
  - Vicarious reinforcement
  - Modeling
- Reinforcements
- Self-regulation
Theories of Behavior Change

- Roger’s Diffusion of Innovations
Diffusion of Innovation

Diffusion: Process by which an innovation is communicated through channels over time among the members of a social system.

Dissemination: Planned, systematic efforts designed to make a program or innovation more widely available to a target audience or members of a social system.

Behavior changes as innovations are adopted.
Diffusion of Innovations

Constructs include:

- **Innovation**: Idea, product, process
- **Communication channels**: Methods to make innovation known to social system
- **Time**: Time it takes for innovation-decision process to occur, and rate of adoption
- **Social system**: Group in which the innovation is introduced
Diffusion of Innovations

• Characteristics of Individuals
  – Innovators
  – Early adopters
  – Early majority adopters
  – Late majority adopters
  – Laggards
A health educator gives a presentation on distracted driving. Following her presentation, she discusses distracted driving with a student who just lost a loved one in a distracted driving crash. The student still texts and drives but is asking for advice and assistance in how to change these behaviors. According to the Transtheoretical Model, the student is in what stage?

a. Contemplation  
b. Preparation  
c. Action  
d. Maintenance
As the health educator engages students further, she finds that many students currently text while driving and do not see the relationship between texting and car crashes. For students at the precontemplation stage of change, the health educator would most likely attempt to:

a. encourage their behaviors and actions.
b. develop ques that help to remind an individual not to use their phone while driving.
c. share testimonials from those who have lost a loved one in a distracted driving event.
d. provide training and guidance to prevent relapse behavior.
Which of the following is characteristic of a health care system based on social justice?

a. A distribution of resources that removes human biases by allowing the market to decide how they are allocated.

b. An individual’s ability to pay is considered inconsequential to receiving medical care.

c. A single-payer healthcare system

d. A system where the recipients of healthcare determine how resources should be allocated.
Which of the following models explains the relationship between socioeconomic status and health by illustrating that health status and social standing are linked to a combination of interrelated social, cultural, psychological and environmental factors?

a. Transtheoretical Model
b. Social Learning Model
c. Socio-Ecological Model
d. Theory of Reasoned Action
What questions do you have?
Thank you!

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