

Session C-5: Behavioral Modeling to Move Mountains and Millions

This presentation examined how to understand and manage consumer motivation to promote health and safety behaviors. A panel of experts in commercial and social marketing identified relevant behavior change theories and their implications for developing effective motivational messages. Speakers included:

- Harry Sweeney, Dorland Global Health Communications, Philadelphia, PA
- Lin Macmaster, American Association of Retired Persons, McLean, VA
- Lewis Pringle, Ph.D., Yorktown University, Liberty, IN
- Kate Maguire, Dorland Global Health Communications, Philadelphia, PA
- William Rakowski, Ph.D., Professor of Medical Science, Brown University, Providence, RI
- Ray Sinclair, Ph.D., National Institute for Occupational Safety and Health, Cincinnati, OH
- Virginia Sublet, Ph.D., R.Ph., Senior Toxicologist, Oak Ridge Institute for Science and Education, National Institute for Occupational Safety and Health, Cincinnati, OH

Though each presentation drew from diverse theoretical perspectives and focused on a range of health issues, common themes emerged. Speakers illustrated that 1) theory creates a framework for understanding both individual motivation and environmental constructs, and 2) effective workplace interventions must address both individual and organizational variables. The following summary describes the salient points from the presentations:

- **Advertising** is helpful when trying to increase awareness among audience members who are unfamiliar with a product, but often people require more tailored personal messages to make a purchase or to adopt the promoted behavior.
- **Stages of change** can be a helpful strategy for public health programs. The stages make intuitive sense, can be tailored to individuals, and create a ready framework for audience segmentation. Stages of change, however, do not easily apply to behaviors that are performed periodically or require interaction with the health care system.
- A **context based approach** represents a more comprehensive strategy for workplace programs. This approach considers the health practice under investigation; the population being targeted; the intervention setting (where the behavior is taught or learned); and the setting where the health practice will occur. No single dimension in this model can stand alone. Success is optimized by knowing the causal chain relevant to the intervention. This process begins with the behavior, then considers the necessary tasks required to perform the behavior, and concludes with the personal and social variables needed to support its adoption.
- Audience motivation is critical to understanding behavior change. Motivational modeling provides a framework to understand a consumer's **hierarchy of motives**. These motives include: survival (physical), orientation (time or circumstance), expectation (belief or faith), adaptation (peer groups), and play (fun).
- Most healthcare decisions are **based on emotion**, yet most health messages are based on rational thought. Crafting messages that are based on emotion, acknowledge motivations, and correct misperceptions will result in more effective communication.
- Studies of predisposing factors (such as intention, attitudes, and beliefs) currently are prominent in health promotion research, but **enabling factors** (such as job elements, workplace policies, or availability of resources) and **reinforcing factors** (management support or training) are actually more important predictors of occupationally related behaviors.
- Workplace safety and health interventions are **infrequently evaluated**. More evaluation is needed to assess their effectiveness. More rigorous utilization and evaluation of theoretical behavior-based constructs may help link health protection and health promotion interventions especially early in the planning stages.
- An organized innovative **database** to collect data on worksite promotion and protection research is greatly needed.