



Empowering Health Decisions

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Dedication

Empowering Health Decisions is dedicated to my three grandchildren: Garrett, Jonah, and Zoe. It is my hope that their grandfather's book will help them live a healthy and satisfying life full of family, joy, accomplishment, and service to others.







Brief Contents

Chapter 1	Health: What It Is, Why You Need It, and How to Get It	1
Chapter 2	Assuming Responsibility for Your Health	27
Chapter 3	Improving Your Psychological Health	53
Chapter 4	Managing Stress, Rather Than Letting Stress Manage You	81
Chapter 5	Expressing Your Spirituality for Better Health	103
Chapter 6	Building a Lifetime of Physical Fitness	123
Chapter 7	Preventing Lifestyle Diseases	151
Chapter 8	Being an Informed Health Consumer	175
Chapter 9	Taking Charge of Your Diet and Weight	199
Chapter 10	Developing Healthy and Satisfying Relationships	231
Chapter 11	Being Sexual and Responsible	253
Chapter 12	Using Drugs Healthfully and Avoiding Drug Abuse and Misuse	299



Preface	χV	Chapter 2 Assuming	
Acknowledgments	xxi	Responsibility for Your Health	27
		Understand Why You Behave	
Chapter 1 Health: What It Is,		as You Do	28
*		Your Habits	28
Why You Need It, and How to		Your Motivations	28
Get It	1	Your Values	30
Know the Meaning of and Differences		Your Risk Perception	30
Between Illness, Health, and Wellness	2	Your Culture and Family	30
Illness	2	Environmental and Social Policy	31
Health	3	Critically Evaluate Health Information	32
Physical Health	3	Sources of Health Information	32
Mental Health	3	Advertising	32
Emotional Health	4	The Internet	34
Social Health	4	Your Family and Friends	34
Spiritual Health	4	Newspaper and Magazine Articles	35
The Health-Illness Continuum	5	Understand the Different Levels of Medica	al
Wellness	5	Evidence	36
High-Level Components of Wellness	6	Case Report	37
Balance of Components of Health	6	Observational Study	37
Factors Affecting Health and Illness	6	Case-Controlled Study	37
Communicable Diseases	6	Cohort Study	37
Lifestyle Illnesses	7	Different Types of Clinical Trials	38
Tobacco Use	8	Statistical versus Clinical Significance	38
Sedentary Lifestyle	8	How to Make Effective Decisions	40
Nutrition	10	Using Systematic Decision Making	40
Sexual Behavior	10	Perceive and Define the Problem	40
Environmental Factors	11	Brainstorm and Evaluate Ideas	41
Social Policy Issues	12	Act and React	41
Poverty	12	Using Force Field Analysis	41
Lack of Health Insurance	13	Minimize Forces Working to Oppose Change	41
Discrimination	14	Maximize Forces Working in Favor of Change	41
National Health Objectives	15	Understand and Apply Health Behavior	
What You Can Do to Be Healthy	16	Change Theories	42
Factors Within Your Control	16	Why Theories Are Useful	42
Factors Beyond Your Control	18	Explain Behavior	42
Lobbyina Key Decision Makers	19	Modify Pohavior	//

Theories You Can Use	43	Treatment for PTSD	64
Stages of Change Theory	43	Interact with Others in a Psychologically	
Health Belief Model	45	Healthy Way	64
Social Learning Theory	46	Resolve Conflicts	64
How Decision Making and Behavior Chang	je	Techniques for Preventing and Defusing Conflict	64
Theory Are Used in This Text	48	Being Assertive	65
Decision Making and the Use of Behavior		Communicate Effectively	66
Change Theory Is Applied at the End of Each	:h	Verbal Communication: Communicating in Words	
Chapter	49	Nonverbal Communication: Communicating in	00
Informing the Health Decision Portfolio	49	Body Language	67
		Understand Suicide and Recognize Suicida	ıl
Chapter 3 Improving Your		Persons	 69
Psychological Health	53	Why People Attempt Suicide	71
Understand the Difference Between		Signs of Suicide	71
Psychological Health and Mental Illness	54	Helping a Suicidal Friend or Relative	71
Psychological Health	54	Know Signs of Mental Illness and the	
Mental Illness	54	Treatments Available	72
Know the Advantages of Being		Recognizing When Someone Needs	
Psychologically Healthy	55	Professional Help	72
Emotional Benefits	55	Choosing a Therapist	72
Physical Benefits	55		
Social Benefits	55	Classica A. Managina Coma Dad	
Understand Challenges to Psychological		Chapter 4 Managing Stress, Rath	
Health	56	Than Letting Stress Manage You	81
Low Self-Esteem	56	What Is Stress?	82
Recognizing Symptoms of Low Self-Esteem	56	A Model of Stress	83
Improving What You Think of Yourself	57	Using the Stress Model to	
Depression	57	Manage Stress	85
Recognizing Symptoms of Depression	57	Life Situation Interventions	85
What to Do When Feeling Clinically Depressed	58	Time Management	85
Anxiety	58	Perception Interventions	88
Recognizing Symptoms of Anxiety Managing Anxiety	59 59	An Attitude of Gratitude	89
Chronic Anxiety	60	Internalizing Your Locus of Control	90
Shyness	60	Positive Self-Talk	90
Recognizing Symptoms of Shyness	61	Emotional Arousal Interventions	90
Managing Feelings of Shyness	61	Meditation	90
Loneliness	61	Imagery	92
Recognizing Symptoms of Loneliness	61	Diaphragmatic Breathing	92
Remedies for Loneliness	62	Physiological Arousal Interventions	94
Panic Disorder	62	The Fight or Flight Response	95
Recognizing Symptoms of Panic Disorder	62	Physical Activity	96
What to Do if Experiencing Panic Disorder Posttraumatic Stress Disorder	<i>63</i> 63	Consequences	96
Recognizing Symptoms of PTSD	63	Your Health Commitment	97
NCCOMINENIA JVINDLONIS OF FISH	0.5	. Ja. Heath Committellelle	

Spirituality for Better Health Know the Difference Between Religion and Spirituality Spirituality in the Modern World Spirituality and Health 105 How Spirituality Affects Health 106 Biological Factors Social Factors 107 Social Factors 108 Social Factors 109 Social Factors 107 Social Factors 107 Social Factors 107 Social Factors 108 How Spirituality and Health 109 Social Support Theory 108 Florebo Theory Forgiveness, Spirituality, and Health Volunteerism as an Expression of Spirituality 109 Sorie Lacting and Spirituality to Be Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others 108 Deciding about Organ Donation 109 How Social Factors 107 Social Support 109 Schedule Exercise into Your Daily Life 110 Sevice Learning and Spiritual Organization 110 110 Schedule Exercise 111 Social Benefits 1126 Cardioresies for All Components of Frequency, Intensity, and Duation 113 Include Exercises for All Components of Frequency, Intensity, and Duation 113 Select Physical Activities That Work for You 110 Incorporate Exercise into Your Daily Life 113 Schedule Exercise 113 Select Physical Activities That Work for You 111 Incorporate Exercise into Your Daily Life 113 Schedule Exercise Equipment 113 Select Physical Exercises 113 Select Physical Activities That Work for You 110 Incorporate Exercise into Your Daily Life 113 Schedule Exercise Equipment 113 Select Physical Activities That Work for You 113 Incorporate Exercise into Your Daily Life 113 Schedule Exercise Equipment 118 Evaluate Health and Fitness Clubs Evaluate Health a	Chapter 5 Expressing Your		Know the Advantages of Being	
Know the Difference Between Religion and Spirituality and Spirituality in the Modern World Spirituality and Health 105 How Spirituality Affects Health 106 Biological Factors 107 Psychological Factors 108 Biological Factors 109 Psychological Factors 1006 Frequency, Intensity, and Duration 131 Cardiorespiratory Fitness Exercises 133 Flexibility Exercises 133 Flexibility Exercises 133 Flexibility Exercises 134 Psychological Factors 105 Frequency, Intensity, and Duration 131 Cardiorespiratory Fitness Exercises 133 Flexibility Exercises 133 Flexibility Exercises 134 Flexibility Exercises 135 Flexibility Exercises 136 Flexibility Exercises 137 Flexibility Exercises 138 Flexibility Exercises 139 Flexibility Exercises 130 Flexibility Exercises 131 Incorporate Exercise into Your Daily Life 130 Schedule Exercise 131 Incorporate Exercise into Your Daily Life 132 Schedule Exercise 133 Incorporate Exercise into Your Daily Life 133 Incorporate Exercise into Your Daily Life 134 Schedule Exercise 135 Schedule Exercise 136 Frequency, Intensity, and Duration 137 Select Physical Activities That Work for 138 Younteerism and Endurance Exercises 133 Incorporate Exercise into Your Daily Life 136 Schedule Exercise 137 Schedule Exercise 138 Incorporate Exercise into Your Daily Life 138 Schedule Exercise 139 Schedule Exercise 130 Incorporate Exercise Into Your Daily Life 130 Schedule Exercise 131 Incorporate Exercise Into Your Daily Life 133 Incorporate Exercise Into Your Daily Life 134 Schedule Exercise 135 Schedule Exercise 136 Schedule Exercise 137 Incorporate Exercise Into Your Daily Life 137 Schedule Exercise 138 Incorporate Exercise Into Your Daily Life 138 Evaluate Health and Fitness Clubs 138 Evaluate Health and Fitness Program 139 Use Social Support 130 Use Social Support 131 Use Social Support 132 Use Reminder Systems 133 Evaluate Health and Fitness Program 139 Use Social Support 130 Use Social Support 131 Use Social Support 132 Use Control Theory to Your Advantage 133 Evaluate Health and Fitness Program 139 Use Social Support		103	Physically Fit	125
and Spirituality in the Modern World Spirituality in the Modern World Spirituality and Health How Spirituality Affects Health Biological Factors Psychological Factors Theories to Explain the Relationship Between Spirituality and Health Control Theory Social Support Theory Placebo Theory Forgiveness, Spirituality, and Health Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help for Those in Mourning Deciding about Organ Donation 120 Social Benefits Design Your Personal Fitness Program 130 Include Exercises for All Components of Physical Fitness Prequency, Intensity, and Duration 133 Muscular Strength and Endurance Exercises 133 Incorporate Exercise Into Your Daily Life Schedule Exercise 133 Incorporate Exercise into Your Daily Life Schedule Exercise 134 Use the Behavioral Strategy of Chaining 138 Evaluate Health and Fitness Clubs 138 Evaluate Home Exercise Equipment 139 Evaluate Home Exercise Program 130 Maintain Your Exercise For Injury Prevention 144 Make It Fun 145 Cool Down and Stretch 146 Warm Up 147 Cool Down and Stretch 147 Make It Fun 148 Avoid Overuse 149 Cool Down and Stretch 140 Warm Up 141 Avoid Overuse 144 Avoid Overuse 145 Treat Injuries That Do Occur 144 Making Preparations 115 Chapter 7 Preventing Lifestyle Diseases 151	-			
Spirituality in the Modern World Spirituality and Health 105 Biological Factors Social Factors Psychological Factors Theories to Explain the Relationship Between Spirituality and Health 107 Social Support Theory Social Support Theory Flacebo Theory Forgiveness, Spirituality, and Health Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality How You Can Use Spirituality to Be Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Take Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious and Spiritual Organizations Takepa Advantage of the Support Offered by Religious Advantag	•	104	•	
Spirituality and Health How Spirituality Affects Health Biological Factors Social Factors Social Factors Social Factors Psychological Factors Theories to Explain the Relationship Between Spirituality and Health Control Theory Placebo Theory Spirituality, and Health Volunteerism as an Expression of Spirituality Spirituality Forgiveness, Spirituality to Be Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying How Spirituals Poly Times Placebo Theory Incorporate Exercise into Your Daily Life Schedule Exercise Incorporate Exercise into Your Daily Life Incorporate Exercise Incorporate Exercise Incorporate Exercise Incorporate Exercise Incorporate Ex	•			
How Spirituality Affects Health Biological Factors Biological Factors Social Factors Psychological Factors Theories to Explain the Relationship Between Spirituality and Health Control Theory Placebo Theory Forgiveness, Spirituality, and Health Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality How You Can Use Spirituality to Be Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Properties Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Help for Those in Mourning Help for Those in Mourning Deciding about Organ Donation How You Can Fitness How Properties Help Graph of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Help for Those in Mourning Help for Those in Mourning Help Graph of the Support Offered by Religious Adopt a Forgiving Attitude Help Others Deciding about Organ Donation How Properties Healthing Help Graph of the Support Offered by Religious Adopt a Forgiving Attitude Help Others Help For Those in Mourning Help For Those in Mourning Help For Those in Mourning Help For Hose in Mourning Help Forgiving Attitude Help For Hose in Mourning Help Forgiving Attitude Help Forgiving Attitu				130
Biological Factors 106 Frequency, Intensity, and Duration 131 Social Factors 107 Cardiorespiratory Fitness Exercises 133 Theories to Explain the Relationship 107 Between Spirituality and Health 107 Control Theory 107 Social Support Theory 108 Incorporate Exercise into Your Daily Life 136 Social Support Theory 109 Forgiveness, Spirituality, and Health 109 Use the Behavioral Strategy of Chaining 138 Evaluate Health and Fitness Clubs 138 Evaluate Health and Fitness Clubs 138 Evaluate Health and Fitness Clubs 138 Evaluate Health and Fitness Program 139 Use Social Support Personal Fitness Program 139 Evaluate Health and Fitness Clubs 138 Evaluate Health and Fitness Clubs 138 Evaluate Health and Fitness Clubs 138 Evaluate Health and Fitness Program 139 Evaluate Health and Fitness Program 139 Evaluate Health and Fitness Clubs 138 Evaluate Health and Fitness Clubs 138 Evaluate Health and Fitness Frogram 139 Evaluate Heal	•		•	420
Social Factors Psychological Factors Theories to Explain the Relationship Between Spirituality and Health Control Theory Social Support Theory Placebo Theory Placebo Theory Forgiveness, Spirituality, and Health Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Hospice Care Making Preparations Deciding about Organ Donation 107 Muscular Strength and Endurance Exercises 133 Muscular Strength and Endurance Exercises 134 Muscular Strength and Endurance Exercises 135 Rescribed Placexioise 136 Select Physical Fitness Program 137 Muscular Strength and Endurance Exercises 137 Muscular Strength and Endurance Exercises 138 Rescribed Physical 139 Schedule Exercise 130 Incorporate Exercise into Your Daily Life 130 Incorporate Exercise into Your Daily Life 130 Reheule Exercise 130 Select Physical Activities That Work for You 133 Incorporate Exercise into Your Daily Life 136 Evaluate Health and Fitness Clubs Evaluate Health and Fitness Clubs Evaluate Health and Fitness Clubs Evaluate Health and Fitness Program 138 Evaluate Health and Fitness Program 139 Waintain Your Exercise Program 139 Use Social Support 140 Manitain Your Exercise Program 140 Maintain Your Exercise Program 140 Use Reminder Systems 140 Keep a Journal Make It Fun 141 Avoid Injuries 142 Common Fitness Injuries 143 Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 145 RICE 144 Mehr to Seek Medical Attention Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Diseases	•			
Theories to Explain the Relationship Between Spirituality and Health Control Theory Placebo Theory Placebo Theory Placebo Theory Positivality Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Death and Dying Death and Dying Deciding about Organ Donation 107 Select Physical Activities That Work for You 133 Select Physical Activities That Work for You 134 Select Physical Activities That Work for You 135 Select Physical Activities That Work for You 136 Select Physical Activities That Work for You 137 Select Physical Activities That Work for You 138 Select Physical Activities That Work for You 139 Incorporate Exercise into Your Daily Life 136 Schedule Exercise 136 Select Physical Activities That Work for You 138 Incorporate Exercise into Your Daily Life 138 Evaluate Health and Fitness Clubs 148 Maintain Your Exercise Program 149 Use Social Support 140 Maintain Your Exercise Program 140 Use Social Support 140 Use Reminder Systems 140 Keep a Journal 140 Make It Fun 141 Avoid Injuries 141 Avoid Injuries 141 Avoid Injuries 141 Avoid Injuries 142 Common Fitness Injuries 143 Avoid Overuse 144 Making Preparations 146 Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 140 Chapter 7 Preventing Lifestyle Diseases 151	•		, , , , , , , , , , , , , , , , , , , ,	
Theories to Explain the Relationship Between Spirituality and Health Control Theory Social Support Theory Placebo Theory Placebo Theory Placebo Theory Placebo Theory Placebo Theory Placebo Theory Pou Incorporate Exercise into Your Daily Life Incorporate Exercise into Your Daily Lif			, •	
Between Spirituality and Health Control Theory Social Support Theory Placebo Theory 109 Forgiveness, Spirituality, and Health 109 Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality 111 Service Learning and Spirituality 111 Wow You Can Use Spirituality to Be Healthier 112 Use Control Theory to Your Advantage Join a Retigious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others 114 Help Others 115 Death and Dying Help for Those in Mourning Help for Those in Mourning Making Preparations Deciding about Organ Donation 120 Develop a Contract 140 Avoid Overuse 144 Avoid Overuse 145 Avoid Overuse 146 Avoid Overuse 147 Avoid Overuse 147 Avoid Preventing Lifestyle Diseases 151	-	107	_	
Control Theory Social Support Theory Placebo Theory Placebo Theory Placebo Theory Forgiveness, Spirituality, and Health Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality How You Can Use Spirituality to Be Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Peath and Dying Help for Those in Mourning Total Care Making Preparations 108 Incorporate Exercise into Your Daily Life 138 Evaluate Health and Fitness Clubs Evaluate Health and Fitness Program Use Social Support Develop a Contract Use Reminder Systems 140 Use Reminder Systems 140 Use Reminder Systems 140 Use Reminder Systems 140 Wake It Fun 141 Avoid Injuries 142 Common Fitness Injuries 143 Strategies for Injury Prevention 144 Warm Up 145 Cool Down and Stretch 144 Help for Those in Mourning 114 Replace Fluids 144 Avoid Overuse 144 Make It Fun 145 Cool Down and Stretch 146 Warm Up 147 Treat Injuries That Do Occur 148 Warm Up 149 Making Preparations 115 Treat Injuries That Do Occur 140 When to Seek Medical Attention 147 Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 128 Chapter 7 Preventing Lifestyle Understand the Components of Physical	The state of the s	107	•	133
Social Support Theory Placebo Theory Placebo Theory 109 Schedule Exercise 136 Forgiveness, Spirituality, and Health 109 Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality 111 How You Can Use Spirituality to Be Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others 114 Help Others 115 Death and Dying 116 Deeth and Dying 117 Deeth and Dying 118 Deeth and Dying 119 Deeth and Dying 110 Deeth and Dying 111 Deeth and Dying 112 Deeth and Dying 1138 Evaluate Health and Fitness Clubs 138 Evaluate Home Exercise Equipment 138 Evaluate Home Exercise Equipment 138 Evaluate Health and Fitness Program 139 Use Social Support 140 Develop a Contract 140 Use Reminder Systems 140 Wkeep a Journal 141 Make It Fun 141 Avoid Injuries 141 Common Fitness Injuries 142 Strategies for Injury Prevention 143 Warm Up 144 Replace Fluids 144 Help for Those in Mourning 114 Replace Fluids 144 Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 144 Making Preparations 115 Treat Injuries That Do Occur 144 RICE When to Seek Medical Attention 147 Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Diseases	•		_	133
Forgiveness, Spirituality, and Health Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality How You Can Use Spirituality to Be Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Death and Dying Death and Dying Death and Preparations Maintain Your Exercise Equipment 138 Evaluate Health and Fitness Clubs Evaluate Home Exercise Equipment 138 Evaluate Health and Fitness Clubs Evaluate Health and Fitness Clubs Evaluate Home Exercise Equipment 138 Evaluate Health and Fitness Clubs Inas Revaluate Health and Fitness Clubs Inas Religious Clubs Inas Povelop a Contract Use Reminder Systems I Adopt Exercise Program Inas Religious of Popsian I Adopt Exercise Program I A				
Forgiveness, Spirituality, and Health Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality How You Can Use Spirituality to Be Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Help for Those in Mourning Deciding about Organ Donation Togy and the Support of Physical Help Others Develop a Contract Use Reminder Systems Keep a Journal Make It Fun Avoid Injuries Common Fitness Injuries Strategies for Injury Prevention Warm Up Warm Up Cool Down and Stretch RICE When to Seek Medical Attention Physical Fitness Chapter 7 Preventing Lifestyle Diseases 151				
Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality How You Can Use Spirituality to Be Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Help for Those in Mourning Help for Those in Mourning Help for Those in Mourning Help Gare Making Preparations Deciding about Organ Donation Evaluate Health and Fitness Clubs Evaluate Home Exercise Equipment 138 Evaluate Home Exercise Equipment 139 Evaluate Home Exercise Equipment 130 Maintain Your Exercise Program 130 Use Social Support 140 Use Reminder Systems 140 Keep a Journal 141 Make It Fun 141 Avoid Injuries 141 Common Fitness Injuries 142 Common Fitness Injuries 143 Common Fitness Injuries 144 Replace Fluids 144 Replace Fluids 144 Avoid Overuse 144 Replace Fluids 144 Avoid Overuse 144 Treat Injuries That Do Occur 144 When to Seek Medical Attention 147 Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Diseases 151	ř			
Volunteerism as an Expression of Spirituality Volunteerism in the Corporate World Service Learning and Spirituality How You Can Use Spirituality Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Help for Those in Mourning Hospice Care Making Preparations Deciding about Organ Donation Evaluate Home Exercise Equipment Finalize Your Personal Fitness Program Use Social Support Develop a Contract Use Reminder Systems Keep a Journal Make It Fun Avoid Injuries Common Fitness Injuries Strategies for Injury Prevention Warm Up Cool Down and Stretch Went to Seek Medical Attention Physical Therapy Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Diseases 151	Forgiveness, Spirituality, and Health	109		
Spirituality Volunteerism in the Corporate World Service Learning and Spirituality How You Can Use Spirituality to Be Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Help for Those in Mourning Hospice Care Making Preparations Deciding about Organ Donation Take A Building a Lifetime of Physical Fitness 123 Finalize Your Personal Fitness Program Maintain Your Exercise Program 139 Maintain Your Exercise Program 140 Use Social Support 140 Use Reminder Systems Keep a Journal Make It Fun Avoid Injuries 141 Common Fitness Injuries 144 Varm Up 145 Cool Down and Stretch 144 Replace Fluids 144 Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 144 Preval Injuries That Do Occur 144 When to Seek Medical Attention 147 Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Diseases 151	Volunteerism as an Expression of			
Volunteerism in the Corporate World Service Learning and Spirituality How You Can Use Spirituality to Be Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Help for Those in Mourning Help for Those in Mourning Making Preparations Deciding about Organ Donation Maintain Your Exercise Program 139 Use Social Support 140 Use Reminder Systems 140 Keep a Journal Make It Fun Avoid Injuries 141 Common Fitness Injuries 142 Strategies for Injury Prevention 143 Maintain Your Exercise Program 139 Use Social Support 140 Make It Fun 141 Avoid Injuries 142 Common Fitness Injuries 144 Strategies for Injury Prevention 144 Replace Fluids 144 Avoid Overuse 144 Avoid Overuse 144 Treat Injuries That Do Occur 144 When to Seek Medical Attention Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Diseases 151	Spirituality	111		
How You Can Use Spirituality to Be Healthier 112 Use Control Theory to Your Advantage 112 Join a Religious or Spiritual Organization 114 Take Advantage of the Support Offered by Religious and Spiritual Organizations 114 Adopt a Forgiving Attitude 114 Help Others 114 Death and Dying 114 Help for Those in Mourning 114 Hospice Care 114 Making Preparations 115 Deciding about Organ Donation 116 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Use Social Support 144 Develop a Contract 140 Use Reminder Systems 140 Wase It Fun 141 Avoid Injuries 141 Common Fitness Injuries 141 Strategies for Injury Prevention 141 Warm Up 143 Cool Down and Stretch 144 Avoid Overuse 144 Avoid Overuse 144 Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical 151	Volunteerism in the Corporate World	111	_	
How You Can Use Spirituality to Be Healthier 112 Use Control Theory to Your Advantage 112 Join a Religious or Spiritual Organization 114 Take Advantage of the Support Offered by Religious and Spiritual Organizations 114 Adopt a Forgiving Attitude 114 Help Others 114 Death and Dying 114 Hospice Care 114 Making Preparations 115 Deciding about Organ Donation 116 Chapter 6 Building a Lifetime of Physical Fitness 123 Develop a Contract 140 Use Reminder Systems 140 Keep a Journal 140 Make It Fun 141 Make It Fun 141 Make It Fun 141 Common Fitness Injuries 141 Strategies for Injury Prevention 141 Replace Fluids 144 Avoid Overuse 144 Avoid Overuse 144 Treat Injuries That Do Occur 144 RICE When to Seek Medical Attention 147 Physical Therapy 147 Chapter 7 Preventing Lifestyle Understand the Components of Physical 126 Diseases 151	Service Learning and Spirituality	111		
Healthier Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Help for Those in Mourning Hospice Care Making Preparations Deciding about Organ Donation Halp Others Deciding about Organ Donation Help Others Deciding about Organ Donation Help Others Deciding about Organ Donation Treat Injuries That Do Occur RICE When to Seek Medical Attention Physical Therapy Chapter 6 Building a Lifetime of Physical Fitness Diseases 151 Decidens Reminder Systems Keep a Journal Make It Fun Avoid Injuries Common Fitness Injuries Common Fitness Injuries Strategies for Injury Prevention Warm Up Cool Down and Stretch Replace Fluids Avoid Overuse Treat Injuries That Do Occur RICE When to Seek Medical Attention Physical Therapy Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 151	How You Can Use Spirituality to Be			
Use Control Theory to Your Advantage Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Help for Those in Mourning Hospice Care Making Preparations Deciding about Organ Donation Make It Fun Avoid Injuries Common Fitness Injuries Strategies for Injury Prevention Warm Up Cool Down and Stretch Replace Fluids Avoid Overuse 144 Avoid Overuse 145 Avoid Injuries 140 Cool Down and Stretch Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 145 Avoid Injuries 140 Cool Down and Stretch Avoid Overuse 144 Avoid Overuse		112	•	
Join a Religious or Spiritual Organization Take Advantage of the Support Offered by Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Help for Those in Mourning Hospice Care Making Preparations Deciding about Organ Donation Take Advantage of the Support Offered by Religious and Spiritual Organizations Ital Avoid Injuries Common Fitness Injuries Strategies for Injury Prevention Warm Up Cool Down and Stretch Ital Replace Fluids Avoid Overuse Ital Avoid Overuse Ital When to Seek Medical Attention Physical Therapy Chapter 6 Building a Lifetime of Physical Fitness I23 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases I51				
Take Advantage of the Support Offered by Religious and Spiritual Organizations 114 Adopt a Forgiving Attitude 114 Help Others 114 Cool Down and Stretch 144 Replace Fluids 144 Replace Fluids 144 Avoid Overuse 14	-		•	
Religious and Spiritual Organizations Adopt a Forgiving Attitude Help Others Death and Dying Help for Those in Mourning Hospice Care Making Preparations Deciding about Organ Donation Religious and Spiritual Organizations Halp Common Fitness Injuries Strategies for Injury Prevention Warm Up Cool Down and Stretch Replace Fluids Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 144 Replace Fluids Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 144 Avoid Overuse 144 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases		114		141
Adopt a Forgiving Attitude Help Others Death and Dying Help for Those in Mourning Hospice Care Making Preparations Deciding about Organ Donation Treat Injuries That Do Occur RICE When to Seek Medical Attention Physical Fitness 123 Chapter 6 Building a Lifetime of Physical Fitness 124 Strategies for Injury Prevention Warm Up 143 Cool Down and Stretch 144 Replace Fluids Avoid Overuse 144 Avoid Overuse 144 RICE When to Seek Medical Attention Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 151		114		141
Help Others Death and Dying Help for Those in Mourning Hospice Care Making Preparations Treat Injuries That Do Occur RICE When to Seek Medical Attention Physical Fitness 123 Chapter 6 Building a Lifetime of Physical Fitness 124 Building a Lifetime of Physical Fitness 125 Chapter 7 Preventing Lifestyle Diseases 151			Common Fitness Injuries	141
Death and Dying Help for Those in Mourning Hospice Care Making Preparations Deciding about Organ Donation Chapter 6 Building a Lifetime of Physical Fitness 114 Cool Down and Stretch 144 Replace Fluids Avoid Overuse 144 Avoid Overuse 144 RICE When to Seek Medical Attention Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 151			Strategies for Injury Prevention	141
Help for Those in Mourning Hospice Care Making Preparations 115 Deciding about Organ Donation 116 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 144 Avoid Overuse 144 Avoid Overuse 144 RICE When to Seek Medical Attention Physical Therapy 147 Chapter 7 Preventing Lifestyle Diseases 151	•		,	143
Hospice Care Making Preparations 115 Deciding about Organ Donation 116 Men to Seek Medical Attention Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 124 Avoid Overuse Treat Injuries That Do Occur RICE When to Seek Medical Attention Physical Therapy 147 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 151		_		
Making Preparations 115 Deciding about Organ Donation 116 Treat Injuries That Do Occur RICE When to Seek Medical Attention Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 151	Help for Those in Mourning	114		
Deciding about Organ Donation 116 RICE When to Seek Medical Attention Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 151	Hospice Care	114		
Deciding about Organ Donation 116 When to Seek Medical Attention Physical Therapy 147 Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 151	Making Preparations	115		
Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 151	Deciding about Organ Donation	116		
Chapter 6 Building a Lifetime of Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 151	_ committee and congument comments			
Physical Fitness 123 Chapter 7 Preventing Lifestyle Understand the Components of Physical Diseases 151	Chapter 6 Building a Lifetime of	of		
Understand the Components of Physical Diseases 151			Chapter 7 Preventing Lifestyle	
10/				151
	Fitness	124	Heart Disease	152
Caudiana animata ny Fitrana	Cardiorespiratory Fitness	124		153
Misk factors for cultifications			_	153
El 1111			_	153
5	_		_	155

Overweight/Obesity	155	Self-Care	186
Physical Inactivity	155	Self-Care Skills	186
Diabetes	155	Self-Care Supplies and Medications	188
Tobacco Use	155	Self-Care Resources	189
Stroke	156	Using the Internet	189
Symptoms	156	When to Consult with a Healthcare	
Causes of Stroke	156	Provider	191
Risk Factors	157	Choosing Health Insurance	191
Cancer	159	The Various Health Insurance Plan Options	_
Symptoms	159	Health Maintenance Organization	193
Types of Cancer	160	Preferred Provider Organizations	193
Lung Cancer	160	Point of Service	193
Colorectal Cancer	160	Indemnity Plans	193
Skin Cancer	161	The Various Dental Insurance Options	193
Breast Cancer	162	Direct Reimbursement	193
Cervical Cancer	163	Indemnity Plans	194
Endometrial Cancer	163	Preferred Provider Organization	194
Prostate Cancer	164	Dental Health Maintenance Organization	194
Testicular Cancer	165	Issues to Consider When Choosing Dental	
Diabetes	169	Insurance	194
Symptoms	169		
Types of Diabetes	169	Chapter 9 Taking Charge of	
Prevalence of Diabetes	169	Your Diet and Weight	199
Complications	169		
Treatment of Diabetes	170	Body Image	200
What You Can Do to Prevent Lifestyle		The Elusive Perfect Body	201
Diseases	170	Why Models Look So Perfect	201
		Cultural Influences	201
		Body Esteem	202
Chapter 8 Being an Informed		Nutrients and Good Health	204
Health Consumer	175	Overweight and Obesity	204
Choosing a Healthcare Provider	176	What Causes Overweight and Obesity?	205
Choosing a Doctor	177	Lack of Energy Balance	206
The Primary Care Physician: The		Environment	207
Gatekeeper	178	Genes and Family History	208
Choosing a Dentist	180	Health Conditions	208
Evaluating Healthcare Providers	181	Emotional Factors	208
Evaluating Your Doctor	181	Age	209
Evaluating Your Dentist	181	Lack of Sleep	209
Choosing and Evaluating Hospitals	181	Preventing Overweight and Obesity	210
		A Healthy Eating Plan	210
Deciding Whether to Use Complementar	-	Healthy Foods Foods to Limit	210 210
or Alternative Medicine	185		
What Is Complementary or Alternative	405	Weight-Loss Strategies	210
Medicine?	185	The Food Weight Strategy	210
What Does the Research Show?	186	Behavioral Strategies	211

Weight-Loss Medications	211	Female Screenings	259
	211	Female Concerns	260
Popular Weight-Loss Diets and Programs	211	Male Screenings	261
The Key to Successful Weight-Loss Diets Weight-Loss Programs	212	Decide How to Express Yourself Sexually	261
		What Does It Mean to Be Sexually Active?	261
Guidelines to Healthful Eating	213	Sexual Orientation	261
ChooseMyPlate.gov	214 214	Types of Sexual Behaviors	262
SuperTracker The Veretarian Food Cuide Buramid	214	Abstinence and Celibacy	263
The Vegetarian Food Guide Pyramid Reading Food Labels	220	Autoerotic Behaviors	263
	220	Outercourse	264
The Role of Exercise in Weight	223	Mutual Manual Stimulation of the Genitals	264
Management		Oral–Genital Stimulation	264
Eating Disorders	223	Vaginal Intercourse	264
Anorexia Nervosa	223	Anal Stimulation	264
Bulimia	224	Understanding Fertility and Conception	265
Muscle Dysmorphia	224	The Menstrual Cycle	265
		Male Fertility	267
Chapter 10 Developing Healthy	7	Conception	267
and Satisfying Relationships	231	Prevent Unintentional Pregnancy:	
Friendship	233	Methods of Contraception	268
•		Nonprescription Methods	268
Romantic Relationships	233	Male and Female Condoms	268
Types of Love	233	Spermicidal Agents	268
Breakups	234	Contraceptive Sponge	270
Unhealthy Relationships	237	Withdrawal Natural Family Planning	270 271
Emotionally Abusive and Controlling		Emergency Contraception	273
Relationships	237	Prescription Methods	273
Relationship Violence	239	Hormonal Methods	273
Cohabitation	240	Intrauterine Devices	275
Marriage	240	Diaphragm and Cervical Cap	275
Health-Related Effects of Marriage	241	Surgical Methods	276
How to Select a Life Partner	242	Deciding Which Contraception to Use	276
Parenting	245	Unintended Pregnancy: Know Your	
Single-Parent Families	245	Options	277
Blended Families	246	Choosing Adoption	277
		Types of Adoptions	277
Change 11 Delay Caral and		Choosing Abortion	278
Chapter 11 Being Sexual and		The Controversy	279
Responsible	253	The Law	279
Maintain Your Sexual Health	254	Abortion Procedures	280
Know Your Reproductive System and How		Choosing Parenthood	280
It Functions	254	Weighing All the Options	281
The Female Reproductive System	255	Avoid Sexually Transmitted Infections	283
The Male Reproductive System	257	STIs and Their Transmission	283
Have Regular Screenings	259	Protecting Yourself from STIs	283

284	Signs of Problems with Alcohol	304
285	Strategies to Overcome Alcohol-Related	
	Problems	305
285	The Hangover	306
285		306
290	<u> </u>	307
290	Fetal Alcohol Syndrome	308
	Tobacco Use	308
290	Health Effects of Smoking	310
292	Secondhand Smoke	311
292	Withdrawal Symptoms	311
293	Strategies to Quit Smoking	313
	Other Drugs	314
	Prescription Drug Misuse and Abuse	320
	Drug Dependence and Addiction	321
	Why Are Drugs Abused in Spite of Known	
299	Health Risks?	323
	_	323
	Treatment for Drug Abuse	323
301	Glossary	329
302	Index	337
302	Photo Credits	353
	285 285 285 290 290 292 292 293 293 299 300 300 301	285 The Hangover Binge Drinking Alcohol Poisoning Fetal Alcohol Syndrome Tobacco Use 290 Health Effects of Smoking 292 Secondhand Smoke 293 Withdrawal Symptoms 294 Strategies to Quit Smoking Other Drugs Prescription Drug Misuse and Abuse Drug Dependence and Addiction Why Are Drugs Abused in Spite of Known Health Risks? Drug Tolerance Treatment for Drug Abuse Glossary Index

Preface

Over three decades of teaching, I have been bothered by several troublesome concerns regarding health textbooks for college students. Primary among these concerns is that these texts are inconsistent with what is known about effective health communication. Health communication research advises that important messages not be diluted with other messages of lesser importance. When communication becomes diluted in this manner, the primary message gets lost and learning suffers. In the case of college health texts, readers do not as readily learn which behaviors are health enhancing and which are associated with health risks—even if they do learn the names of anatomical structures or complex physiological processes. This is because college health texts often present a wealth of health information that is not necessary for readers to know in order to make decisions that enhance their health and well-being.

Consequently, when writing *Empowering Health Decisions*, an attempt was made to include only content necessary for college students to make healthy lifestyle decisions. Admittedly, decisions regarding inclusion or exclusion of content cannot be made with total objectivity. That is, there is no way to apply strict and rigid rules and standards to make these determinations. However, valid decisions about what to include and what not to include can still be made. To do so in *Empowering Health Decisions*, content inclusion was guided by the following questions:

- Can a healthy decision be made by the reader without having this information? If yes, then that content was omitted.
- Is this information necessary for the reader to behave healthfully? If yes, then that content was included.

As a check and balance for these decisions, experts in health education and college instructors of health education courses reviewed drafts of this book to ensure that content was not omitted that, in their determination, needed to be included. The result is confidence that extraneous content is not included and necessary content is.

This process led to a book of fewer pages than the typical college health text, albeit more effective in communicating and highlighting health information necessary for readers to adopt and maintain a healthy lifestyle.

Theory Based

Health behavior change theories and models of decisionmaking can be quite helpful in aiding students to behave in healthy ways. Yet descriptions of these theories and models are too often presented in a complicated and confusing manner. Empowering Health Decisions describes behavior change theories and models of decision-making in a way that readers can easily understand, and applies these theories throughout the text. In an early chapter, several behavior change theories and models of decisionmaking are described in detail, and examples of how to use these models to make health-enhancing decisions are presented. Subsequently, following chapters refer back to these theories and models, and include an exercise in which students select one scenario to which they wish to apply one of the behavior change theories or decisionmaking models.

Pedagogical Features

Empowering Health Decisions includes several pedagogical features to enhance student learning. Among these features are:

■ **Learning Objectives.** Listed at the beginning of each chapter, learning objectives guide the student and instructor to the major learning components that follow.

- **Health Check Up.** Consists of scales, questionnaires, numerous assessments, and other activities to help students determine how they would behave with regard to the information presented in each chapter.
- What I Need to Know. Interesting content, pertinent to making health-enhancing decisions, is highlighted to emphasize its importance.

What I Need to Know



College Students' Health

The American College Health Association regularly collects data on the health of college students. Some of the highlights from those studies are as follows.

Students experienced various health problems during the past 12 months:

Allergies	20%
Asthma	9%
Back pain	13%
Ear infection	7%
Migraine	8%
Strep throat	11%
Sinus infection	18%

Only 33% received Human papillomavirus (HPV) vaccination, 40% flu vaccination, and 55% meningococcal meningitis vaccination.

Only 34% of males performed a testicular self-exam, and 54% of females had a gynecological exam in the past year.

Less than half of college students used sunscreen regularly for sun exposure.

When riding a bicycle, 42% never used a helmet.

Depression was prevalent. Ten percent were diagnosed with depression, and 31% reported difficult functioning as a result of feeling depressed. Depression affected academic performance for 12%, and 61% reported feeling very sad.

Anxiety is also prevalent with 48% feeling overwhelmingly anxious and 18% stating anxiety affected their academic performance.

Alarmingly, 6% of students considered suicide within the past 12 months, and 1% actually attempted suicide.

Sleepiness was problematic as well. Sleepiness interfered with the daytime activities of 16%, and sleep difficulties affected the academic performance of 20%.

Stress also created problems for students. Forty-one percent experienced *more than average stress* and another 10% experienced *tremendous stress*. For 27%, stress interfered with their academic performance.

Alcohol is the most commonly used drug on campuses, with 80% of students using it. In spite of driving and drinking concerns, 27% drove after ingesting alcohol. The last time they partied, 43% drank five or more drinks. Alcohol drinking led to 35% doing something they later regretted. Furthermore, under the influence of alcohol, 17% had unprotected sex, and 17% physically injured themselves.

Students are also sexually active with 50% engaging in sexual intercourse during the past year, but only 51% using a condom or other protective barrier. The result is that 2% of those who had sexual intercourse experienced an unintended pregnancy.

Only 49% of students met the recommended guidelines for moderate-intensity or vigorous-intensity exercise.

DATA FROM: American College Health Association. American College Health Association—National College Health Assessment II: Reference Group Executive Summary Spring 2010. Linthicum, MD: American College Health Association, 2010.

- *Myths and Facts*. Myths and misconceptions specific to each chapter's content are presented. Alongside each myth, the correct information (fact) is discussed. Only the necessary facts and myths that should be dismissed to make health-enhancing decisions are included.
- *Running Glossary*. Key terms are defined at the bottom of the pages on which they appear to help students better understand each chapter's content.
- **Applying Behavior Change Theory.** Students are asked to choose a health behavior specific to each chapter's content that they want to modify. They will choose a behavior change theory or decision-making model to modify that behavior, outline the steps to apply that theory or model, and make a judgment regarding how successful they think they would be in modifying that health behavior if they applied the theory or model as described.

мутн	FACT
Each health behavior change theory is unique.	Many behavior change theories have similar constructs Social support, self-efficacy, and the influence of the environment are several of these constructs.
All health behavior change theories take a similar approach to affect behavior change.	Some health behavior change theories take very differ ent approaches. For example, stages of change theor suggests different activities for people who fall intidifferent stages. In contrast, the health belief mode suggests similar activities for people regardless of their readiness for change. Some theories rely mor heavily on the influence of the environment (social learning theory), whereas others are more inner/individual directed (social marketing theory).
Theories that were developed many years ago are outdated and should not be used.	For a theory to be useful, it must be tested over man years, in many different settings, with many different groups of people. If that type of research demonstrate the validity of the theory, then one can be confident it accurately explains health behavior and can be use to modify that behavior. Therefore, theories develope many years ago may actually be more valid and useful than theories developed more recently.

- *My Health Commitment*. A behavioral contract is included in which the student commits to a health behavior change. The reader is asked to apply a decision-making model or behavior change theory to facilitate this change.
- **Summary.** At the end of each chapter, a summary of the content included in that chapter is provided. This summary guides students to the most important knowledge and skills included in that chapter.
- *Internet Resources*. At the end of each chapter, a list of websites that pertain to that chapter's content are listed so students can acquire more information about topics in which they are particularly interested.

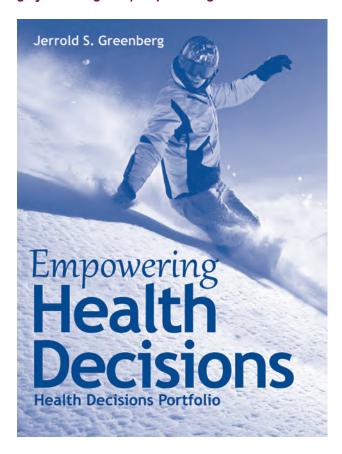
- **References.** Included at the end of the chapter, these current citations validate content presented in *Empowering Health Decisions* and provide students with resources for continued health education.
- *Companion Website*. Access to the student companion website (go.jblearning.com/Empowering) is included with every new text. Students can use the interactive glossary, flash-cards, crossword puzzles, practice quizzes, web links, and other resources to master the material covered in the text.

My Health Commitment: A Behavioral Contract

(your name) am committed to better management ress. To do that, I need to (the behar you wish to change) because (the reas
t you wish to change) because
int: Make sure the behavior you identify is very specific. You should specify how mu nd/or how often you are able to measure the outcome. For example, "I will meditate for inutes five times a week."
I am successful at changing this behavior, I will reward myself (the reward you will apply). I have decided I w
ake this behavior change by (date).
int: Make sure the reward is something you would not usually give yourself; for examp Illing a friend enrolled at another university.
I do not make this change, I will reevaluate this contract and adjust it so it can ore successful as an aid to achieve my behavior goal. Then I will implement it aga
(your signature)(today's da
(witness signature) (today's da
int: Having a friend or relative witness the contract will encourage you to adhere to it a crease your chances of being successful in changing the behavior.

The Health Decision Portfolio

go.jblearning.com/Empowering.



An integral part of *Empowering Health Decisions* is the *Health Decision Portfolio*. Too often, students complete assignments associated with one chapter only to forget about those assignments as they move to another chapter. In this disjointed way, students fail to see the relationship between health-related information. Failing to see how

assignments or content from one chapter relate to decisions regarding content from another chapter results in a reductionistic view of health.

The Health Decision Portfolio remedies this situation. Readers develop an online Health Decision Portfolio that maintains assignments, exercises completed in the book, and material from websites. Then, at the conclusion of the course, the instructor can ask students to tie all of that together in a variety of ways. For example, a term paper could be written on the topic "What I Learned About My Own Health and How to Maintain It." Alternatively, students could be asked to identify gaps in their health knowledge and information after compiling their Health Decision Portfolios—gaps they feel impact their abilities to make life long health decisions. Once the gaps are recognized, students can identify how they propose to close those gaps. Another option is for students to complete a behavior change contract that refers to future health goals to which they are willing to commit. In other words, the Health Decision Portfolio summarizes the course and the student's interaction with the course content. It then challenges students to identify health-related behavior changes they need to make, and decide which strategies they will use to make these changes, to maintain a healthy lifestyle long after the completion of the course.

The goal, then, of *Empowering Health Decisions* is to provide students with the knowledge and skills they need to modify their health behavior, and to be able to do so throughout their lives. If we have succeeded in achieving this goal, the time spent writing this book and the cost of producing it will be well worth the effort. Let us know how we did—both students and instructors. Now, on to better health.



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