Empowering Health Decisions

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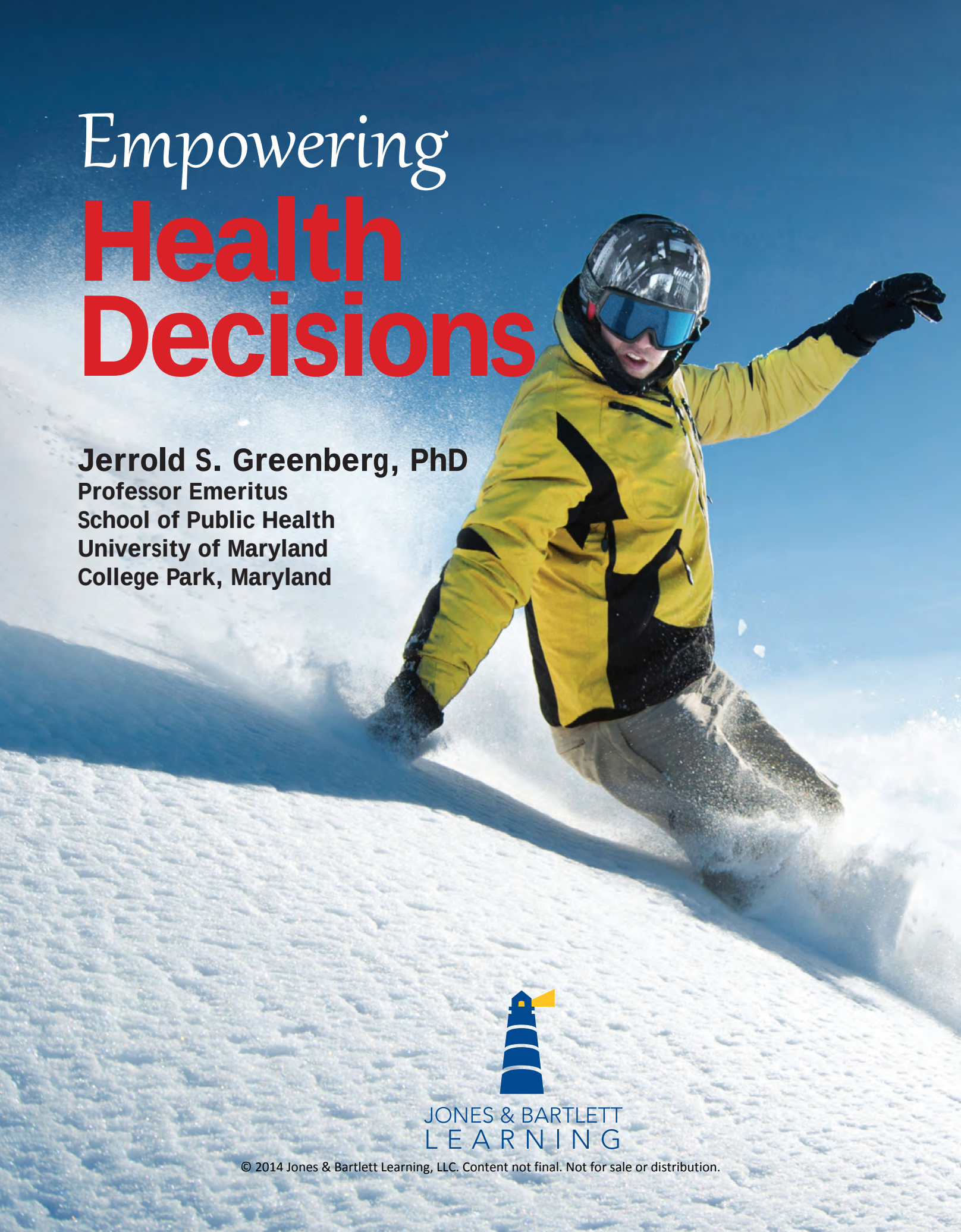

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Production Credits
Publisher: William Brottmiller
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Composition: Publishers' Design and Production Services, Inc.
Cover Design: Scott Moden
Director, Photo Research and Permissions: Amy Wrynn
Cover Image: © Ilja Mašík/ShutterStock, Inc.
Printing and Binding: Courier Companies
Cover Printing: Courier Companies

To order this product, use ISBN: 978-1-4496-9040-3

Library of Congress Cataloging-in-Publication Data
Greenberg, Jerrold S.
Empowering health decisions / by Jerrold S. Greenberg.
p. cm.
Includes bibliographical references and index.
ISBN 978-1-4496-1738-7 — ISBN 1-4496-1738-7
1. Health—Decision making. 2. Health behavior. I. Title.
RA776.9.G75 2013
613—dc23
2012027218

6048

Printed in the United States of America
17 16 15 14 13 10 9 8 7 6 5 4 3 2 1

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

Contents

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 decision-making 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 decision-making 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 decision-making 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.

Myths *and* Facts

About Behavior Change Theories

MYTH	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 different approaches. For example, stages of change theory suggests different activities for people who fall into different stages. In contrast, the health belief model suggests similar activities for people regardless of their readiness for change. Some theories rely more 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 many years, in many different settings, with many different groups of people. If that type of research demonstrates the validity of the theory, then one can be confident it accurately explains health behavior and can be used to modify that behavior. Therefore, theories developed 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

I _____ (your name) am committed to better management of stress. To do that, I need to _____ (the behavior you wish to change) because _____ (the reason you need to make this change).

Hint: Make sure the behavior you identify is very specific. You should specify how much and/or how often you are able to measure the outcome. For example, "I will meditate for 30 minutes five times a week."

If I am successful at changing this behavior, I will reward myself by _____ (the reward you will apply). I have decided I will make this behavior change by _____ (date).

Hint: Make sure the reward is something you would not usually give yourself; for example, calling a friend enrolled at another university.

If I do not make this change, I will reevaluate this contract and adjust it so it can be more successful as an aid to achieve my behavior goal. Then I will implement it again.

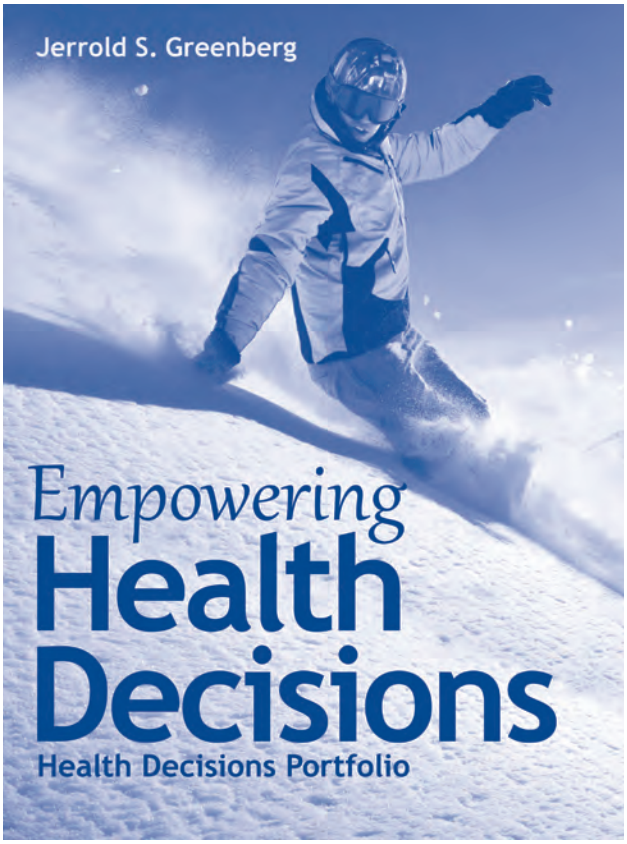
_____ (your signature) _____ (today's date)

_____ (witness signature) _____ (today's date)

Hint: Having a friend or relative witness the contract will encourage you to adhere to it and increase 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.

Acknowledgments

The author wishes to thank the following reviewers for their feedback and advice while writing this manuscript:

- Jeanne M. Clerc, EdD, MT(ASCP)SH, Health Sciences Department, Western Illinois University
- Charles "Pete" LeRoy, New Mexico Highlands University
- Elizabeth Lincoln, MD, Sauk Valley Community College
- Dr. Kirsten Lupinski, Albany State University, Department of Health, Physical Education and Recreation
- Dr. Alan Temes, Zero Point Field

The author also wishes to thank Jennifer Angel for her feedback and suggestions while developing this text.