



Don't Stop Believing: Health Belief Model and TZD

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Because traffic related trauma is preventable and frequently predictable, it is subject to the same epidemiology as disease. By defining and addressing trauma as a disease, and approaching it within the context of behavioral theory, traffic safety advocates can develop interventions with the potential to reduce the impact and incidence of traffic related trauma across a wide spectrum of at-risk groups.

Objectives

Upon Completion of this session the participant will be able to:

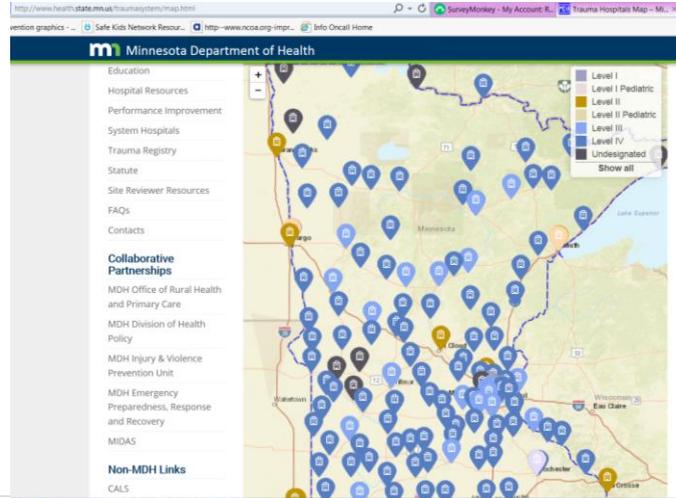
Define and explain the four core concepts of the Health Belief Model

Discuss how to apply the concept of self- efficacy to current and future prevention messaging.

Describe how these concepts can be utilized in planning and implementing traffic safety initiatives.

99% of Minnesotans live within 60 min of a Trauma Center

Currently in Minnesota, there are 337 licensed ambulance services, and 29,000 actively credentialed EMS personnel in Minnesota.



 HennepinHealthcare

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Healthcare

Trauma Prevention Programs
are required/desired
for all levels of Trauma
Centers in Minnesota

Level I and II

- Participate in injury prevention activities
- Have a coordinator/job description/salary
- Presence of prevention activities that center on priorities based on local data
- Demonstrate collaboration/participation in national, regional or state programs

State Level III and IV

- Coordination/participate in community Prevention activities
 - Level III- Essential – Fairview Ridges
 - Level IV- Desired

Health Belief Model

- HBM was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels working in the U.S. Public Health Services
- A psychological model that attempts to explain and predict health behaviors.
- Done by focusing on the attitudes and beliefs of individuals.



The Health Belief Model is based on the understanding that a person will take a health/safety related action (i.e., MV Safety) if that person:

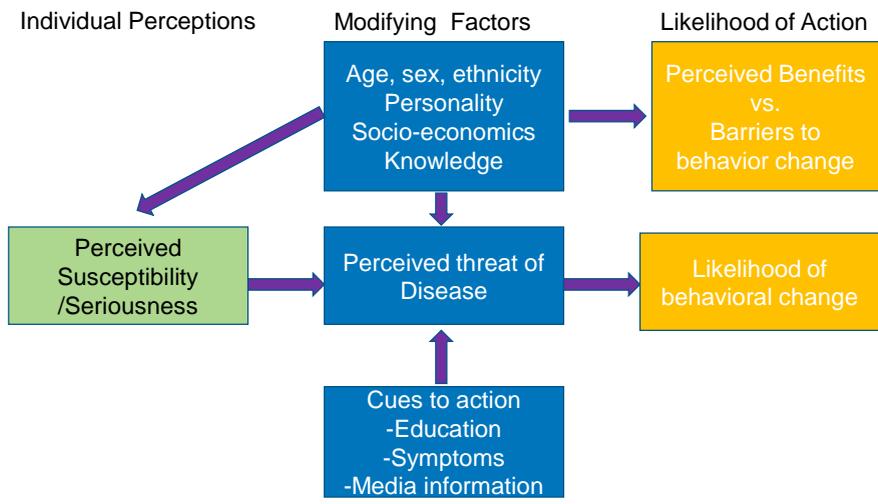
- feels that a negative health condition can be avoided,
- has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition and
- believes that he/she can successfully take a recommended health action- to overcome real or perceived barriers to the change.



HBM assumes ...

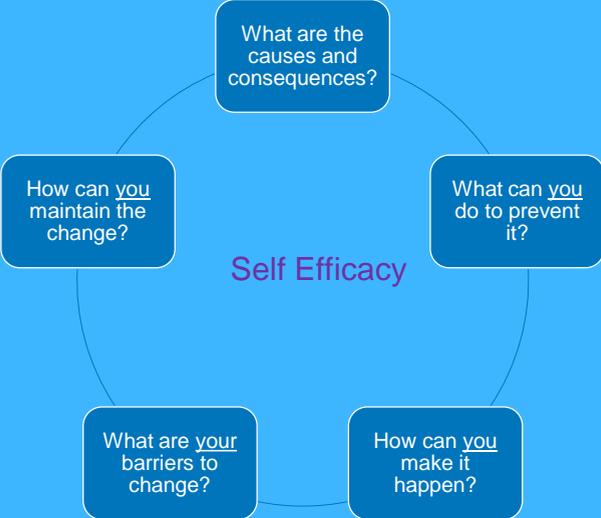
- It assumes that everyone has access to equal amounts of information on the illness or disease.
- It assumes that cues to action are widely prevalent in encouraging people to act and that "health" actions are the main goal in the decision-making process.
- Does not suggest a strategy for changing health-related actions
- Perceived susceptibility, benefits, and barriers were consistently associated with the desired health behavior; perceived severity was less often associated with the desired health behavior.

HBM Conceptual Model

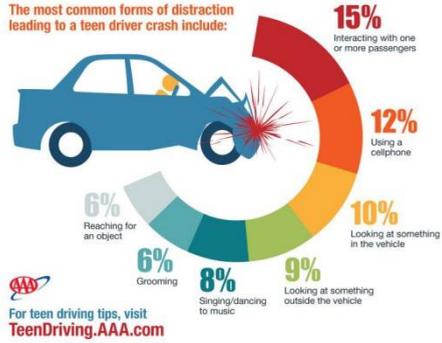


Source: Glanz et al, 2002, p. 52

Preventive Framework and Traffic Safety Messaging - questions to ask



6 OUT OF 10 teen crashes involve driver distraction.



The HBM suggests that a person's belief in a personal threat of an illness or disease (injury) together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood the person will adopt the behavior.





Behavior Change-Case Studies:
 -77 yo Male- does not wear seat belt
 -55 yo Male-does not wear MC helmet
 - 30 yo Female -does not wear seat belt

Not one magic intervention – need to find out the person's values

5/8/2019

Choosing an EMS/ Emergency Services Intervention

- Bike Safety Rodeo
- Reward helmet wearing
- Safety Camps
 - Think First
 - Safe Kids
 - Senior Safety
- Teddy Bear Clinic
- EMS- out reach use fatal vision goggles (TBI)
- Work Site Drive Smart Challenge
- High School Drive Smart Challenge





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