



# MAKING HEALTHFUL EATING BEHAVIORS STICK: USING CONSUMER INSIGHTS TO IDENTIFY WHAT WORKS

## *BEHAVIOR CHANGE CONSUMER PROFILES*



Audio Information: Dial-In: 800-658-3095 Access code: 964856914#

# International Food Information Council Foundation

## **Mission:**

*To effectively communicate science-based information on health, nutrition, and food safety for the public good.*

Primarily supported by the broad-based food, beverage and agricultural industries.

[www.foodinsight.org](http://www.foodinsight.org)



# Housekeeping

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**Got Questions? Please email [FOODANDHEALTH@IFIC.ORG](mailto:FOODANDHEALTH@IFIC.ORG)**

We will address questions at the end of each section throughout the webcast.

Join the conversation on **Twitter** by following **@FoodInsight** and/or using the hashtag **#FoodInsight**.

All information, including the full Behavior Change Profiles report and social media resources, can be found at:

<http://www.foodinsight.org/BehaviorChangeProfiles>

- Quiz
- Blog Series
- Infographic



# Today's Team of Speakers



**Marianne Smith Edge, MS, RD, LD, FADA**  
Senior Vice President, Nutrition and Food Safety  
IFIC Foundation



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Texas Tech University



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# Learning Objectives

1. Distinguish consumer food- and health- related beliefs and behaviors based on stages of behavior change
2. Describe strategies to empower consumers to transition from precontemplation through the subsequent stages of change
3. Explain the importance for public health to engage behavioral science expertise to enhance the effectiveness of food and health interventions

## Continuing Education

- **1.0 CDR Continuing Professional Education** credit will be offered for those Registered Dietitian Nutritionists (RDNs) and Dietetic Technicians Registered (DTRs) who pre-register to view and participate in the LIVE Webcast.
- **1.0 NBPHE CPH Continuing Education Credit** will be offered for those Certified Public Health Professionals who pre-register to view and participate in the LIVE Webcast.
  - An email will be sent one hour after the completion of this webcast with a link to download the certificate. CPEU is only available for those pre-registered for the live webcast today.

# An online survey was conducted with 1,005 Americans about their health, diet, influences on food selection, and related knowledge and beliefs.

- This report presents the results of an online survey of 1,005 Americans ages 18 to 80.
- Many of the questions have been asked in prior Food and Health Surveys, allowing for trend analysis. Some new topics were included in the questionnaire also.
- Fielding took place from March 26 to April 7, 2014.
- The duration of the survey was 28 minutes, on average.
- The results were weighted to ensure that they are reflective of the American population ages 18 to 80, as seen in the 2013 Current Population Survey. Specifically, they were weighted by age, education, gender, race/ethnicity, and region.
- The survey was conducted by Greenwald & Associates, using Research Now's consumer panel.

Note: Percentages may not add to 100% or to totals shown due to rounding.

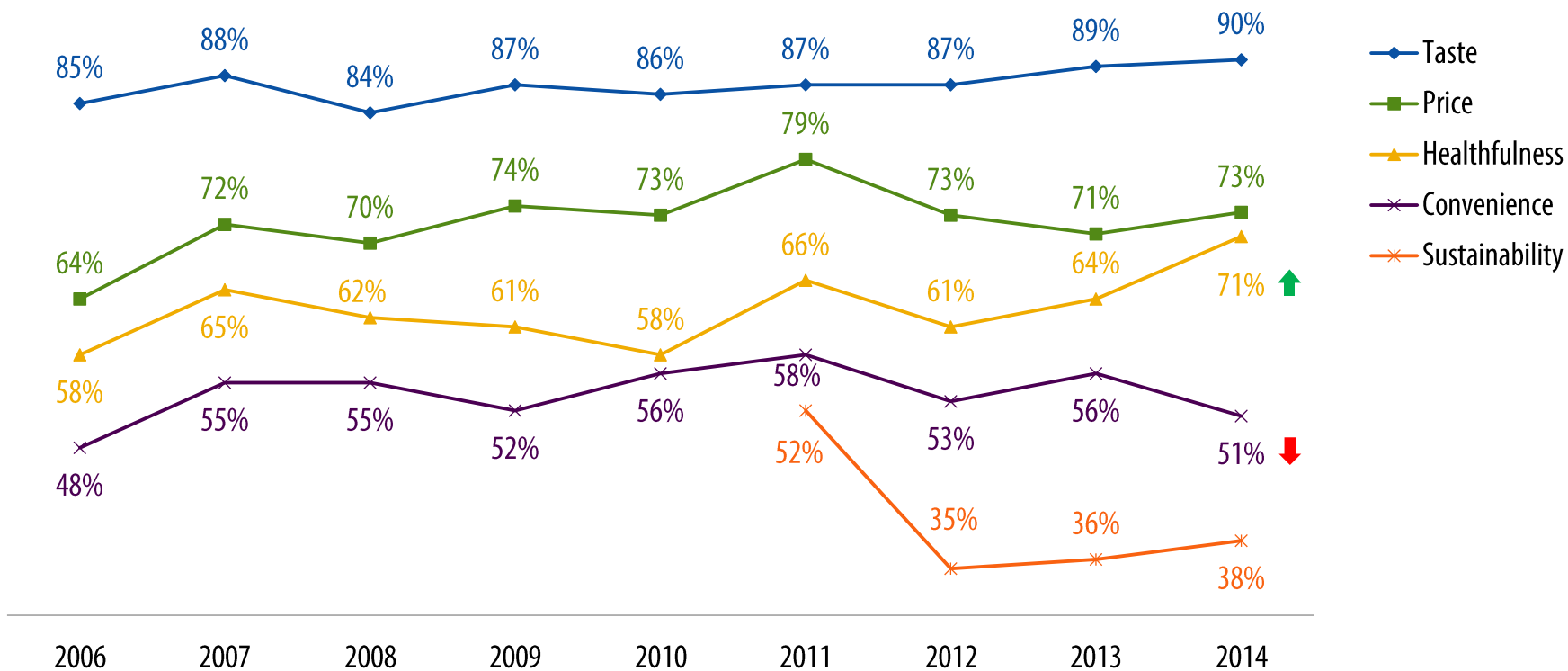


# Key Findings

- Healthfulness is increasingly becoming more important in Americans' food and beverage purchasing decisions.
- There is evidence consumers are taking more steps to improve the healthfulness of their diet but the steps may differ based on their individual perception of the term.
- Americans are taking small steps to improve both diet and physical activity, showing the concept of energy balance is beginning to register.
- Perceived gaps exist between what consumers know and their behavior.
- Americans overwhelmingly view health professionals as the most trusted sources on nutrition, physical activity, and weight loss.

# Taste, price, and healthfulness continue to drive food selection.

How much of an impact do the following have  
on your decision to buy foods and beverages?  
(% Rating 4 to 5 on 5-point scale, from *No Impact* to *A Great Impact*)

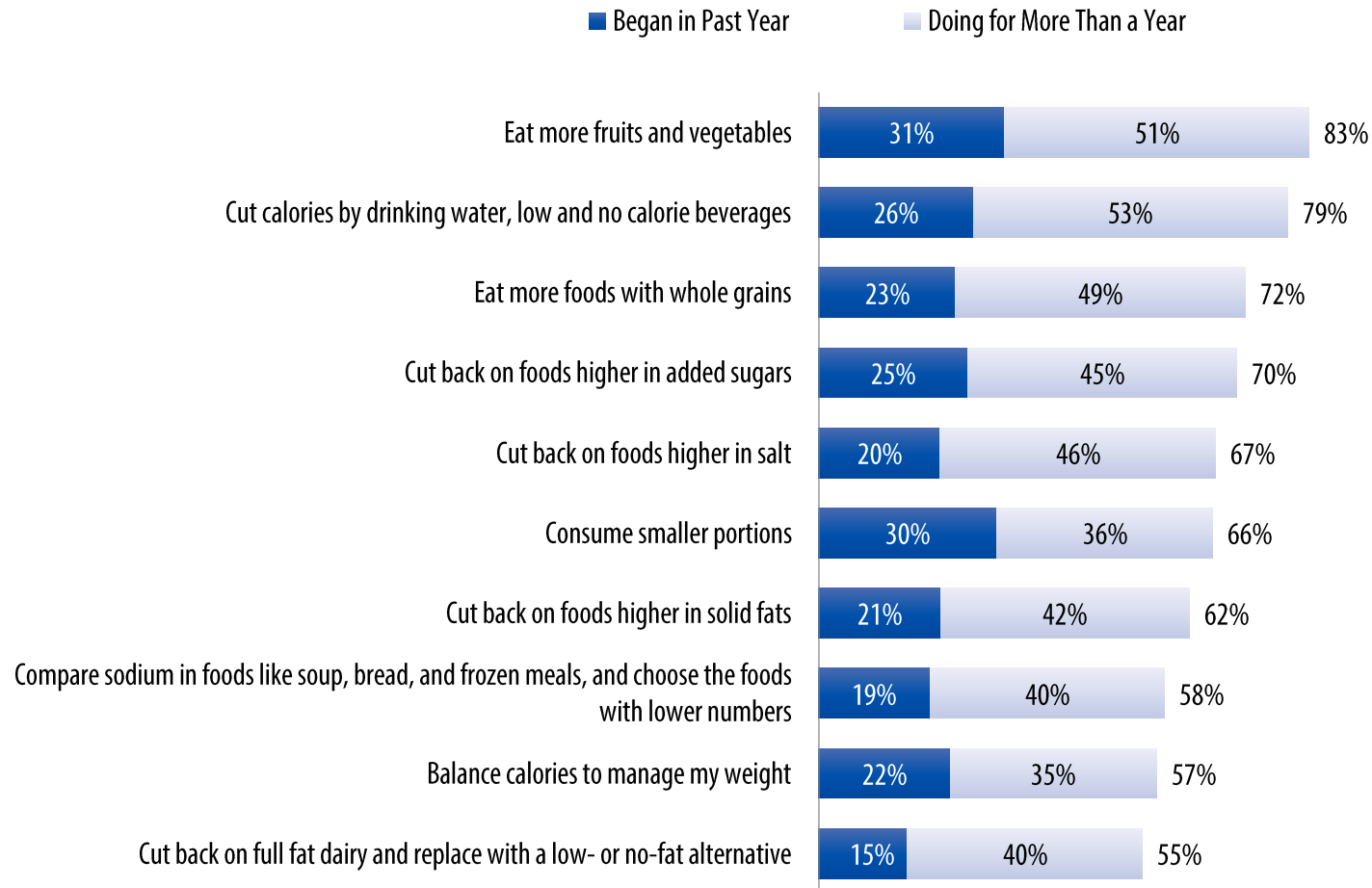


2014 n=1,005

Arrows indicate significant (.95 level) differences vs. 2013.

# More than four out of five Americans have made an effort to eat more fruits and vegetables. The least popular action is to cut back on full fat dairy.

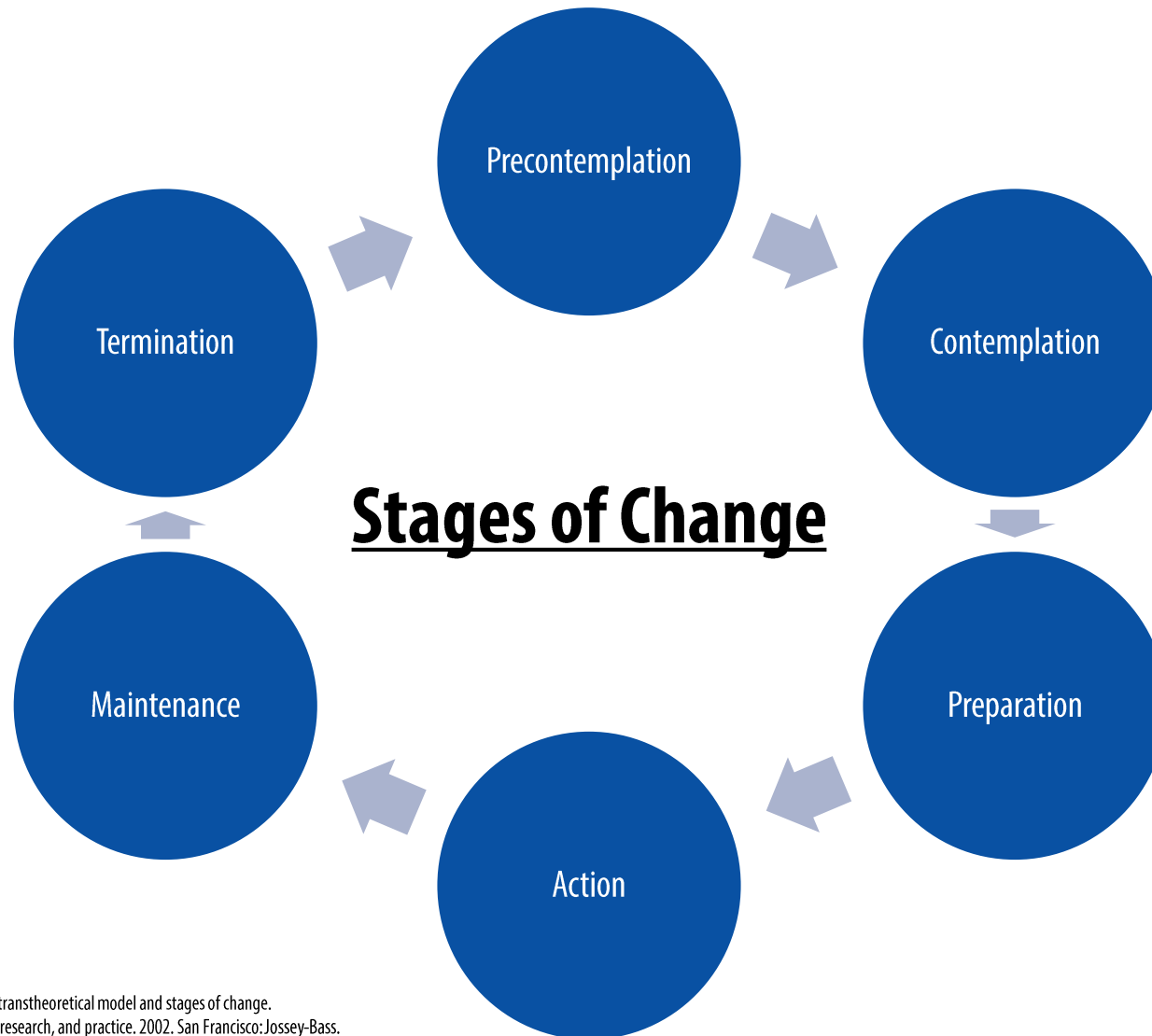
Over the past year, which of the following, if any, have you made an effort to do?



2014 n=1,005; Arrows indicate significant (.95 level) differences vs. 2013.

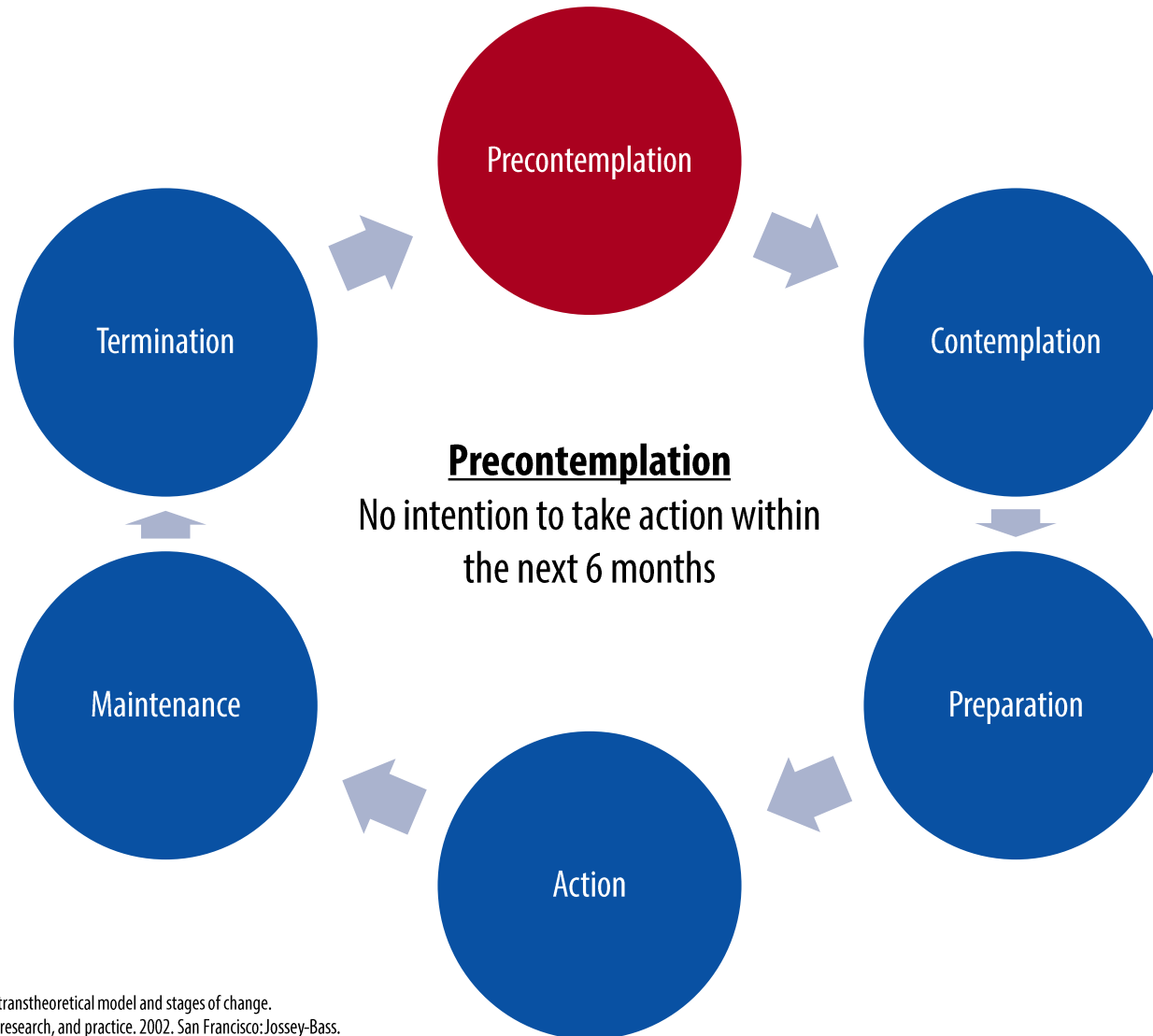


# Transtheoretical Model



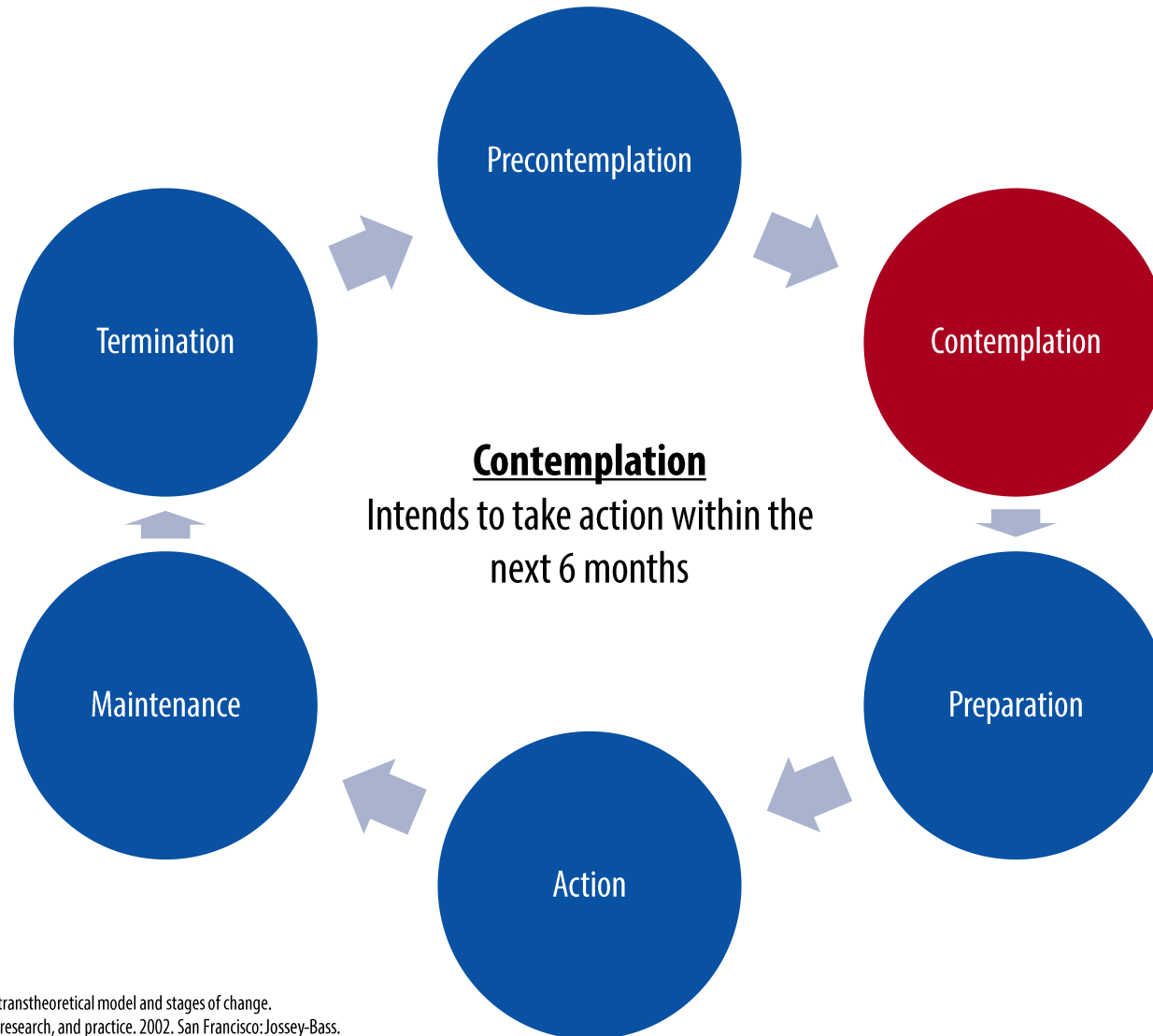
**Source:** Prochaska JO, Redding CA, Evers KE. The transtheoretical model and stages of change.  
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# Transtheoretical Model



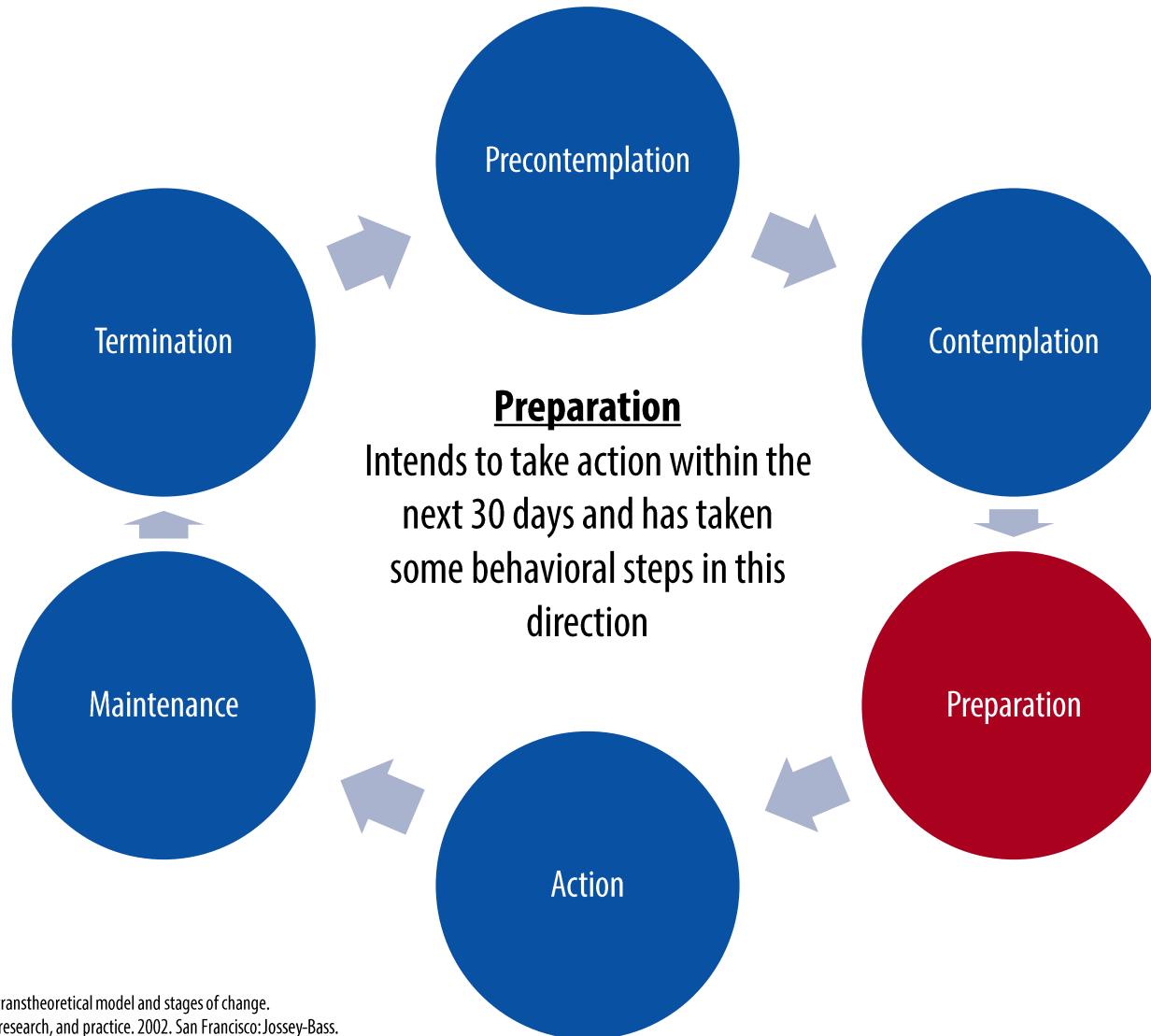
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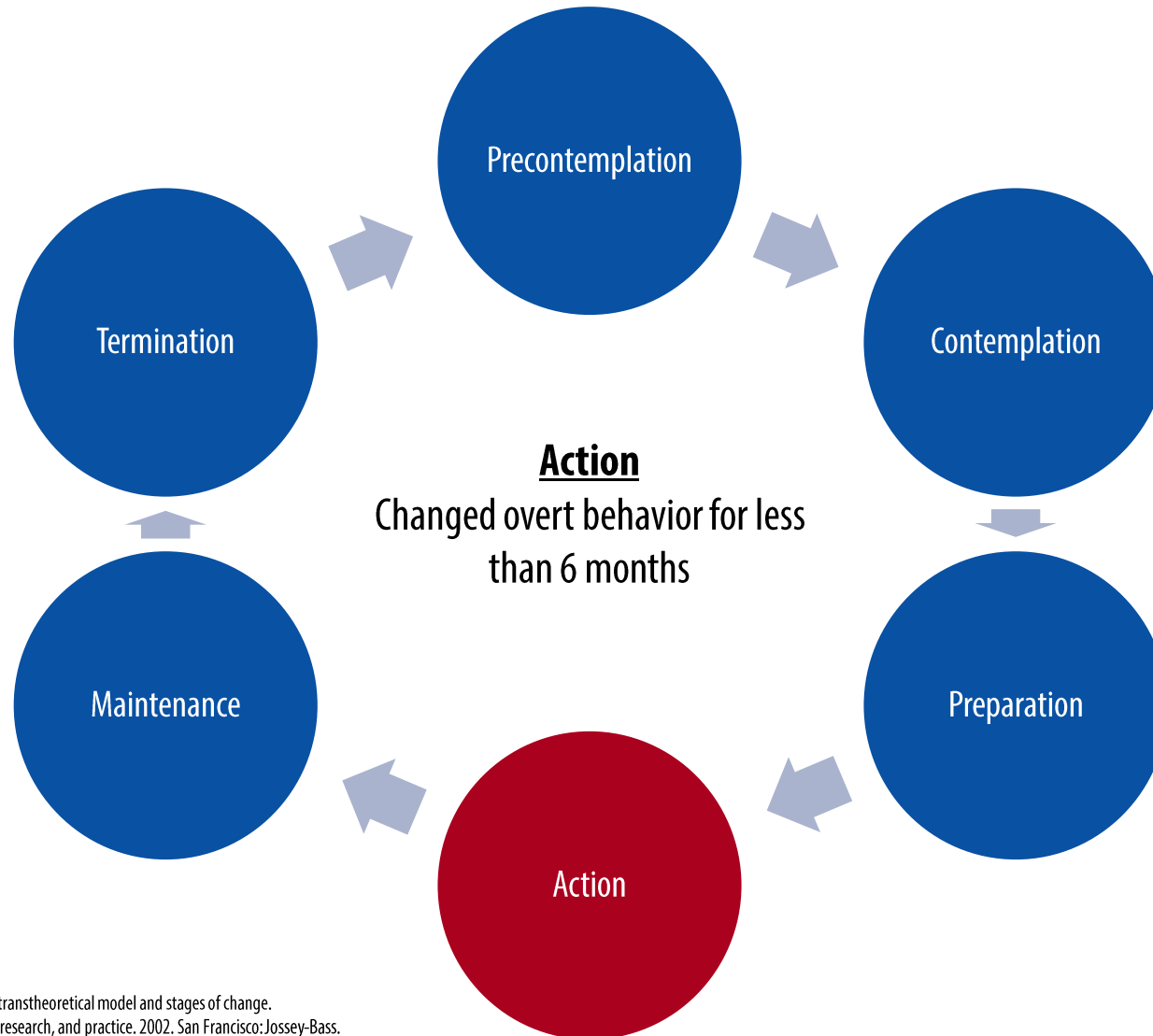
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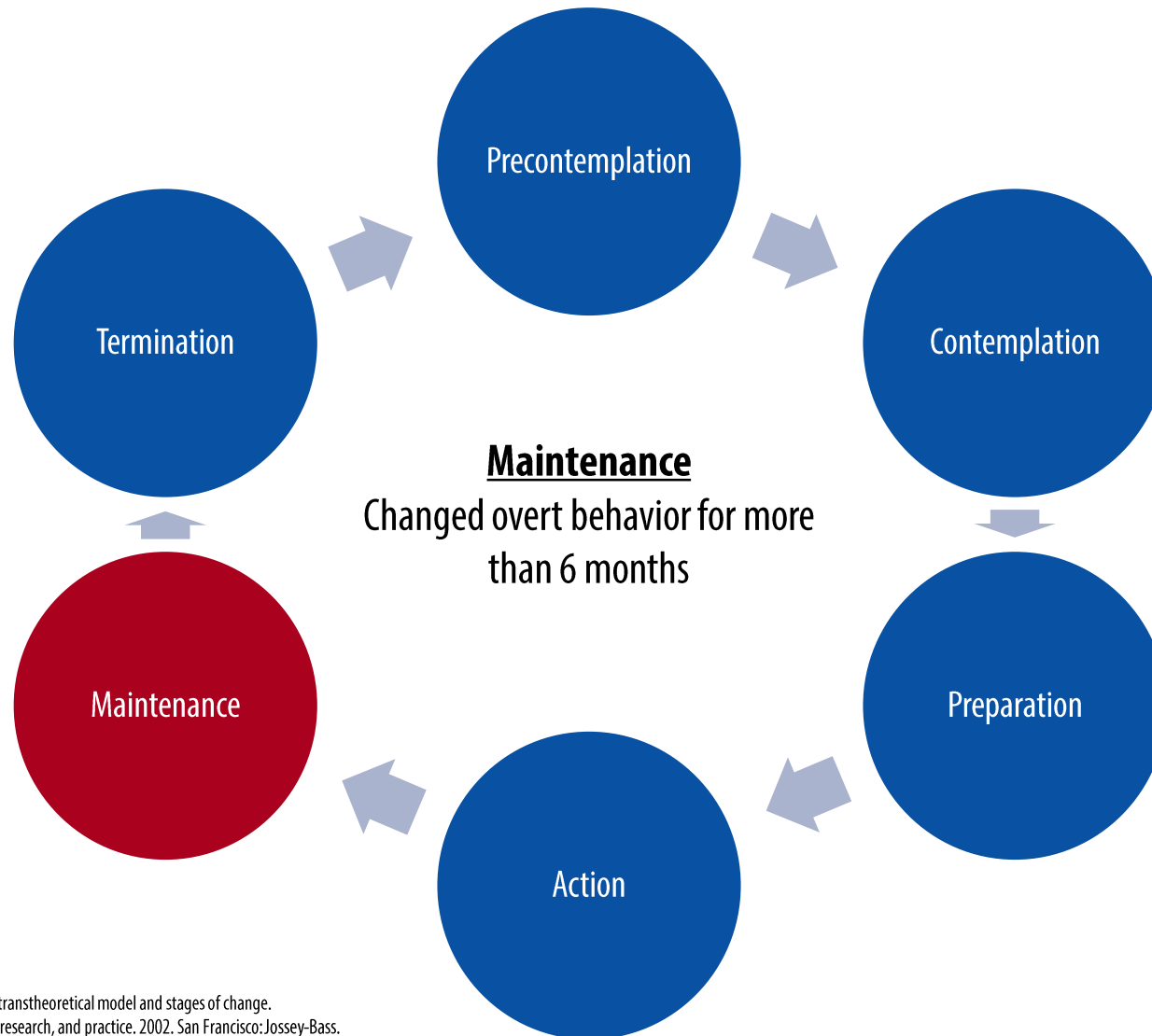
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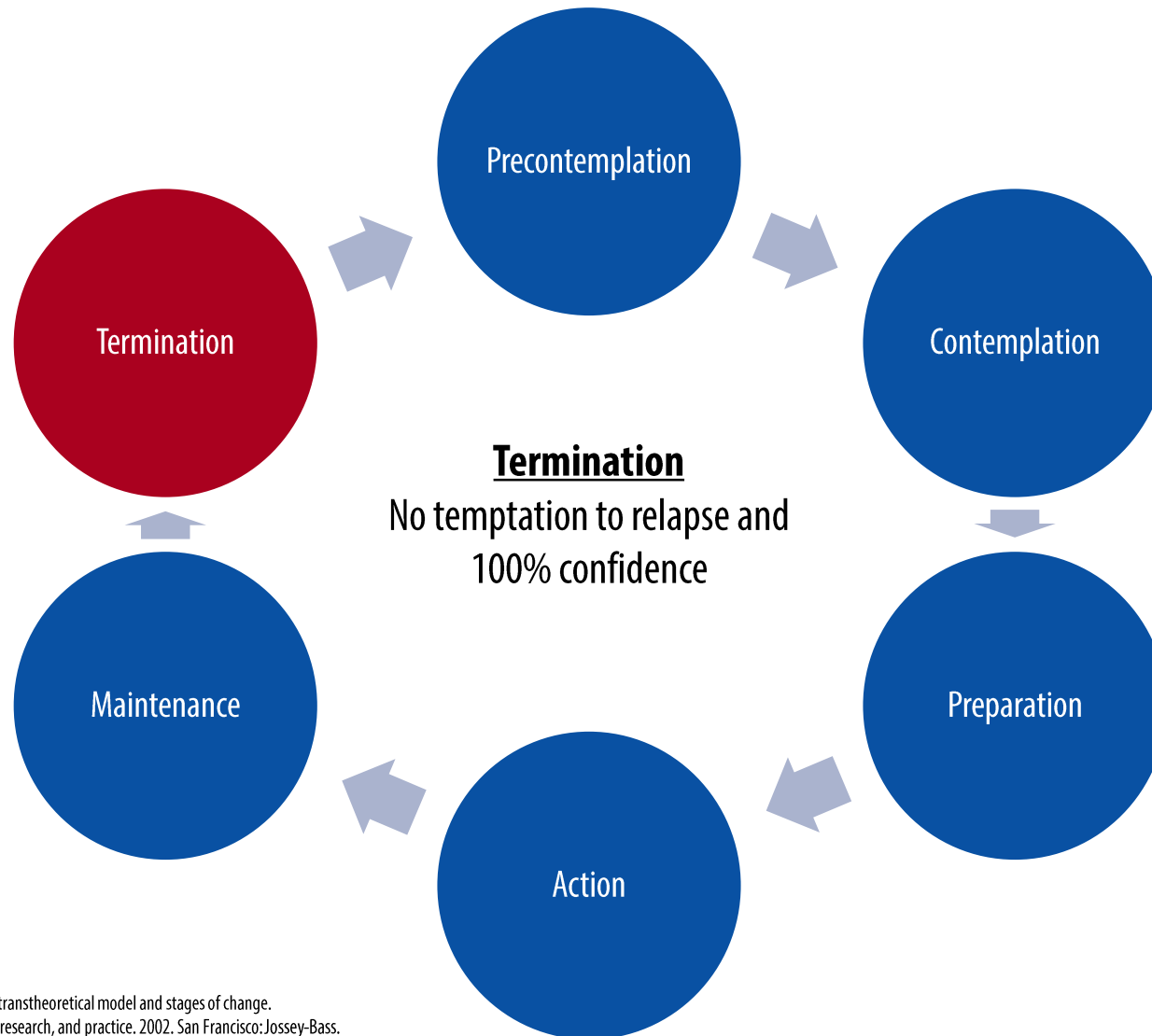


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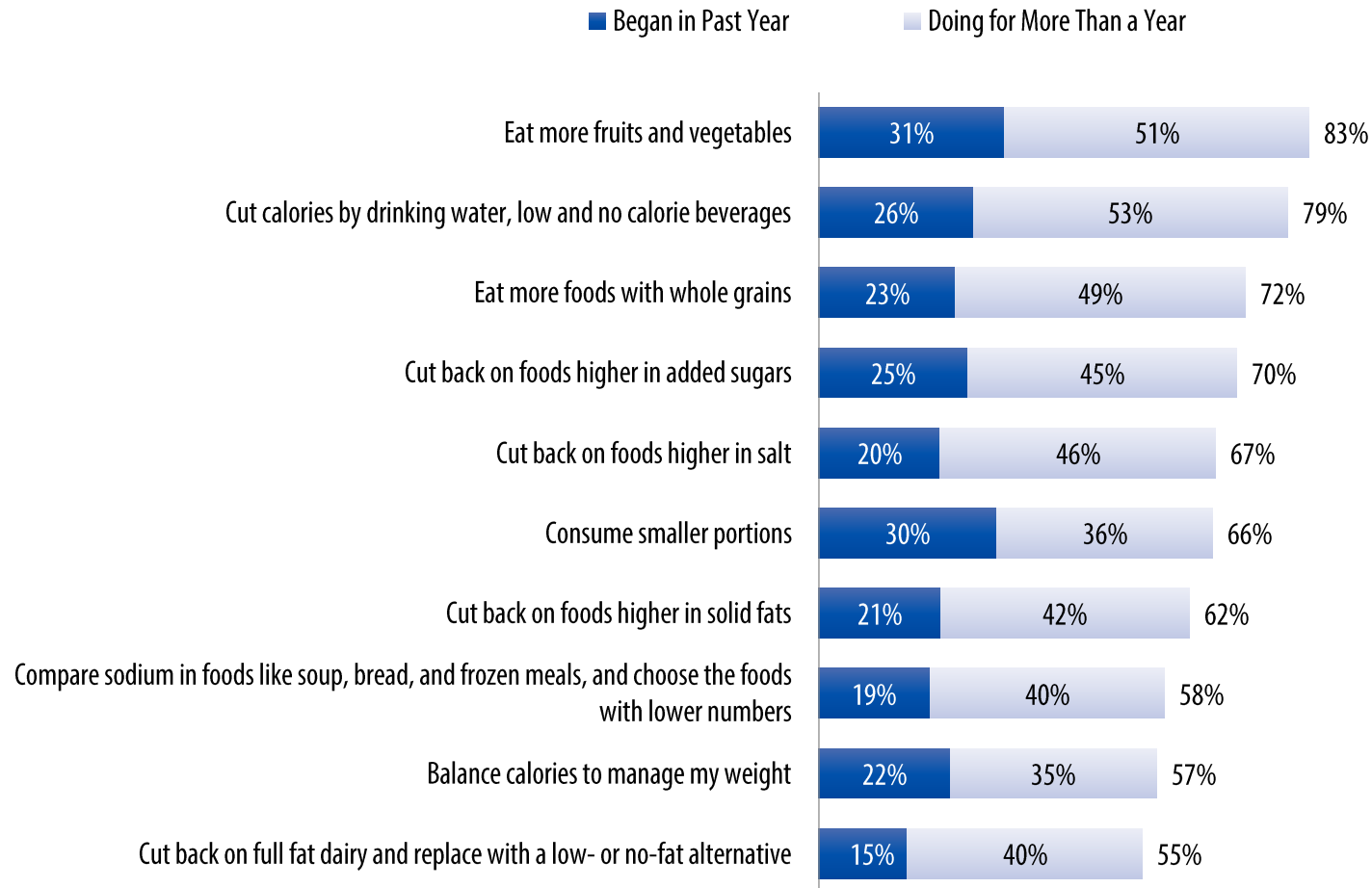
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# Categorization of sample by stages based on dietary behavior changes

Over the past year, which of the following, if any, have you made an effort to do?



2014 n=1,005; Arrows indicate significant (.95 level) differences vs. 2013.

# Criteria for Stages of Behavior Change

## Pre-contemplation

- Did not report making any behavior changes in the past year or previously and have not given any thought to the healthfulness of the foods and beverages they consume

## Contemplation

- Did not report making any behavior changes in the past year or previously, but have given at least a little thought to the healthfulness of the foods and beverages they consume

## Action

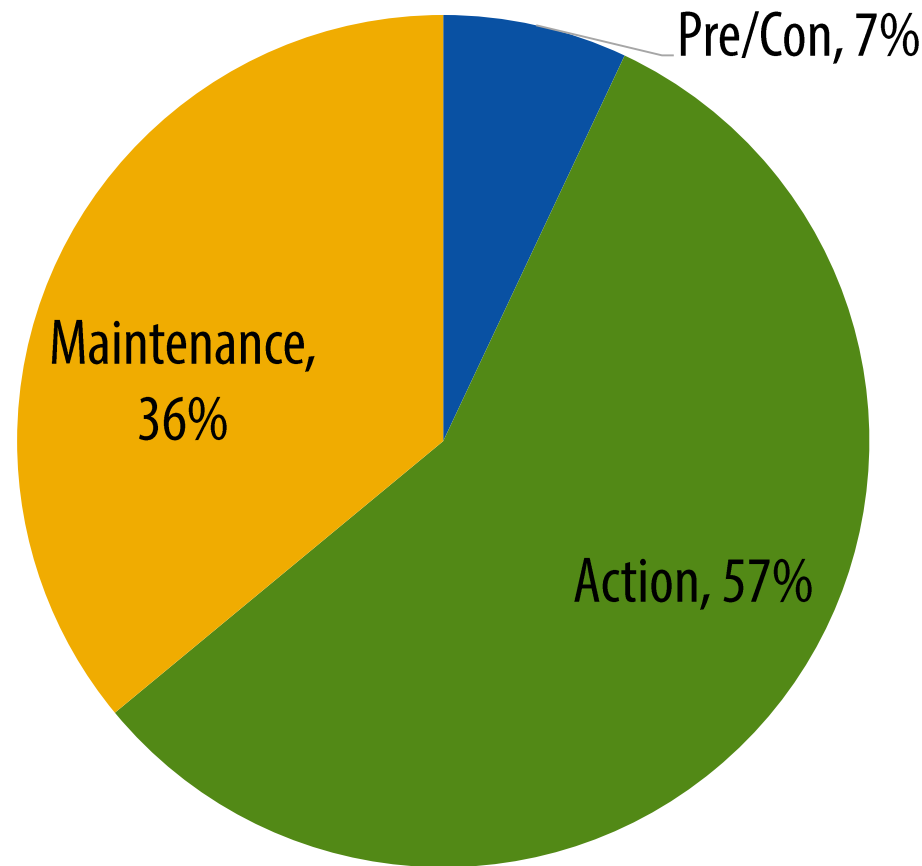
- Made at least one behavior change within the past year

## Maintenance

- Did not report making any new behavior changes, but have sustained behavior changes for more than a year

# More than half of Americans are taking actions to improve the healthfulness of their diet.

Sample Distribution Across Stages of Behavior Change





# Complete Demographics

Age	Pre/Con	Action	Maintenance	Gender	Pre/Con	Action	Maintenance
18 to 34 years old	44%	34%	24%	Male	68%	45%	49%
35 to 49 years old	29%	26%	26%	Female	32%	55%	51%
50 to 64 years old	21%	26%	28%				
65 to 80 years old	6%	14%	22%				
Education				Children Under 18 in Household			
Less than high school	18%	4%	2%	0 to 2 years old	8%	8%	3%
Graduated high school	39%	37%	35%	3 to 6 years old	9%	13%	6%
Some college (no degree)	18%	20%	16%	7 to 12 years old	17%	12%	7%
Associates degree or technical or vocational school	12%	9%	14%	13 to 17 years old	16%	14%	10%
Bachelor's degree	3%	20%	21%	There are no children under 18 in my household	54%	67%	79%
Graduate/Professional work or degree	10%	9%	11%	Prefer not to say	12%	2%	1%
Race/Ethnicity				Marital Status			
White (Non-Hispanic)	55%	68%	71%	Married	43%	57%	59%
Hispanic/Latino/Spanish descent	25%	14%	16%	Single	38%	21%	22%
Black or African American	15%	17%	10%	Divorced	8%	9%	8%
Asian or Pacific Islander	8%	6%	6%	Living with partner	3%	9%	6%
American Indian or Alaskan Native	1%	1%	<.5%	Widowed	0%	3%	4%
Native Hawaiian	1%	1%	<.5%	Other	0%	<.5%	0%
Other	1%	1%	1%	Prefer not to say	7%	1%	1%

# Complete Demographics

Region	Pre/Con	Action	Maintenance	Medical Conditions	Pre/Con	Action	Maintenance
Northeast	27%	18%	16%	High blood pressure	10%	22%	24%
Midwest	21%	21%	21%	High cholesterol	14%	18%	18%
South	24%	38%	39%	Heart disease	1%	3%	5%
West	28%	23%	23%	Diabetes	3%	7%	7%
<b>Household Income</b>				Overweight/obesity	2%	8%	7%
Less than \$35,000	19%	16%	12%	Stress/anxiety/depression	10%	12%	6%
\$35,000 to less than \$50,000	18%	16%	18%	Osteoporosis	1%	1%	2%
\$50,000 to less than \$75,000	10%	23%	18%	Cancer	0%	1%	3%
\$75,000 to less than \$100,000	8%	14%	18%	AD/HD	2%	1%	<.5%
\$100,000 or more	24%	18%	20%	Stroke	0%	1%	<.5%
Don't know	10%	1%	1%	None of the above	70%	57%	57%
Prefer not to answer	11%	11%	13%				
<b>BMI Score</b>							
Low/Normal	31%	29%	36%				
Overweight	28%	32%	37%				
Obese	25%	31%	23%				
No Answer	16%	8%	3%				

# Demographic Differences

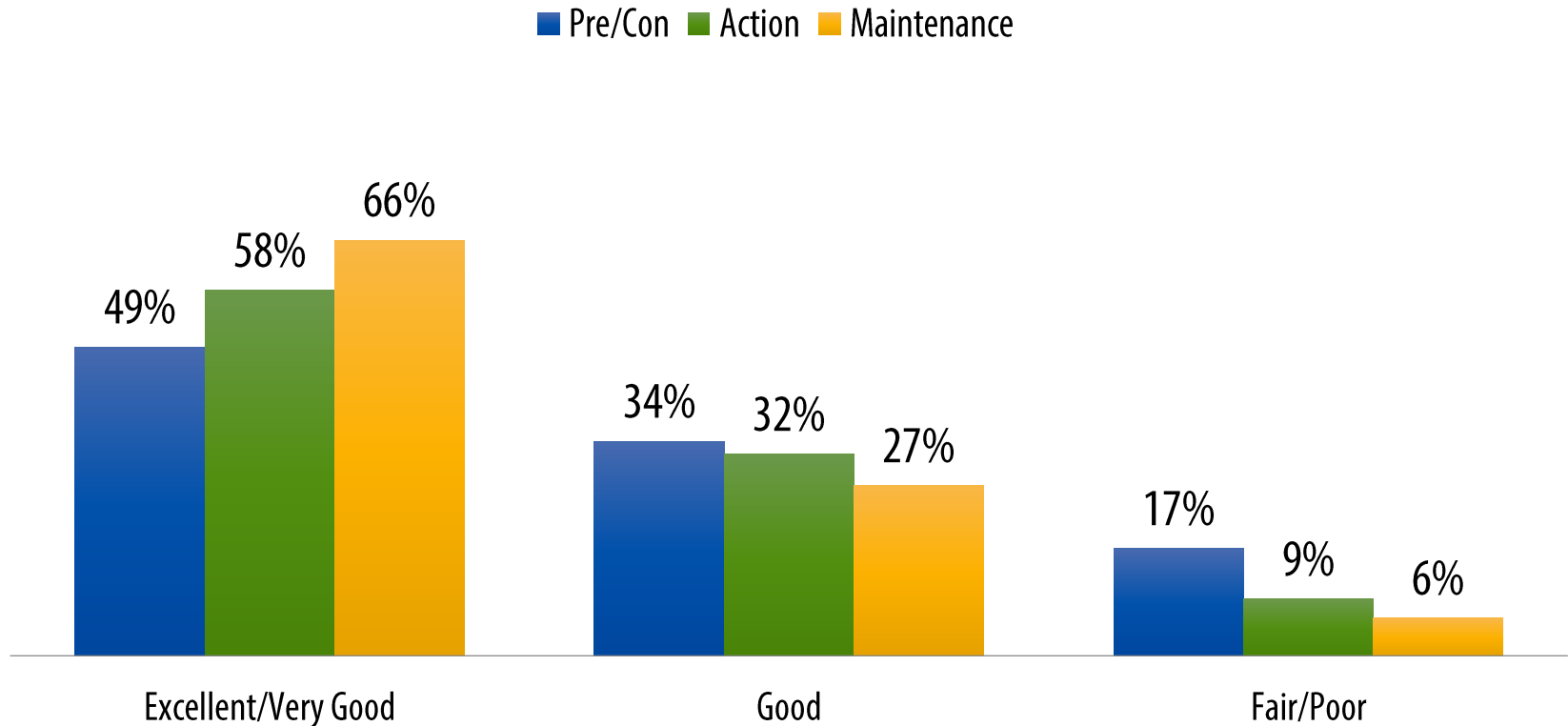
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18 to 34 years old	44%	34%	24%	Male	68%	45%	49%
65 to 80 years old	6%	14%	22%	Female	32%	55%	51%
Education			Marital Status				
Less than high school	18%	4%	2%	Single, never married	38%	21%	22%
Bachelor's degree	3%	20%	21%				
BMI Score	Children Under 18 in Household						
Low/Normal	31%	29%	36%	There are no children under 18 in my household	54%	67%	79%
Overweight	28%	32%	37%				
Obese	25%	31%	23%				
No Answer	16%	8%	3%				

2014 n=1,005

Significant (.95 level) differences between age groups are shown with green/red font. Percentages in red are significantly lower than the percentage in green.

# Two thirds of Maintenance consumers describe their health as “Excellent” or “Very good.”

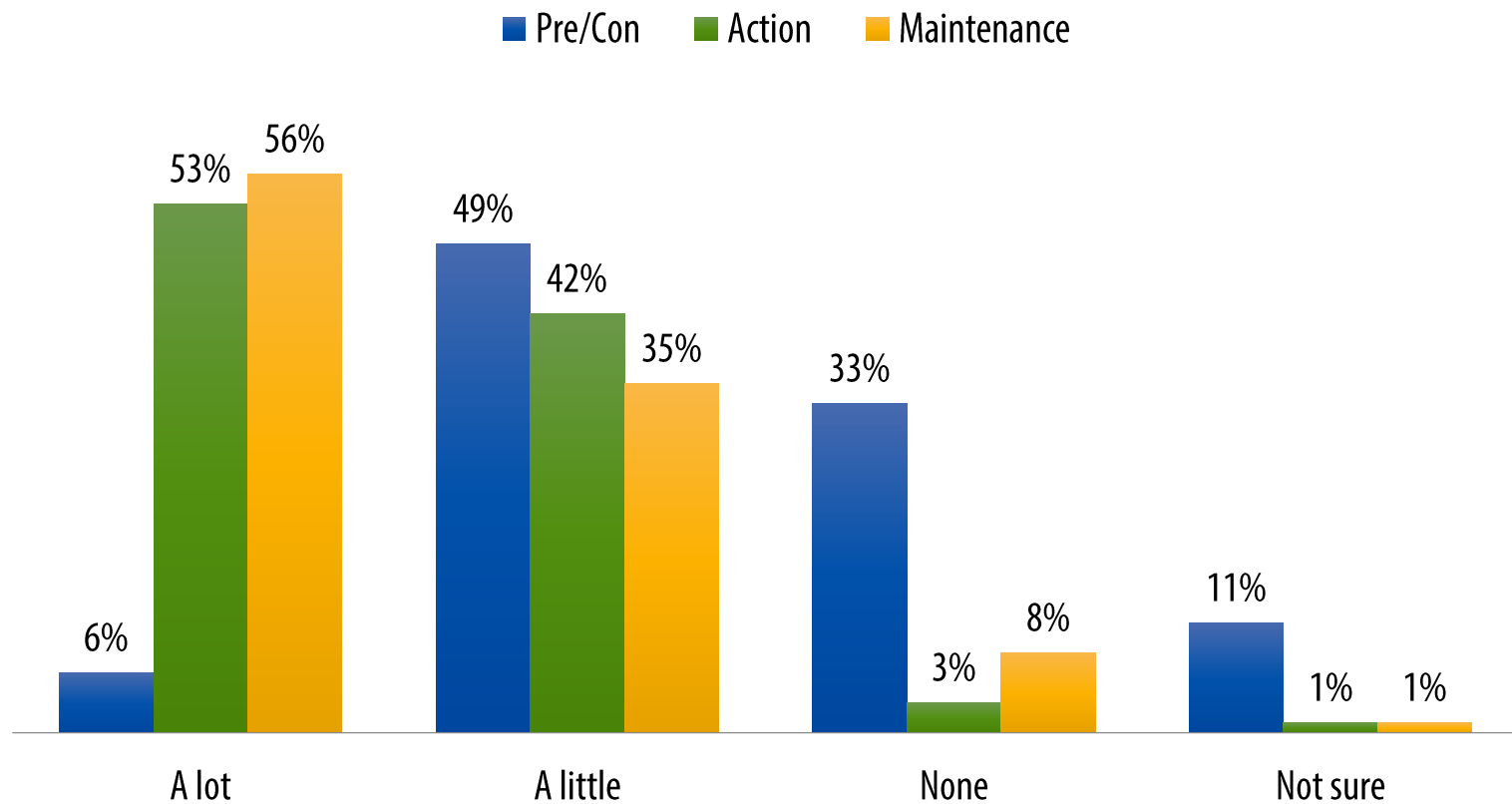
How would you describe your own health in general?



2014 n=1,005; 2013 n=1,006; 2012 n=1,057

# Action and Maintenance are more likely to have given a lot thought to the healthfulness of foods and beverages, but over half of Pre/Con have given at least a little thought.

Over the past year, how much thought have you given to the healthfulness of the foods and beverages you consume?



2014 n=1,005; 2013 n=1,006; 2012 n=1,057

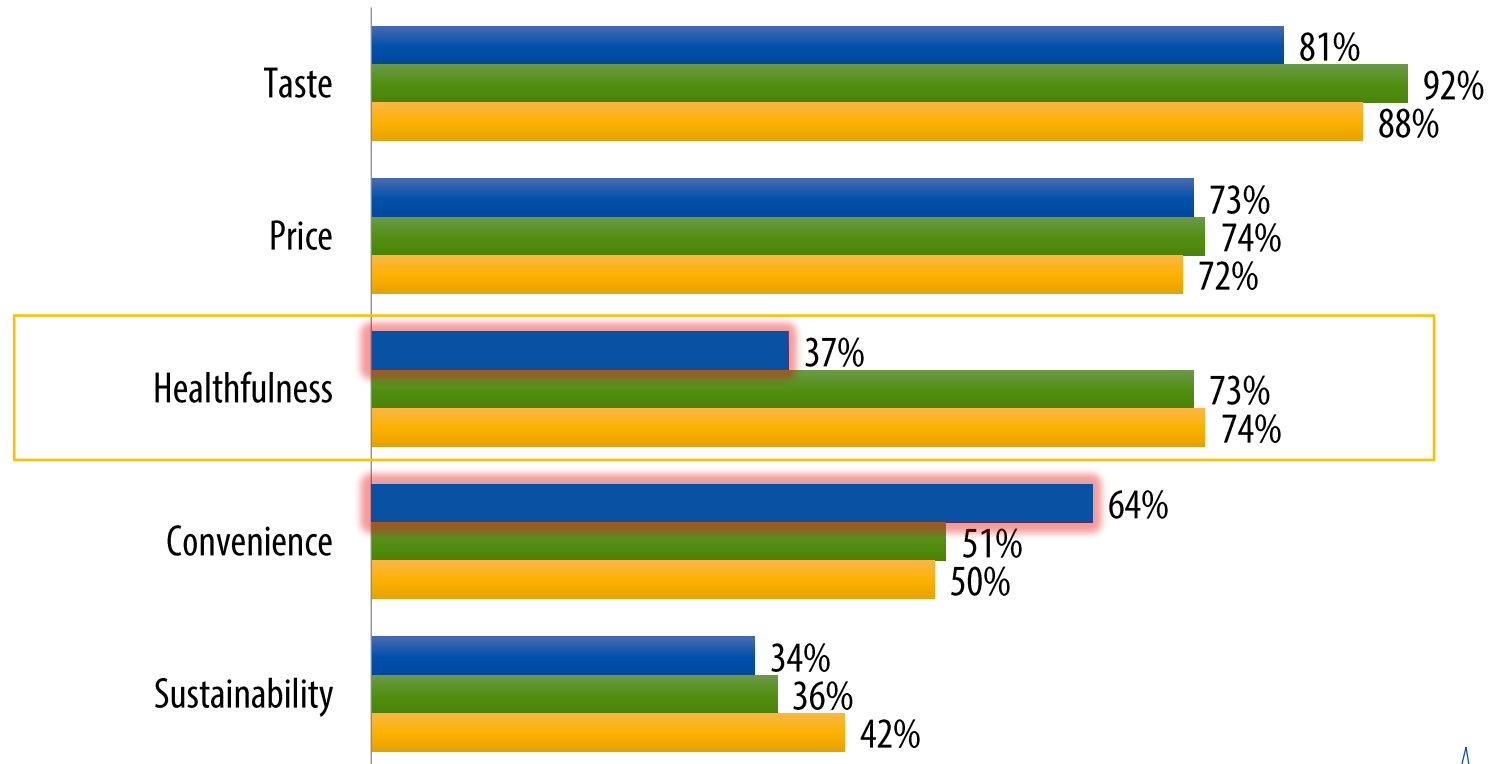
Arrows indicate significant (.95 level) differences vs. prior year(s); color of arrow indicates comparison year.



# Healthfulness is nearly even with price in terms of its impact on food and beverage purchasing for those in Action and Maintenance. Convenience has a greater impact than healthfulness for those in Pre/Con.

How much of an impact do the following have  
on your decision to buy foods and beverages?  
(% Rating 4 to 5 on 5-point scale, from *No Impact* to *A Great Impact*)

■ Pre/Con ■ Action ■ Maintenance

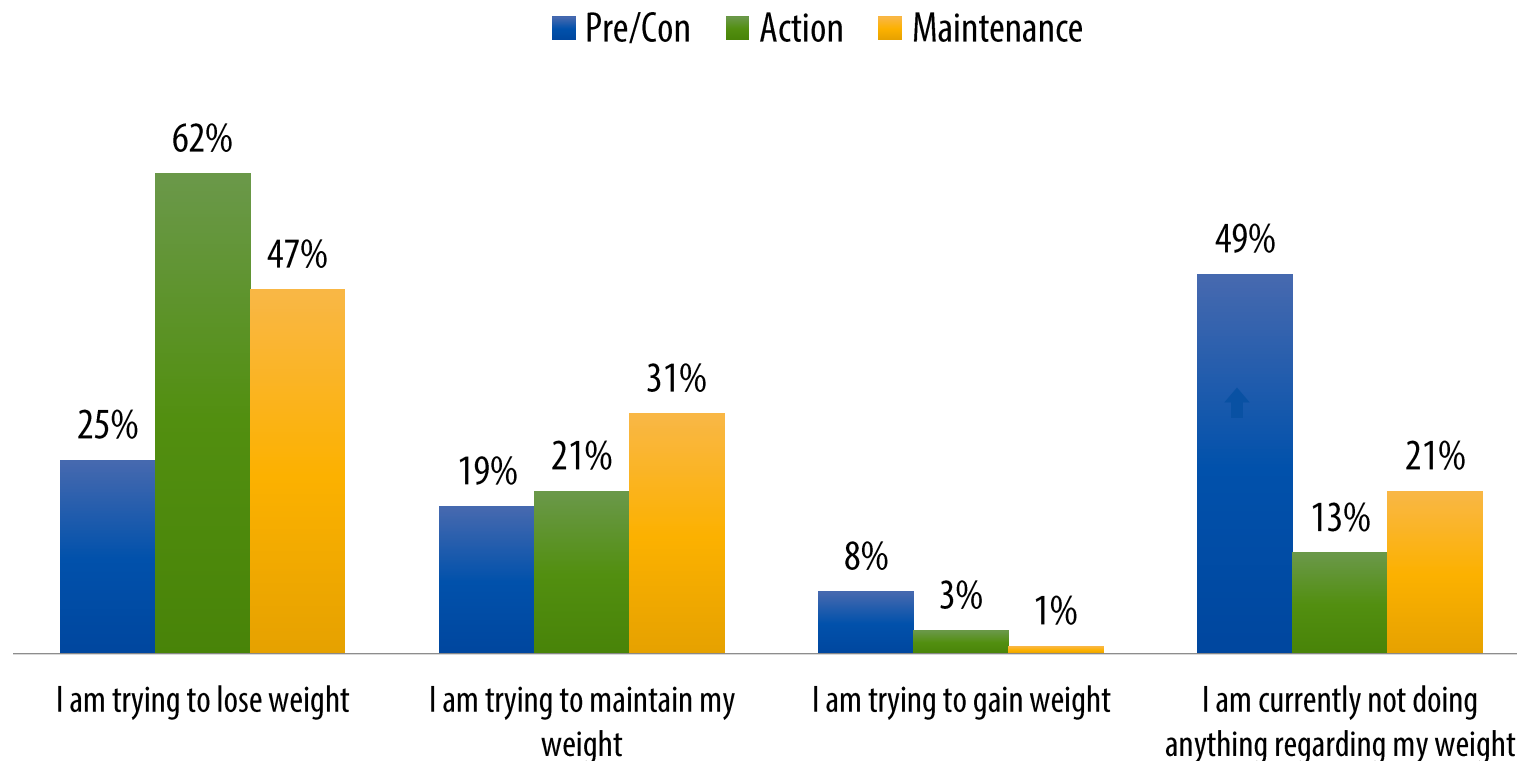


2014 n=1,005

Arrows indicate significant (.95 level) differences vs. 2013.

Weight loss is a significant motivator for behavior change among those in the Action group. Conversely, nearly half of Pre/Con consumers are not doing anything regarding their weight.

Which of the following best describes what you are currently doing regarding your weight?



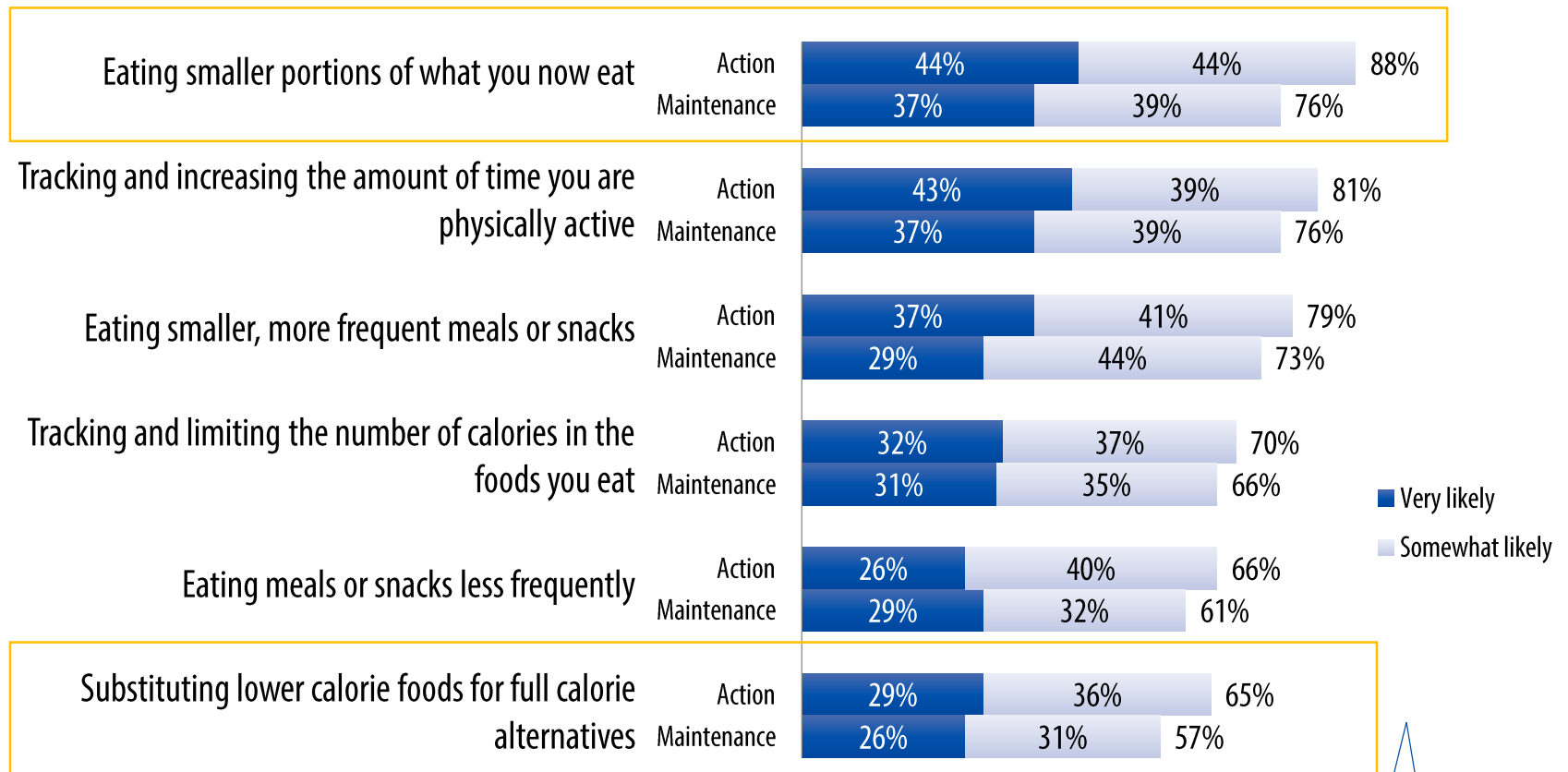
2014 n=1,005; 2013 n=1,006; 2012 n=1,057

Arrows indicate significant (.95 level) differences vs. prior year(s); color of arrow indicates comparison year.

# The Action group is significantly more likely to eat smaller portions of what they currently eat and substitute lower calorie foods for full calorie alternatives than the Maintenance group.

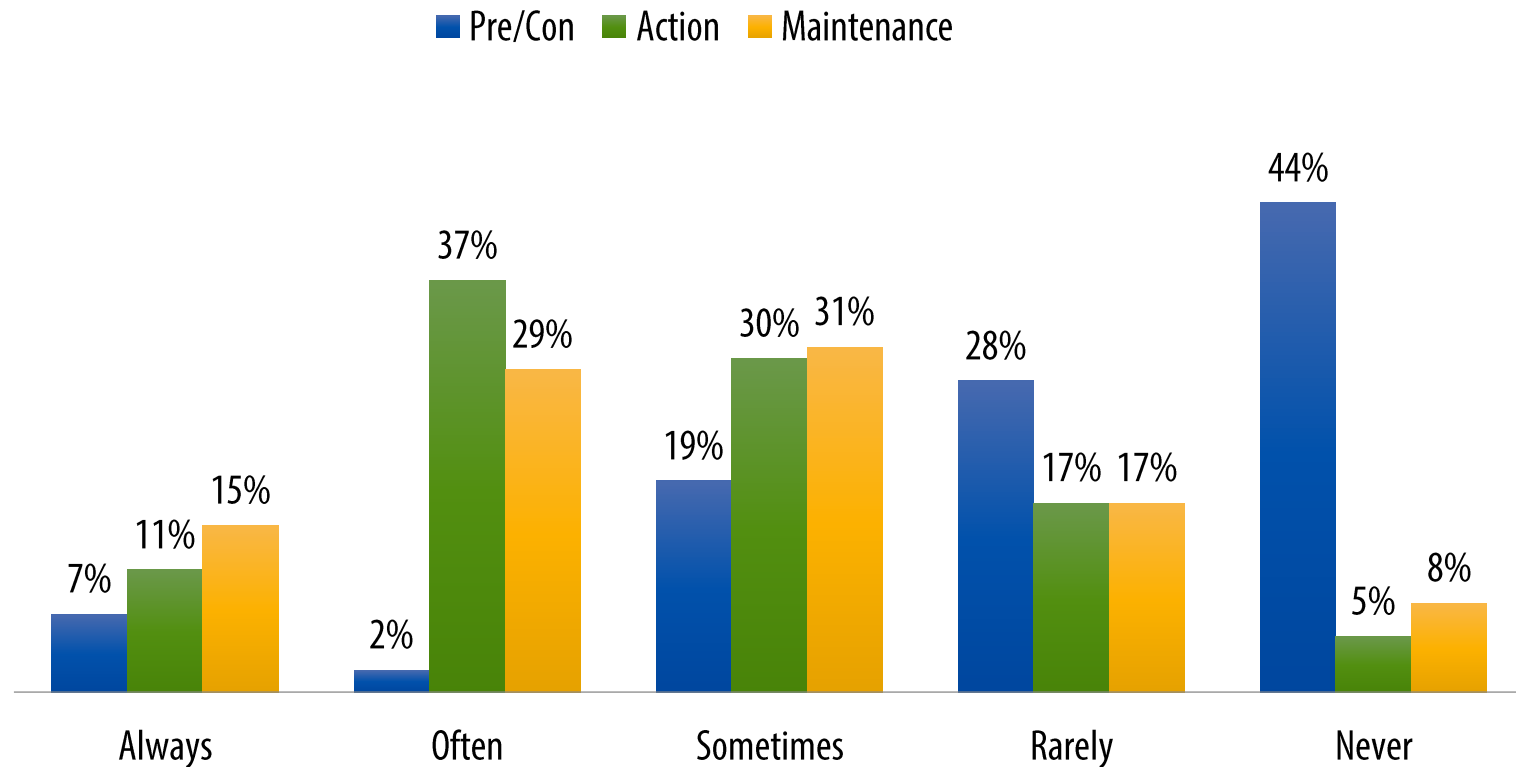
How likely do you think you would be to use or continue using each of the following methods of weight management in the next year?

(FILTER: Trying to Lose or Maintain Weight)



# Calories are top of mind for consumers in Action and Maintenance, with at least three out of four thinking about them sometimes.

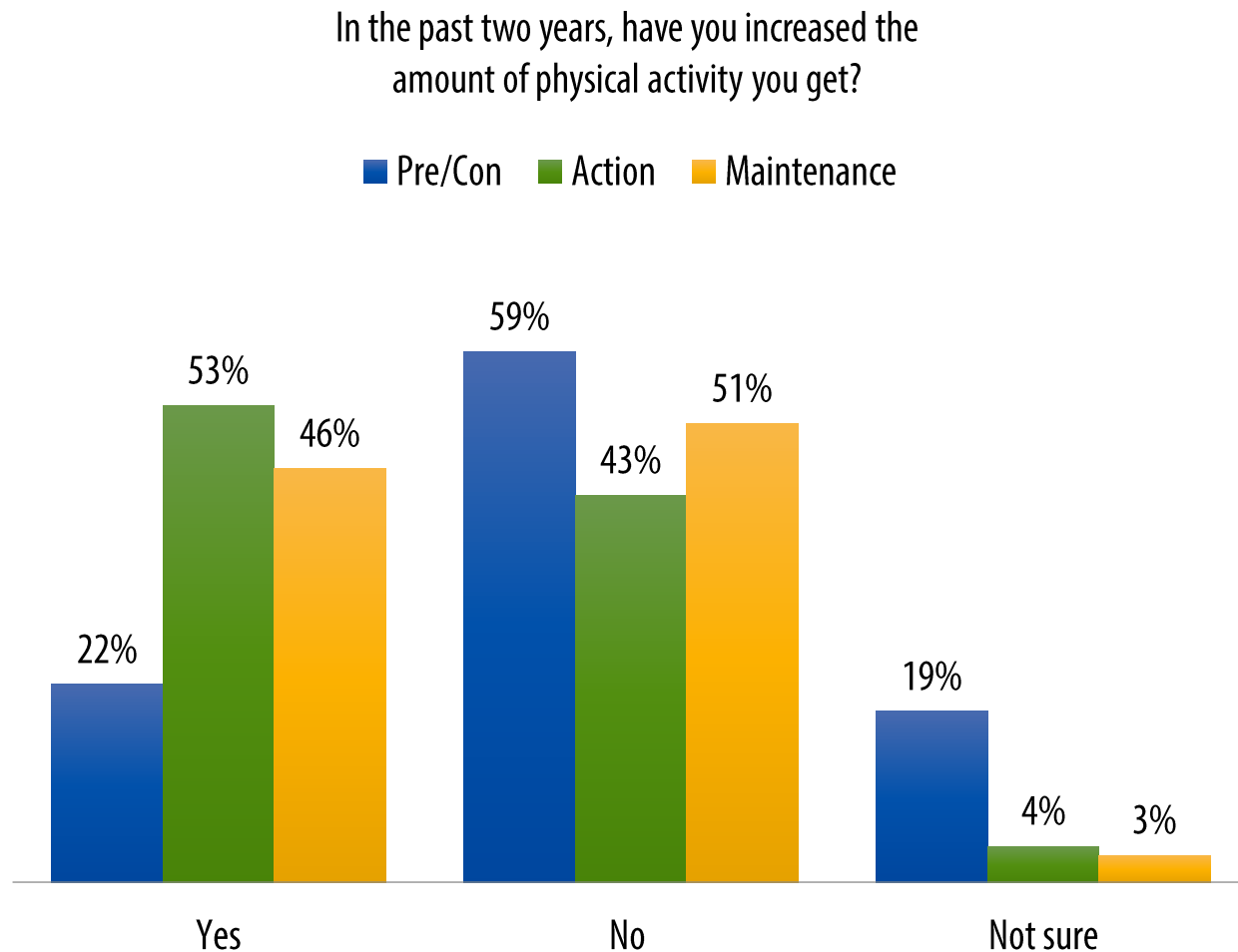
How often do you think about the number of calories you consume?



2014 n=1,005; 2013 n=1,006

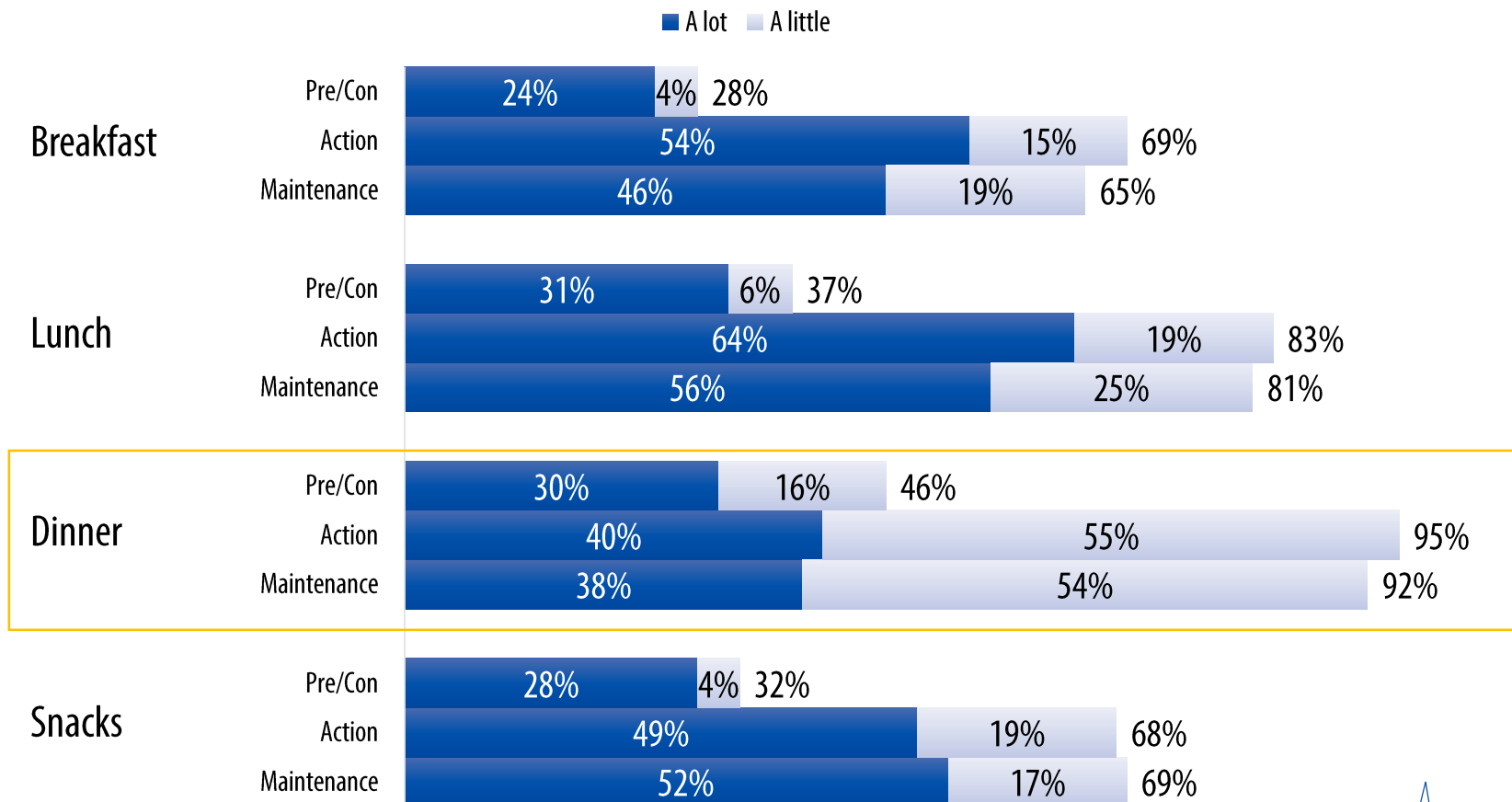
Arrows indicate significant (.95 level) differences vs. 2013.

# Those who have made changes to their diet are also more likely to have increased their physical activity.



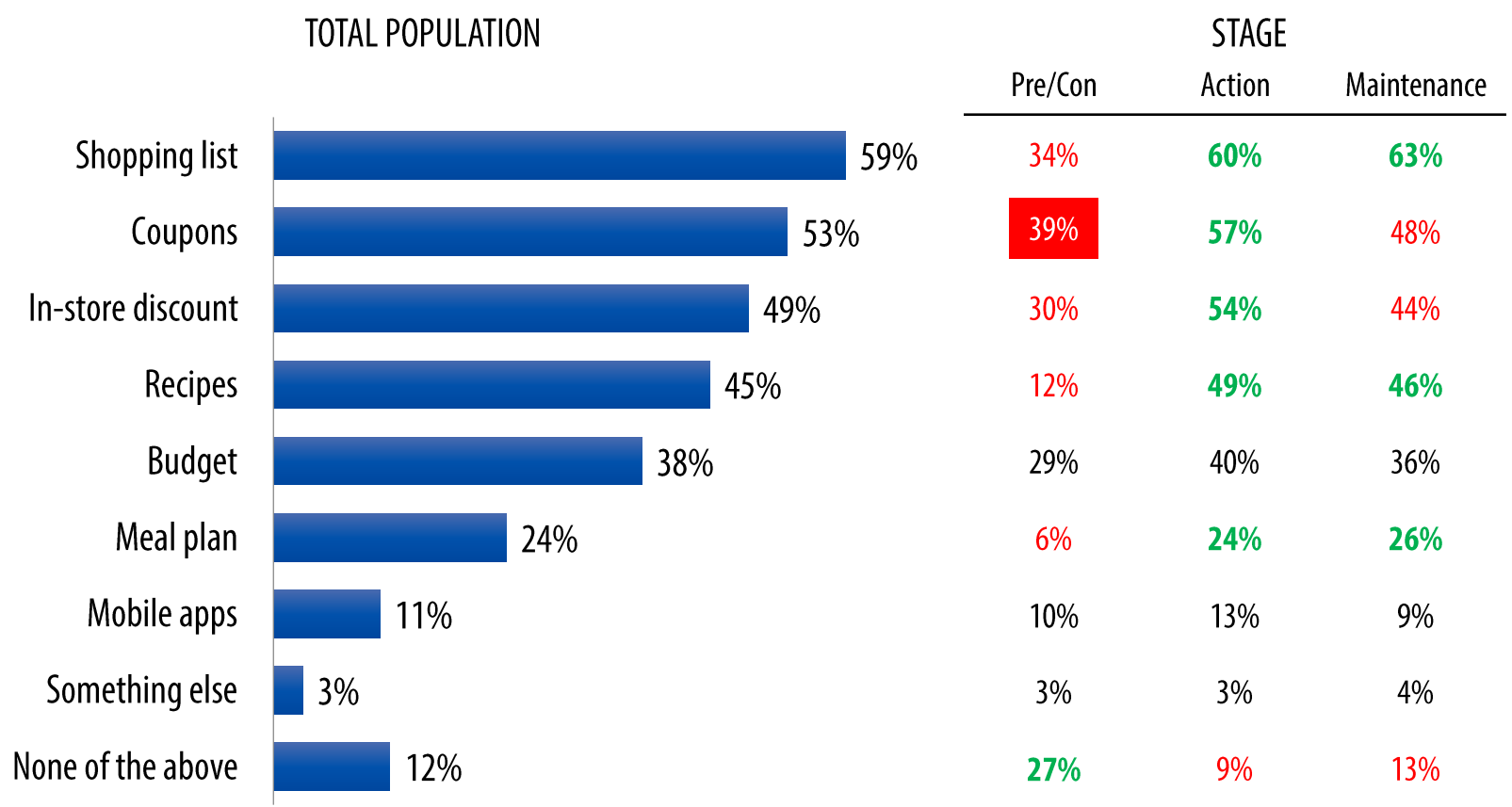
# All groups devote the most planning to dinner. Twice as many consumers in Action and Maintenance plan for each meal as in Pre/Con.

How much thought, if any, would you say you typically devote to planning the following?



# Consumers in Action are more likely to utilize a number of different tools to assist their behavior change efforts, including shopping lists, coupons, in-store discounts, and recipes.

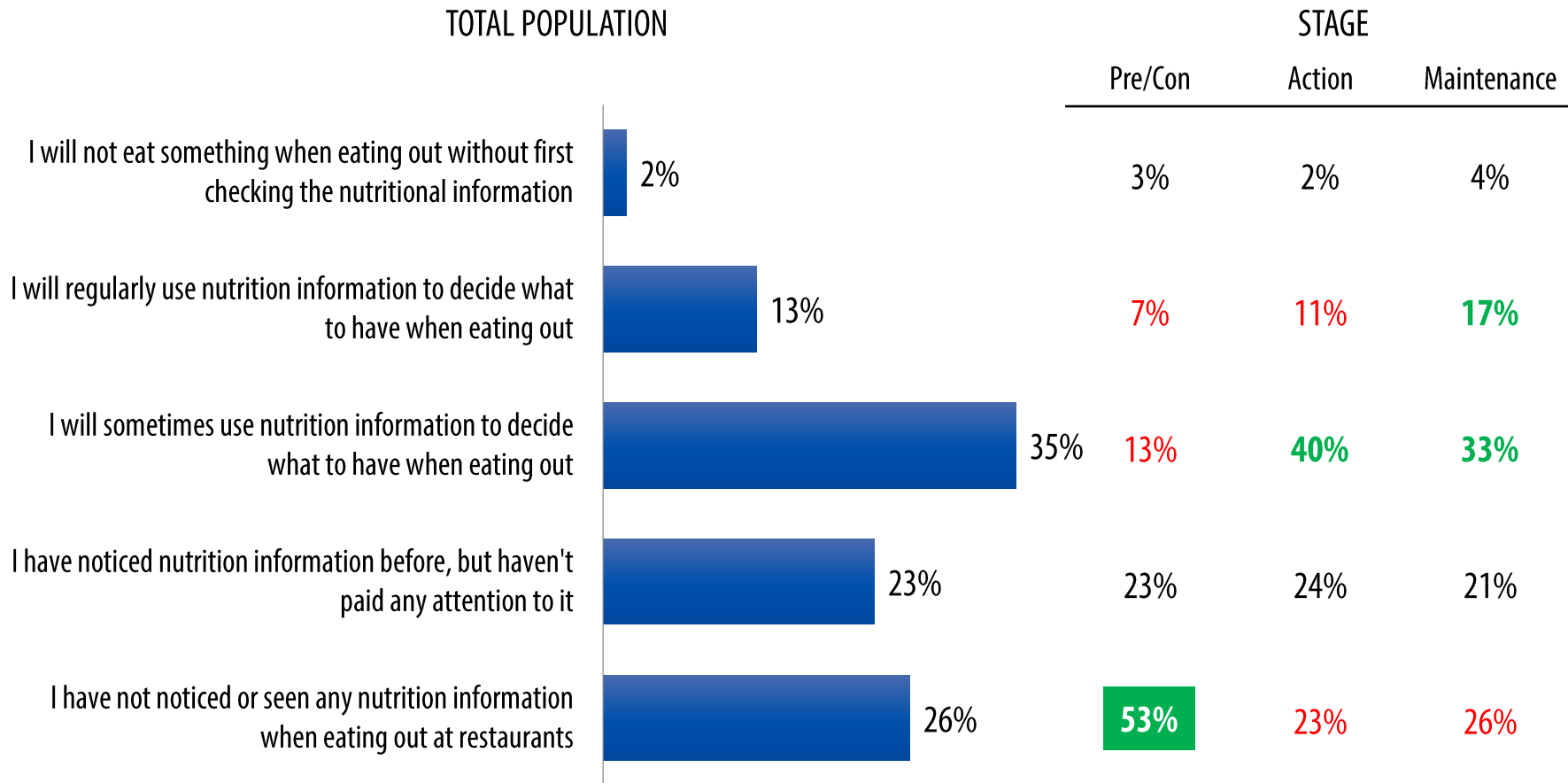
Which of the following, if any, do you use on a regular basis specifically in order to help you plan what you will eat and drink?  
(Select all that apply.)



2014 n=1,005  
Significant (.95 level) differences between age groups are shown with green/red font. Percentages in red are significantly lower than the percentage in green.

# One out of five in Maintenance regularly use nutrition information when eating out. Half in Action and Maintenance use it at least sometimes.

How, if at all, have you used nutrition information (like calorie counts) when eating out at restaurants?



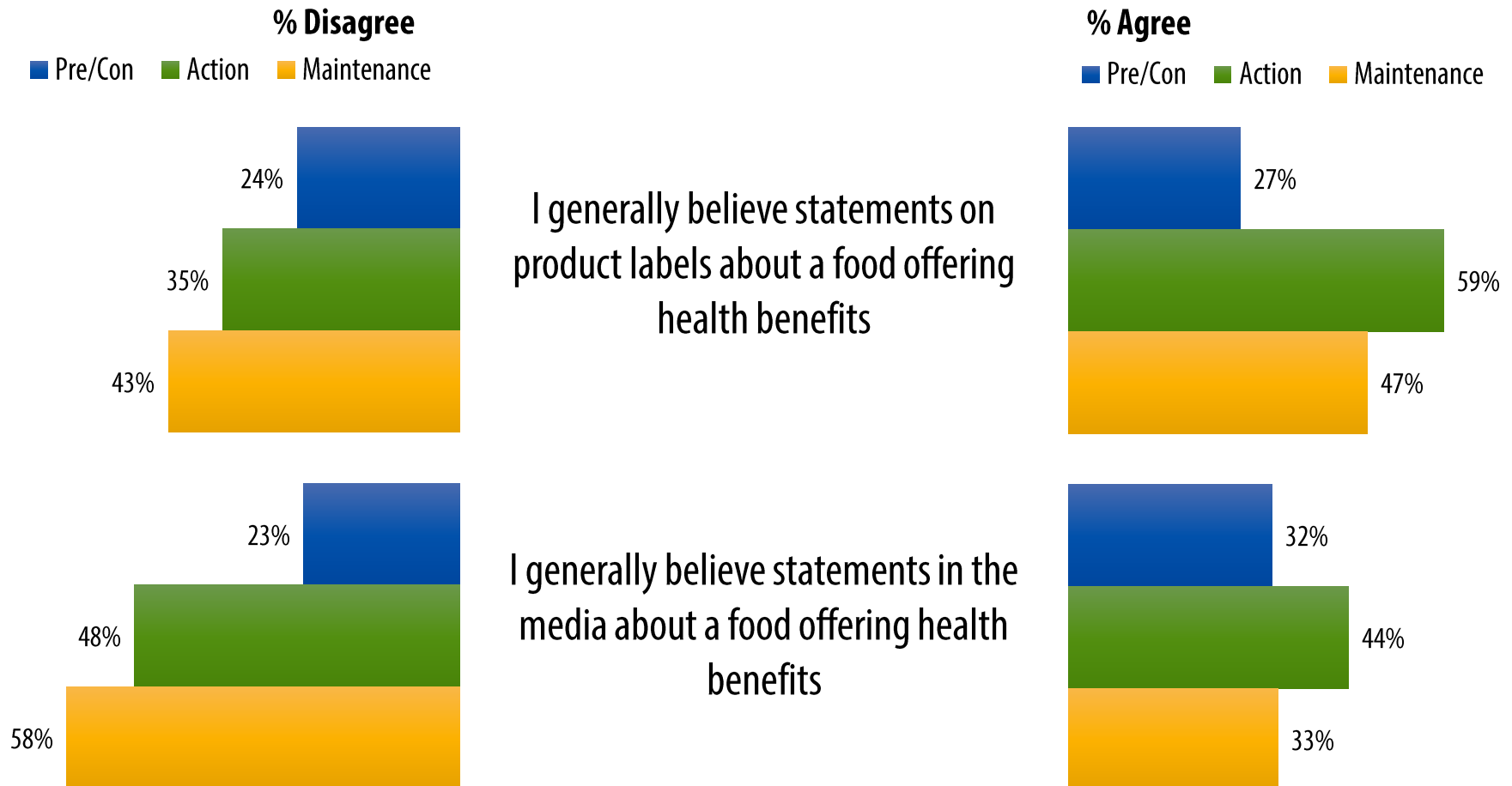
2014 n=1,005

Significant (.95 level) differences between age groups are shown with green/red font. Percentages in red are significantly lower than the percentage in green.



# The Action group is more likely to believe in statements on product labels and in the media about a food offering health benefits.

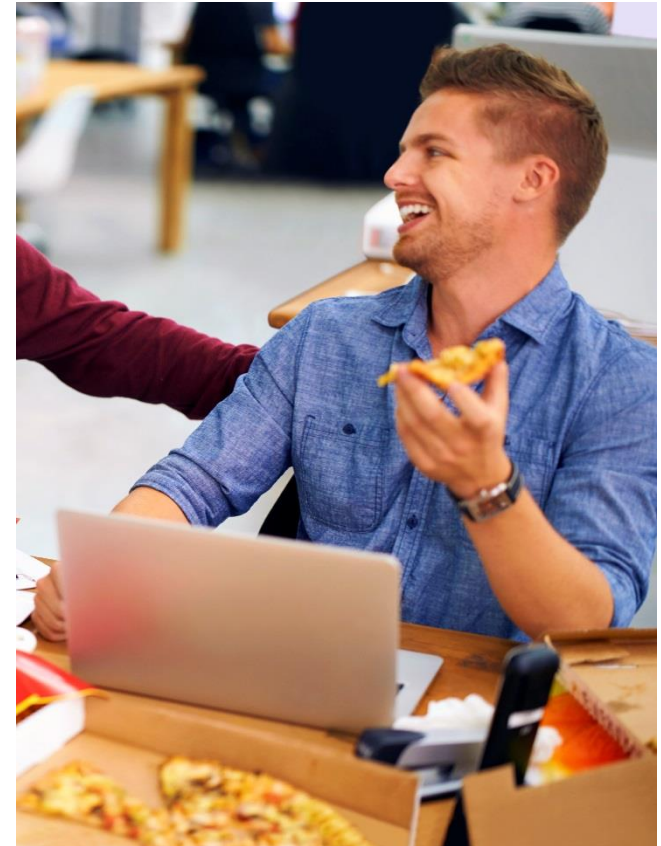
To what extent do you agree or disagree with the following statements?



2014 n=1,005; Arrows indicate significant (.95 level) differences vs. 2013.

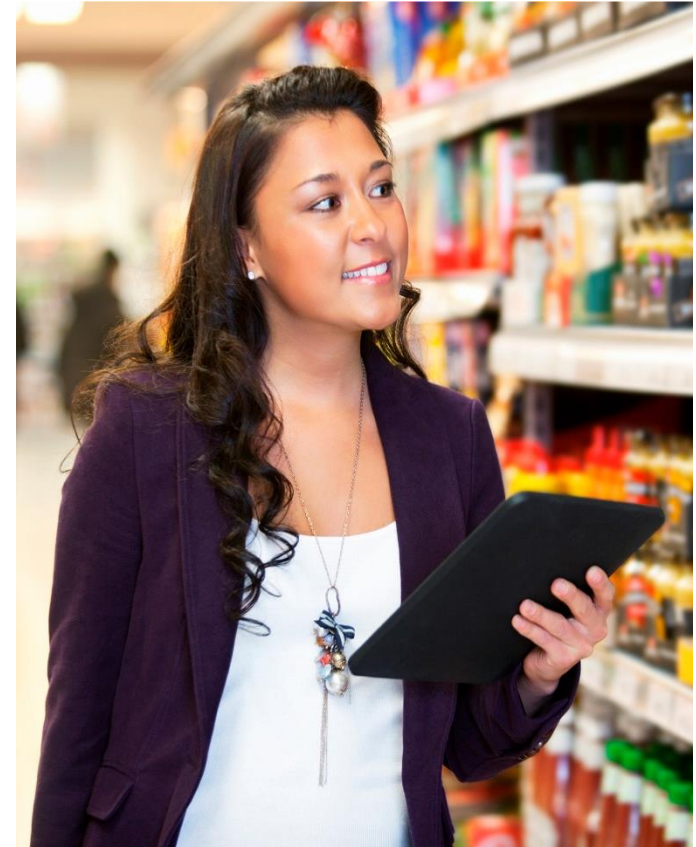
# Summary: Precontemplation/Contemplation

- 7% of population
- Younger, on average
- Higher rate of less than high school education
- Higher rate of males
- More likely to be single
- Less likely to be thinking about the healthfulness of their food, and other issues related to food, nutrition, and physical activity
- More likely to be not doing anything regarding their weight
- Less likely to think about calories
- Less likely to plan for all meal occasions or use planning tools
- Less likely to have increased physical activity in the past two years
- Less likely to use nutrition information when eating out
- Impacted by convenience more than healthfulness in their decision to purchase foods and beverages



# Summary: Action

- 57% of population
- More females and college graduates than Pre/Con
- More Millennials and obese than Maintenance
- Most likely to be trying to lose weight
- Most likely to use coupons and in-store discounts when shopping
- More likely to eat smaller portions of what they currently eat and substitute lower calorie for full calorie alternatives than Maintenance, among those trying to lose or maintain weight
- Most likely to believe in statements in the media and on product labels about foods offering health benefits
- Thoughtful about other issues related to food, nutrition, and physical activity
- Thoughtful about calories
- Plans ahead for meals and snacks
- Likely to have increased physical activity in the past two years
- Likely to use nutrition information when eating out
- Highly influenced by the healthfulness of their food



# Summary: Maintenance

- 36% of population
- Older, on average
- Less likely to have children in the household
- Most likely to describe health as excellent or very good
- Most likely to disagree that they believe in statements in the media and on product labels about foods offering health benefits
- Most likely to consider specific nutrients or ingredients when purchasing foods and beverages
- Thoughtful about other issues related to food, nutrition, and physical activity
- Thoughtful about calories
- Plans ahead for meals and snacks
- Likely to have increased physical activity in the past two years
- Likely to use nutrition information when eating out
- Highly influenced by the healthfulness of their food



# Why is this important?

- This information sets the foundation for more tailored interventions and incorporating behavioral science approaches into individual counseling settings, as well as public health initiatives and community program planning.



# Got Questions?

**Please email**

**[FOODANDHEALTH@IFIC.ORG](mailto:FOODANDHEALTH@IFIC.ORG)**

**OR**

**Join the Twitter conversation!**

**Follow @FoodInsight and use the  
hashtag #FoodInsight.**



# Transtheoretical Model & Stages of Change

(Prochaska & DiClemente)



## Guiding Patients on the Path to Change

# Transtheoretical Model



- Used for many health behaviors.
- Blueprint for guiding self-change.
- Describes a natural progression from not thinking about change to maintaining success.
- Guiding premise: ‘Pushing’ people beyond their readiness leads to ‘push-back’ and failure.





# 5 Stages of Change

- 1: Precontemplation (Not Ready for Change).
- 2: Contemplation (Thinking about Change).
- 3: Preparation (Preparing for Action).
- 4: Action (Taking Action).
- 5: Maintenance (Maintaining the Target Behavior).

# Precontemplation



## Patient:

I Won't (denial) or I Can't (don't see it as possible).

## Healthcare Provider:

Show empathy, understanding, and respect their intent  
not to change in non-judgmental way; **use reflection**

**Won't:** "I hear you saying you are **not ready to make a decision to change this right now**; what else might I help with today?"

**Can't:** "Correct me if I am wrong, but I get the feeling **you don't think you will be successful**; can you tell me more about that?"

# Contemplation



## **Patient:**

I May (Considering taking action within next 6 months). They are aware of the potential benefits & experience some dissatisfaction with status quo.

The patient often expresses ambivalence re: change.

- difficulty is highlighted in mind and solutions minimized thus the patient can remain stuck here.

## **Provider:**

Explore the ambivalence, address past failure/success; anticipate future possible success; weigh pros and cons in fact-based, non-persuading way (help them develop a vision for change).

# Preparation



## **Patient:**

I Will (Ambivalence is overcome; planning to take action within a month).

Patient has identified a strong motivator; knows the barriers; has identified possible solutions.

Ready to try out solutions and problem solve performance issues ongoing as they arise.

## **Provider:**

Instruct in realistic goal setting, barrier identification, problem solving, resource identification etc.



## **Patient:**

I Am (have implemented a new behavior consistently).

Moving towards a specific ‘goal level’ of behavior.

Practicing new behaviors, establishing new behaviors,  
refining skill-sets.

## **Provider:**

Managing setbacks is the **KEY** at this stage to stop  
backslide.

Identification of triggers, problem solving slips,  
cognitive restructuring etc. are essential.

# Maintenance



## **Patient:**

I Still Am (new behavior has become a ‘habit’ and is seemingly done ‘automatically’).

Very confident in ability to persist with new behavior.

Deal with lapses relatively expeditiously.

## **Provider:**

Directs them back to established skill sets.

Lapses are considered a normal part of change process.

# The Process of change



## COGNITIVE

- Getting information: Identifying benefits.
- Being motivated emotionally: Taking info to heart.
- Seeing how behavior impacts others.
- Implementing your self-image: Congruence between how you see yourself vs. how you act.
- Establishing social norms: Connecting with like-minded people.



# BEHAVIORAL

- Making a commitment: Writing down your plan.
- Using cues: Behavioral strategies to cue you to act.
- Substitution: Switch out for less damaging version.
- Social support: Enlisting buy-in of others.
- Rewards: Both personal & impact on others.



# Decisional Balance (Janis & Mann, 1977)



## Pros ...

- Self gain
- Gains for others
- Approval of others
- Self-approval

## Cons ...

- Loss for self
- Losses for others
- Disapproval of others
- Self-disapproval

If **Pros** outweigh **Cons** humans are motivated to act.

# Motivational Interviewing



## The Dance of Change

# Motivational Interviewing Background



- Technique originally used by Miller (1983) for problem drinkers; based in transtheoretical model.
- Has evolved across multiple health behaviors and been tested empirically (evidence-based practice).
- Focusses on exploring and resolving ambivalence and the motivational processes that facilitate change.
- Not like ‘coercive’ or externally driven change approaches as it tries to support change in a manner congruent with the person’s current values and concerns – promotes Self-efficacy.

# What is Motivational Interviewing?



Respectful rapport-building.

1. MI is a conversation **about** change.
2. MI is **collaborative** and ‘patient-centered’
3. MI is **evocative** as it seeks to call forward a person’s personal motivation and commitment.
4. Emphasizes **autonomy** of the patient.

# MI – The Big Picture



## 1. Collaboration (over confrontation)

- Partnership grounded in the patient point of view.
- Deemphasizes the ‘expert’ role of the provider.
- Builds trust, empowers the patient and helps patient to see that the provider understands where they are coming from.



## 2. Evoking (rather than imposing ideas)

- No matter what reasons the provider has to convince the patient what they ‘should’ do; lasting change is most likely to happen if the patient finds their own reasons for changing.
- Provider’s job is to ‘draw out’ these motivations and these skills for change (from the patient) and NOT to tell them what to do or how to do it.



### 3. Autonomy (vs. Authority)

- True power of change is with the patient and it is ultimately their responsibility to follow through.
- There is no “correct” way to change or path to success.
- Encourage patient to create a list of change options then decide which path to take.

# What we try to do.



Express empathy, support self-efficacy, develop discrepancy

- Help patient arrive at a perspective that highlights a mismatch between where they are and where they want to be.
- Challenge the patient to identify the ‘best’ path for them to get there.

Roll with Resistance

- Resistance occurs when the client senses their solutions or point of view do not match those of the provider.
- Providers avoid triggering resistance through non-confronting style; but when they do, they work to deescalate it thus avoiding a power struggle.
- MI is often described as a ‘dance’ as opposed to ‘wrestling match.’



# How to get them there?



- **Open ended questions:** Invite elaboration and thinking more deeply; assist patient in exploring reasons for, and possibility of change.
  - *Open: What concerns you about your current behavior and what if any changes do you see yourself making?*
  - *Closed: Do you worry that if you keep eating that way your diabetes will get worse?*
- **Affirmations:** Recognize patient strengths; build rapport; help patient focus on positive, solution-focused viewpoint; reframe from negative; support self-efficacy.
  - *Patient “I have tried that a bunch of times times”*
  - *Provider “Wow I am always impressed by your perseverance; what do you think keeps getting in the way?”*



**Reflective listening:** assists with empathy expression, creates impression of understanding and can highlight areas you feel are important for the patient.

### Simple

- Patient: I don't have time to exercise, nobody does.
- Provider: I hear you saying you don't have time to spare for exercise and that other people share that problem.
- Patient: That's right, well except my friend Kaye who runs every day. I don't know HOW she does it!
- Provider: (Empathy reflection) It sounds like you are a little torn; on the one hand you cannot see how anyone finds time to run, including yourself, but you are a little curious about how Kaye does it...?

### Amplified

- Patient: I don't have time to exercise, nobody does.
- Provider: I hear you saying you don't know **ANYONE** who has time to exercise and it is **impossible** for you to find any time?
- Patient: It's not impossible; don't put words in my mouth. I am just saying it is hard to find time. I have exercised before; so maybe I could find time if I put my mind to it.
- Provider (empathy reflection): It sounds like you are seeing realistic barriers but also feel hopeful that you can find the time to exercise if you prioritized it?

### Double-sided

- Provider: I hear you saying you don't have time to exercise, but I have also heard you say that when you make time you feel better, less guilty and more energized.

### Shifted Focus

- Since you don't have time to exercise, let's talk about the stress management exercises you were going to do.

# Behavior does not occur in a vacuum



Focus on the whole person and  
Broader Well-Being.



# Health Commitment Matrix<sup>©</sup>



# Planning and Goal Setting: A 6 Step Solution



- 1. Barriers & Strengths** – Think about what strengths and barriers exist in each matrix element. Set goals that Reduce Barriers – Add strengths.
- 2. Realistic Planning** – This simplified approach to goal setting (below) allows you to have a main plan (Plan A) and plan for tough times and setbacks (Plan B) all in one model.
- 3. Motivators & Milestones** - We need to grab all the motivators we can and use them to our best advantage! Upcoming events, reductions on the scale, changes in health indicators - what motivates you? This week, next month, next year... combining short - PLUS long- term goals adds to ongoing success.


**Plan A Goal: Highway Goal** – Open road, smooth sailing  
The goal you feel you could achieve realistically most of the time under current circumstances and abilities with reasonably anticipated barriers

**Plan B Goal: City Goal** – Lots of traffic, tougher going  
The goal that while not exactly what you want, you could feel comfortable with for a limited time if unanticipated barriers arise

**Warning Signs** – What helps me know I am at risk for relapsing – Plan B occurs too frequently

**Action Plan** – Specific plan to get back to Plan A if Plan B is happening too often

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**4. Self-Awareness** - We are so busy and so distracted by the way we choose to live our lives these days that being present in the moment appears to have gone. For health we need pause and understand what we truly need emotionally, intellectually and spiritually.

- Pause and ask “what do I really need right now” before grabbing the cigarette, the donut, skipping an exercise session rather than the quick fix.

**5. Expanded Horizons** – How do you spend your time? Hobbies, entertainment, sports etc. What ruts are you in? How can we shake things up and make your life more exciting, more interesting. How can you explore new things and think outside the proverbial box.

**6- Envisioning My Matrix<sup>©</sup>** - In this step you step back a moment and reflect on all the things you have identified through your use of the Health Commitment Matrix<sup>©</sup> exercise. Reflect on what you have learned about yourself, your life, your strengths and barriers. Here is where you bring it all together and decide; ‘Who do I hope to be.’ You will see how your goals may be fine-tuned and interwoven to create a smooth plan for living your life comfortably, productively and happily as a “healthy” person.

# Got Questions?

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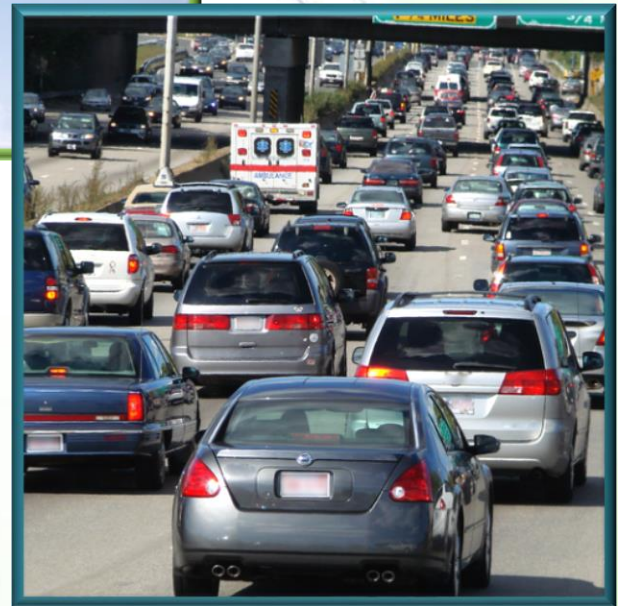


# Making Healthful Behaviors Stick

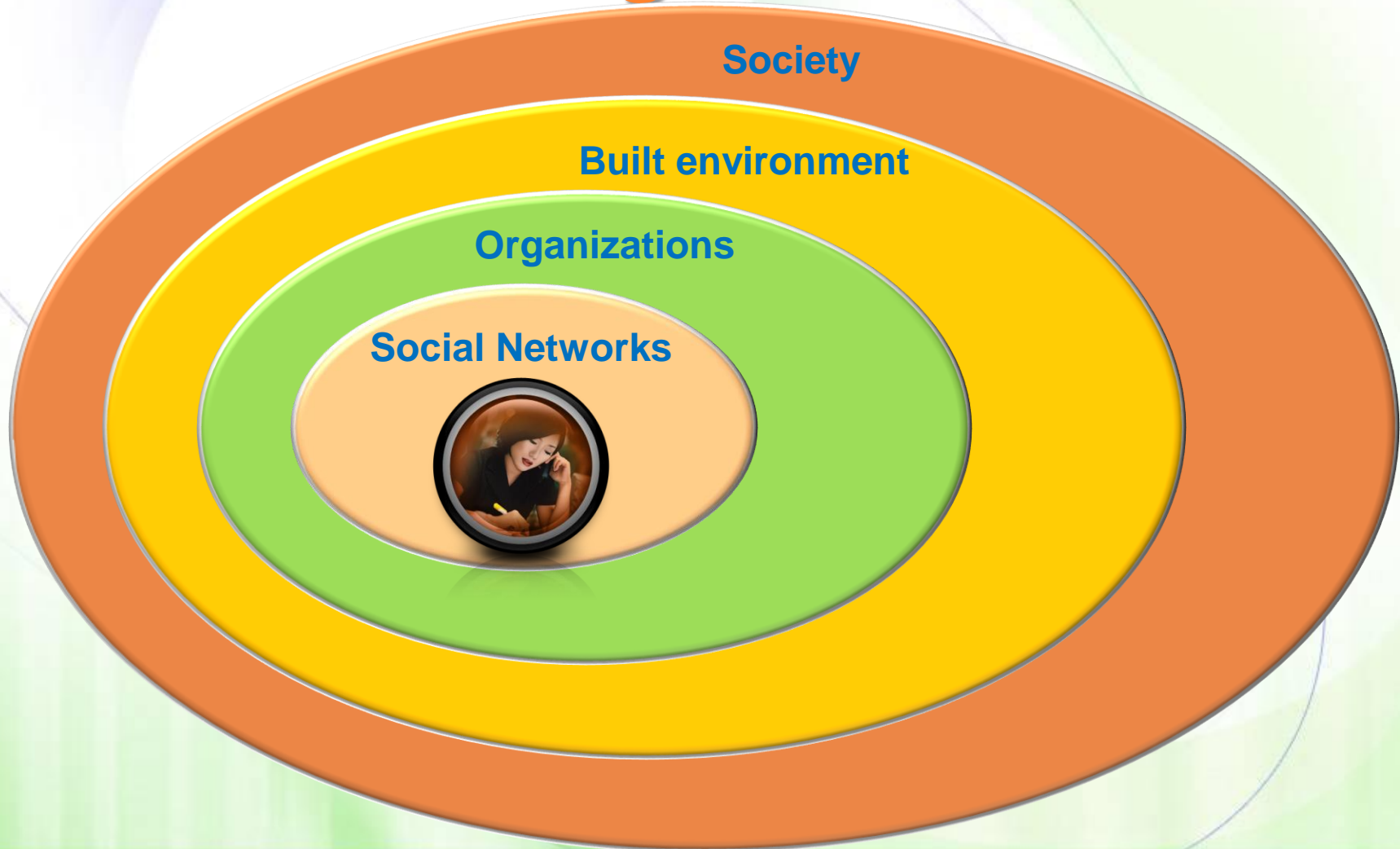
## *Advancing Behavior Change in Public Health*

Carol Byrd-Bredbenner, PhD, RD, FAND





# *Ecological Model*

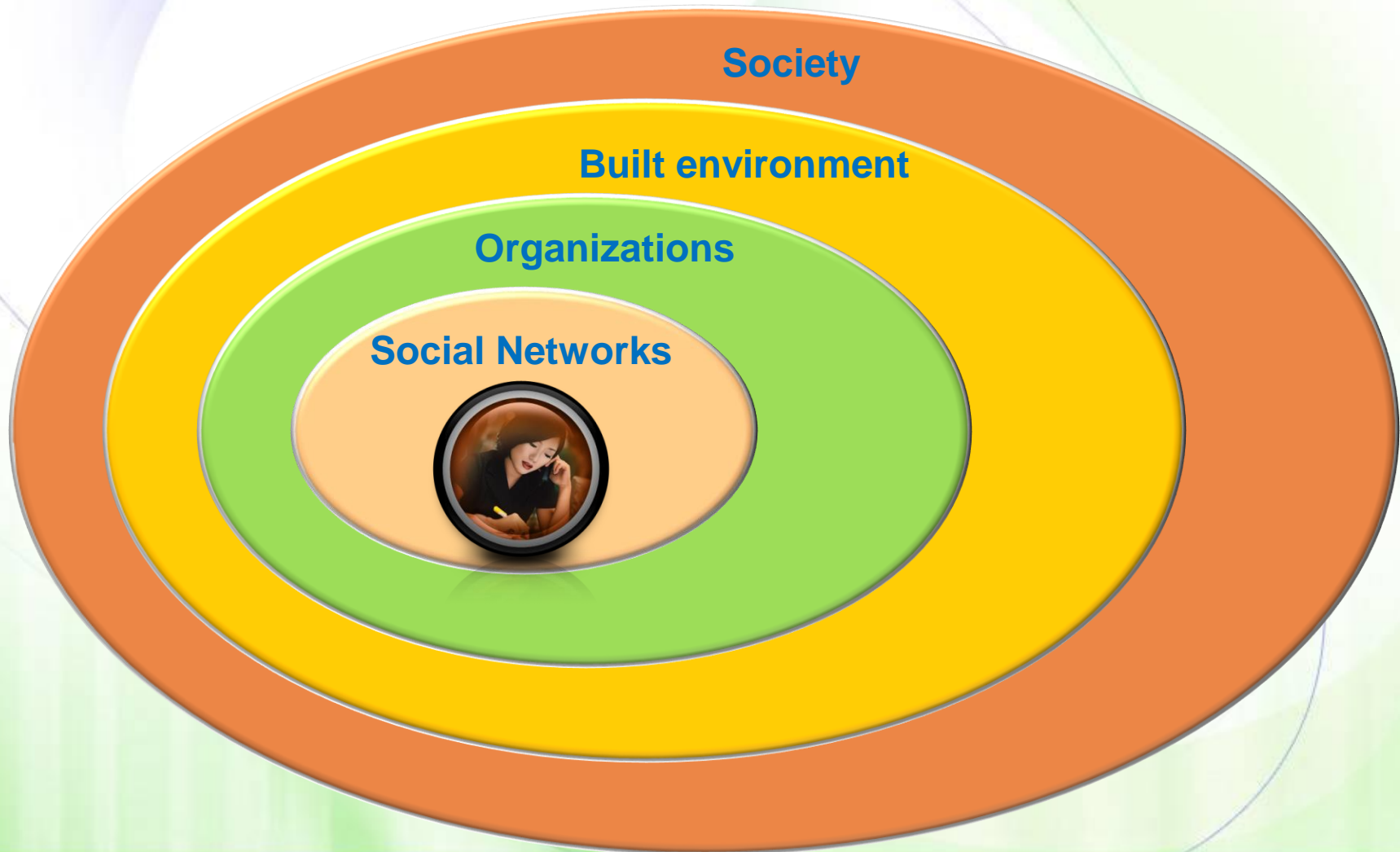


# *Behavior Change is Maximized*

- Individuals are informed & motivated
- All environments support change



# *Ecological Model*





# *Ecological Model*



## **Demographics**

- Age
- Gender
- Education
- Income

# *Ecological Model*



## **Psychographics**

- Feeling
- Attitudes
- Quality of life
- Values
- Motivations
- Lifestyle priorities



# *Social Networks*



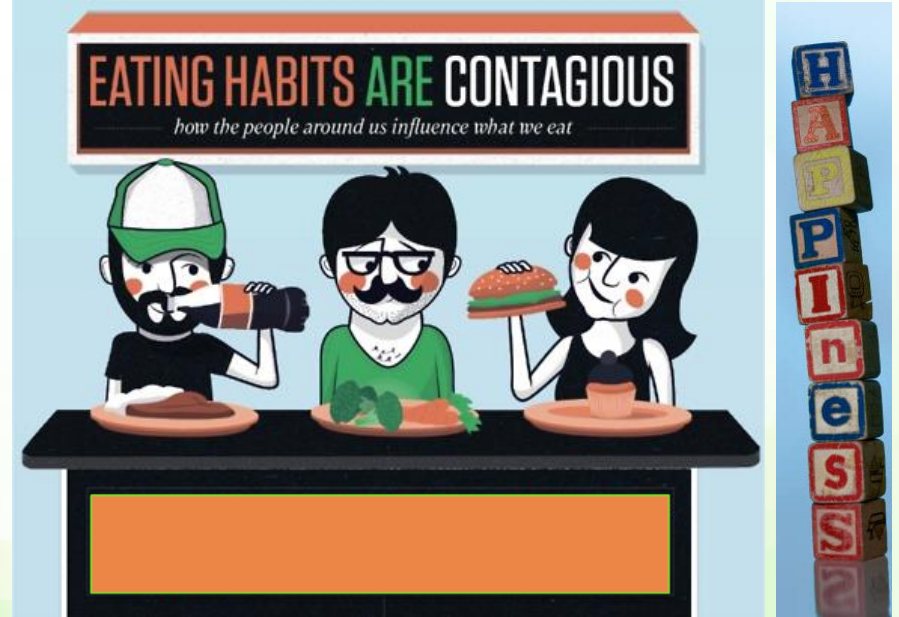
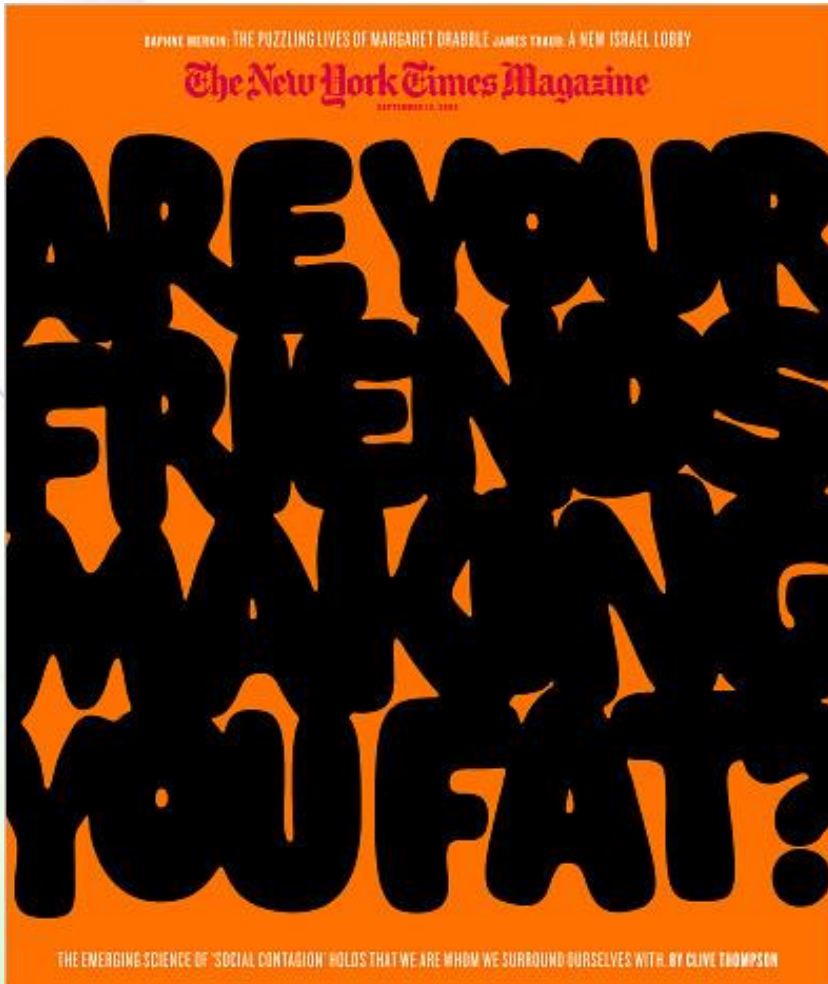
## **Social Networks**

- Behavior expectations
- Model behaviors
- Support





# Social Networks







# *Social Networks*



facebook®





# *Organizations*

**Workplaces**



**Food  
Outlets**



**Schools**



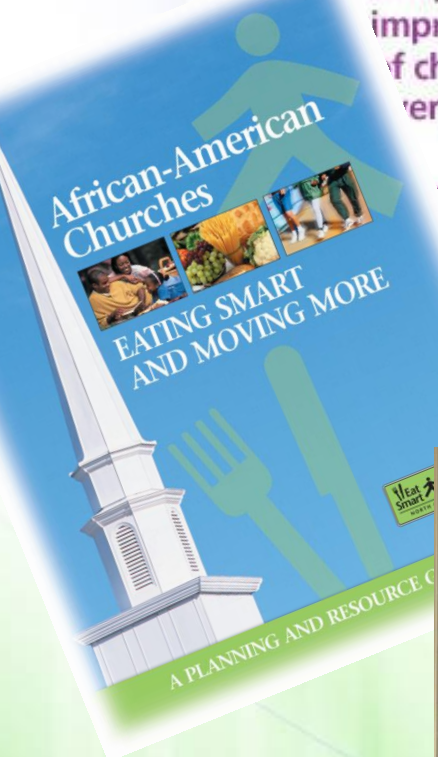
**Houses of Worship**





# Organizations

Body & Soul is  
improving the health  
of church members  
every day.



Premium & Double Stacked Subs			
Cal		Cal	
590	THE FEAST	330	DOUBLE: Turkey Breast
520	BIG PHILLY CHEESESTEAK	480	DOUBLE: Sweet Onion Chicken Teriyaki
580	PASTRAMI	420	DOUBLE: Subway Club
		630	DOUBLE: Italian B.M.T.

- Attitudes
- Perceptions
- Structure
- Policies
- Environments
- Support



# *Built Environment*







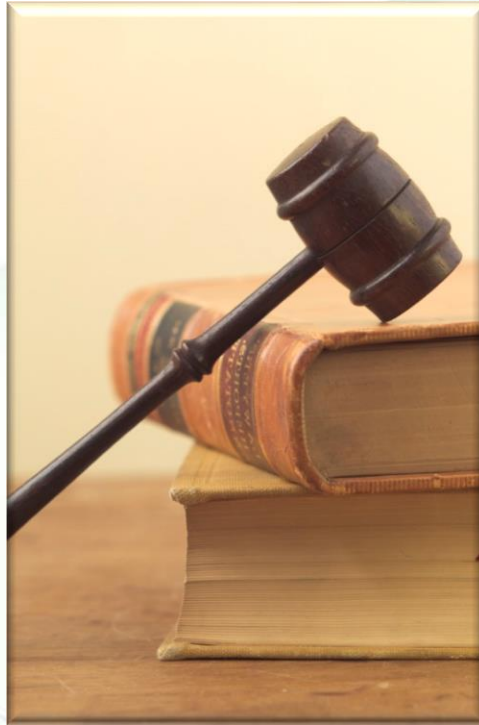
# *Built Environment*





# *Society*

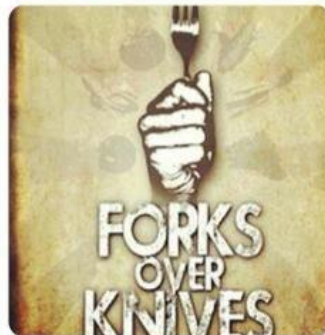
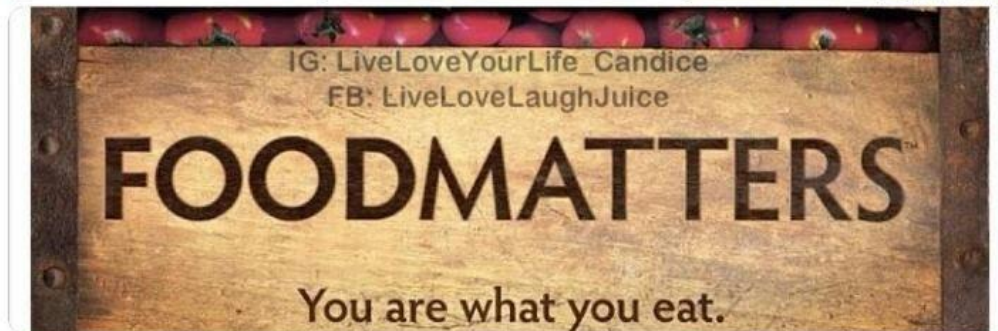
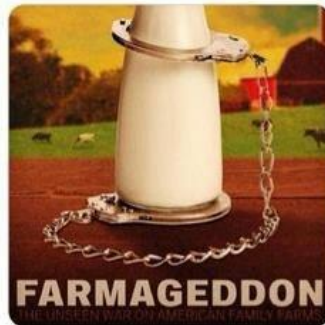
- Media
- Laws







# Society





# *Society*





# Behavior Constructs

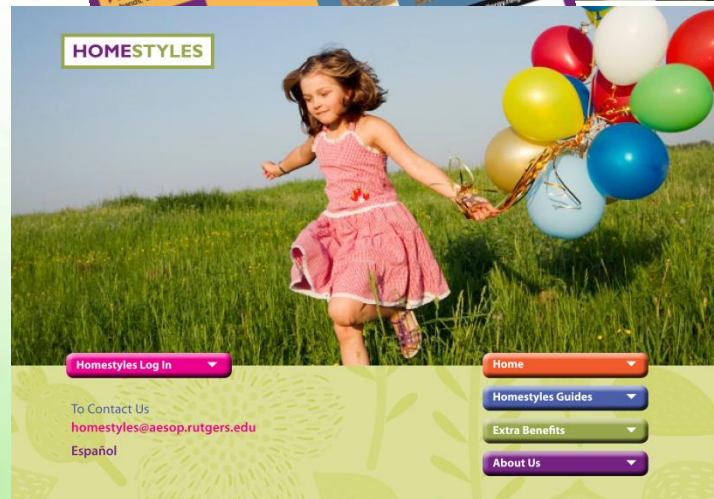


- Outcome Expectations

# *Outcome Expectations*



# Consciousness Raising





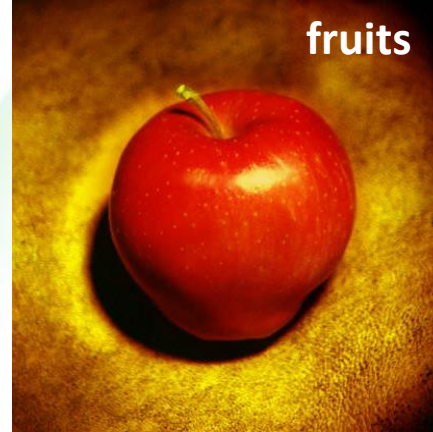
# *Consciousness Raising*



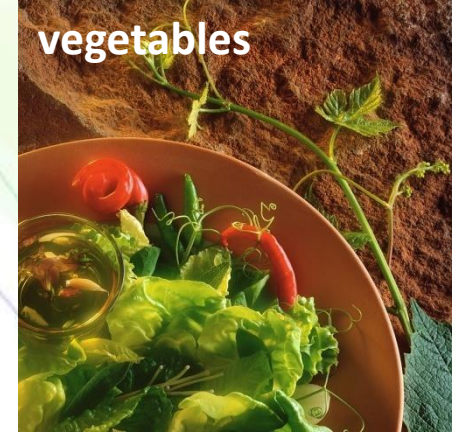
- Show personal benefit

# *Knowing the benefits correlates with diet quality*

fruits



vegetables



fiber



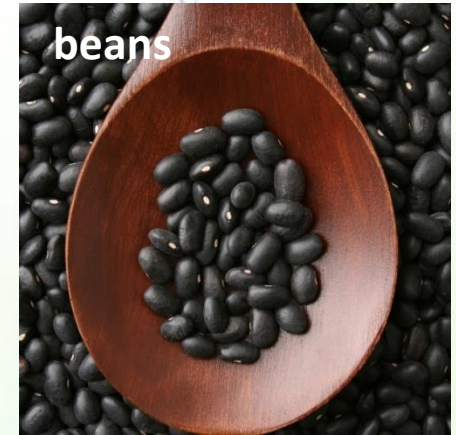
fat



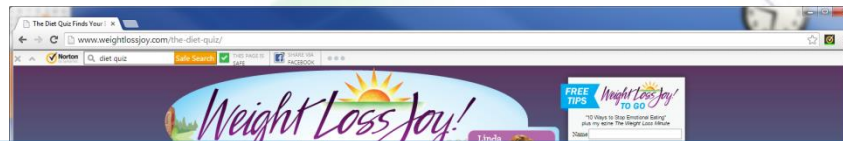
soy



beans



# Self & Environmental Reevaluation



Food safety **Safe Search** THIS PAGE IS SECURE

County of Los Angeles **Public Health** Home | Program Home | About | FAQ | Comment | Contact | A-Z Index

Search  Go Service Locator  Select a Center

---

**Food Safety Quiz (\*required fields)**

Welcome!  
Los Angeles County Environmental Health Services  
Home Kitchen Self-Inspection Site  
Does your kitchen make the Grade?

Let's begin the inspection!

Note: This site works best with javascript enabled.

---

**Tell us about yourself.**

\*City :  \*Zip Code :  \*Age :

\*Gender : ☐ Male ☐ Female

\*Primary language spoken at home :

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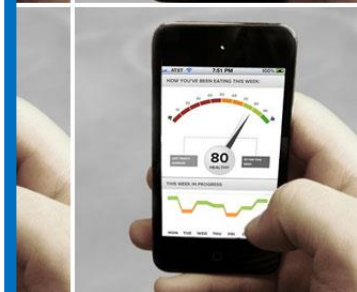
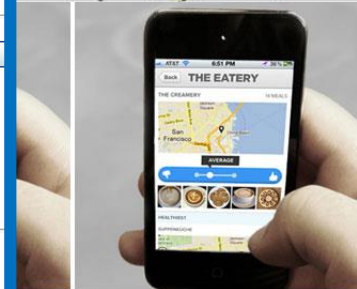
**Tell us about your eating habits.**

\*Are you the primary cook in your home?  
☐ Yes ☐ No

\*Do you eat any of the following food items?  
☐ Sushi ☐ Rare hamburger meat ☐ Raw oyster ☐ Undercooked eggs ☐ No

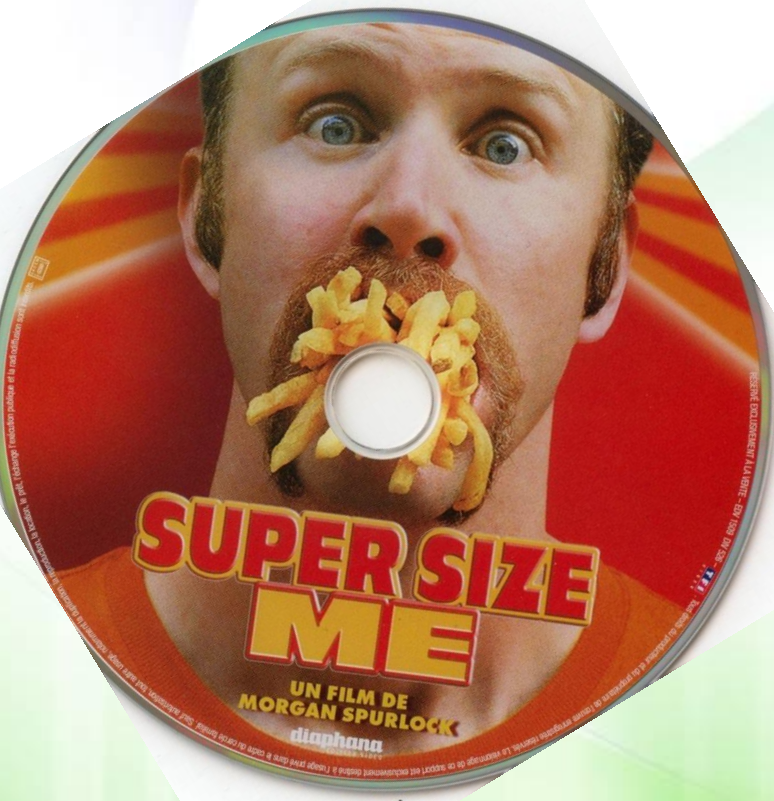
\*Does restaurant rating influence your decision to eat at a restaurant, food markets, or bakery?  
☐ Yes ☐ No

\*Do you believe that you ever got sick from eating at home?  
☐ Yes ☐ No





# *Emotional Engagement*



# Behavior Constructs



- Outcome Expectations
- Attitudes
- Perceived Control



# *Perceived Control*



# *Self-Regulation Skills*



- Self-Monitoring
- Self-Contracting
- Goal Setting
- Problem Solving
- Coping
- Planning

# Stimulus Control & Counterconditioning

- Control cues to action
- Behavior substitution



# *Stimulus Control & Counterconditioning*



- **Planning skills:** ↑ physical activity & better weight loss maintenance
- **Goal Setting:** ↑ physical activity, better energy balance, & weight loss
- **Self Contracting:** ↑ walking
- **Self Monitoring:** improved eating, weight loss, & ↑ physical activity
- **Problem Solving:** identify potential solutions



# Behavior Constructs



- Outcome Expectations
- Attitudes
- Perceived Control
- Self-Efficacy

# Self Efficacy



# Behavior Constructs



- Outcome Expectations
- Attitudes
- Perceived Control
- Self-Efficacy
- Social Networks

# *Social Networks*

- ↑ physical activity
- > weight loss
- healthier behaviors





*How many change process?*

**2 or more**

# *Which behavior change strategy?*

- **Consider your audience**
- **Most are in pre-action stages**

# *Using behavior change processes increases program effectiveness*

Precontemplation

Contemplation

Preparation

Action





*How do we add  
behavior  
change  
strategies to  
our programs?*



# *The Transtheoretical Model!*

A hand with light skin and pink nail polish is reaching from the top left towards the word 'HEALTH'. The word is composed of large, 3D yellow block letters arranged in a slightly ascending diagonal line from left to right. The background is white, framed by a blue and green abstract border at the top and bottom, and a light green abstract border on the left and right sides.

HEALTH

# Got Questions?

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# Questions & Answers

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- To access more information on the Behavior Change Profiles, including a PDF of today's slide presentation and the full report, please visit:  
<http://www.foodinsight.org/BehaviorChangeProfiles>
- A recording of today's webcast will be available at a later date, so please check back.
- **Reminder:** Participants of this live-event webcast who are Registered Dietitians or Dietetic Technicians, Registered are eligible for **1.0 Continuing Education Units** from the Academy of Nutrition and Dietetics.
- **1.0 NBPHE CPH Continuing Education Credit** will be offered for those Certified Public Health Professionals who pre-register to view and participate in the LIVE Webcast.
  - An email will be sent one hour after the completion of this webcast with a link to download the certificate. CPEU is only available for those pre-registered for the live webcast today.



# Thank You!



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