

# Education to Promote Lifelong Healthy Eating

Validated behavior change models provide a framework for program development. Dairy Council of California embeds these theories and constructs in nutrition education resources to improve outcomes.

## Social Cognitive Theory

The primary personal concepts include skills (the ability to perform the behavior when desired), self-efficacy (the confidence to perform a specific behavior under a variety of circumstances), and outcome expectancies (the outcomes likely to occur from performing the desired behavior and avoiding the negative behaviors).<sup>1</sup>

## Theory of Planned Behavior

A person is more likely to perform a behavior when intending to perform a behavior. The level of intention to perform a behavior is higher for someone who has a more positive attitude towards the behavior.<sup>2</sup>

## Transtheoretical Model / Stages of Change

The processes of change is influenced by factors that encourage or facilitate behavior change. It is initiated by changes in cognition, that is, the pro and cons, across the first three stages: precontemplation, contemplation and preparation.<sup>3</sup>

The first two theories emphasize self-efficacy and the individual control over changing the behavior. Additional components often embedded are self-monitoring, modeling desired behavior and managing environmental supports/barriers. Educational programs foster the principles of balance, moderation and variety in eating patterns within the context of social group norms, support and interactions based on the stage of change of the individual.

The theories above are applied based on the audience and delivery method in the design of resources that target knowledge, attitudes, skills and behaviors of the individual. Other theories, such as the **Social Ecological Model**<sup>4</sup> and the **Polytheoretical Framework for Health Behavior**<sup>5</sup>, include policy, system and environmental changes. These rely on the interplay among the individual, family, friends, social networks and physical environment to create individual-level change.

1. Health Educ Behav, 31 (2004) 143-164.

2. Organizational behavior and human decision processes, 50, (1991) 179-211.

3. The transtheoretical model and stages of change. (2008). San Francisco: Jossey-Bass.

4. Health Educ Q, 15 (1988) 351-377.

5. Am J Health Studies, 25 (2010) 211-230.

# Behavior Change Process

## Engage

- Identify perceived barriers and benefits of behaviors
- Address readiness, motivation and ability to change

## Build Knowledge

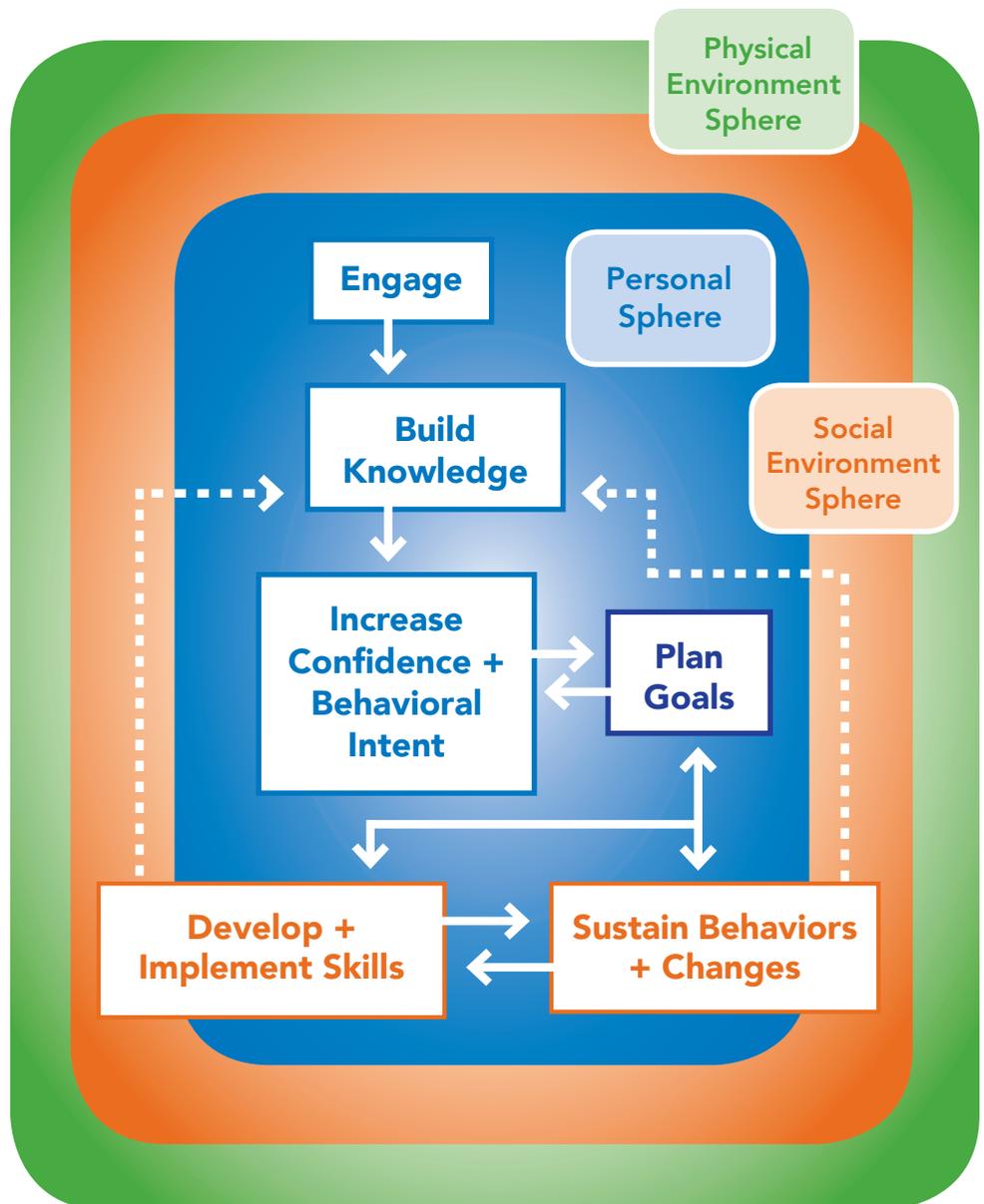
- Compare current behavior with nutrition guidelines
- Identify social norms
- Tailor content to stage of life

## Increase Confidence + Behavioral Intent

- Behavior modeled by others to guide choices
- Commit to change using knowledge of risks and benefits of a behavior
- Increase perceived behavioral control
- Increase self-efficacy (confidence) to carry out behavior

## Plan Goals

- Foster social and physical environment supports
- Identify small, realistic changes/goals
- Identify and minimize barriers
- Adjust goals as necessary



## Develop + Implement Skills

- Demonstrate knowledge and skills to perform a given behavior (behavior capacity)
- Practice self-monitoring, self-control and self-regulation
- Reward desired behaviors and positive changes

## Sustain Behaviors + Changes

- Promote/reinforce internal motivators and external rewards in a positive environment
- Support others to achieve change through role modeling and positive/healthy social norms
- Maintain healthy behaviors and positive changes