Strategies for improving health

Lesson 5.5.1 | Health psychology

Core ideas

Health-promotion strategies try to reduce risk by changing what people know, believe, feel or do before harm becomes worse.

Fear arousal uses a threat or possible consequence to make a health risk feel serious enough to act on.

A fear appeal is more likely to help when the message is credible and gives clear, realistic action; very high fear can make people deny, avoid or reject the message.

Providing information gives people practical knowledge about a risk and the steps they can take to improve health.

Information alone may not change behaviour if people lack confidence, support, time, money or belief that the advice applies to them.

Studies such as Janis and Feshbach on dental hygiene and Lewin et al. on home-based rehabilitation show that effectiveness depends on message design, audience and follow-up evidence.

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Key terms

Health promotion: Action designed to encourage healthier behaviour or reduce health risks.

Fear arousal: Using threat or danger in a message to encourage behaviour change.

Fear appeal: A persuasive health message that highlights serious negative consequences.

Defensive avoidance: Ignoring or rejecting a frightening message to reduce anxiety.

Providing information: Giving clear knowledge or instructions so people know how to improve health.

Self-efficacy: A person's belief that they can carry out the recommended action.

Target audience: The group a health message is designed to reach.

Outcome measure: Evidence used to judge whether a health strategy worked.

Further detail and evidence

Fear arousal highlights a threat to motivate protective action. Janis and Feshbach (1953) compared fear levels in dental-hygiene communications: the strongest fear was not the most effective for reported behaviour change, and a milder message performed better. Increased anxiety is different from improved health behaviour.

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Continued

Information provision explains risk, benefits and practical steps. Lewin et al. (1992) randomly allocated 176 heart-attack patients to a heart-manual self-help rehabilitation package or standard care with comparison information/counselling. The package included exercise, relaxation and education, not information alone.

Lewin reported better psychological adjustment at one year, less GP contact and fewer early readmissions in the rehabilitation group. Benefits were greatest for those initially anxious/depressed. The bundled programme prevents attributing the whole effect to a leaflet by itself.

Applying the ideas

A health message should make an action understandable and achievable, as well as communicating a threat. If a viewer feels helpless, vivid risk information may provoke avoidance. Measure actual protective behaviour where possible, rather than treating recall or fear as sufficient success.

Evaluation and connections

Fear studies require distress safeguards, especially with children. Self-reported hygiene can be socially desirable and short follow-up may miss persistence. Lewin's randomised active comparison improves causal inference, but participants know the programme and practices may change over time. Generalise to appropriate patient groups and available support.