GOAL SETTING: A PROGRAM’S PATHWAY FOR INTERNALIZING HEALTH BEHAVIOR

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Continuous mounting evidence keeps attention focused on the role lifestyle choices, such as physical activity (Kohl et al., 2012), healthy diet (Freitas-Simoes, Ros, & Sala-Vila, 2016), smoking cessation (Lafortune et al., 2016) and weight management (Pedditizi, Peters, & Beckett, 2016) play in preventing chronic disease. Further, such studies show how lifestyle choices mitigate the effects of chronic disease and improve the management of the same. Since poor lifestyle choices comprise a significant part of the chronic disease burden, behavioral scientists are continually challenged to understand why people do what they do and specifically as it relates to health (McEwen & Wills, 2014).
Theoretical models such as The Health Belief Model, The Transtheoretical model and The Health Promotion Model attempt to explain outcome health behaviors through posited relationships among variables (Clark & Paraska, 2014). In other words, these behavior change models attempt to explain why people do or don’t do what they know to be healthy.
Since there is a well-known association between faith and health practices (Koenig, 2015; L. H. Powell, Shahabi, & Thoresen, 2003) researchers have been addressing religious/spiritual variables in interventions for smoking cessation (Gonzales et al., 2007), for fruit and vegetable consumption (Campbell, Denmark-Wahnefried, Symons, Kalsbeek, & Dodds, 1999), for weight loss (Timmons, 2015) and for physical activity behavior (Yanek, Becker, Moy, Gittelsohn, & Koffman, 2001)(Wilcox et al., 2007).
Moreover, Holt et al. (2014) have moved the science from just adding to the evidence of the relationship between faith and health practices to studying why this relationship exists. Through results of structural equation modeling evidence was found that supported “religious beliefs” as impacting the mediators: self-esteem and self-efficacy (Holt et al., 2014). Thus, intentional use of religious/spiritual beliefs to increase self-efficacy can strengthen commitment to a plan of action. Commitment to a plan of action leads to maintenance of behavior change (Pender, Murdaugh, & Parsons, 2015b). Maintenance of behavior change reflects internalizing that behavior. Interventions that enhance and support commitment to behavior change empower individuals to prevent chronic disease, mitigate the effects of chronic disease and improve self-management of the same.
Looking at these models from a Christian worldview, this begs the question, “What specific variable reflects a religious belief that would impact health behavior outcomes? If so, which theoretical model would allow for such a variable? Anderson and Pullen (2013b) have found the Health Promotion Model (HPM) (Pender) to be a model that allows for a spiritual/religious belief variable.

The HPM has three categories of variables: (1) individual characteristics and experiences, (2) perceived variables and (3) outcome behaviors. Spiritual/religious/beliefs fit within “individual characteristics & experiences” allowing for a specific spiritual/religious/belief variable to be operationalized. As the HPM is an eclectic model including constructs from Social Cognitive theory and Expectancy Value theory (Pender et al., 2015b), variables were selected on which to base a “comprehensive” behavior change technique: Goal-Setting or commitment to a plan of action.
As intervention science has moved towards a taxonomy of behavior change techniques to facilitate replication of effective interventions it is important to use accepted theory-linked definitions of behavior change techniques (BCTs) (Abraham & Michie, 2008).

The 7-Step goal setting process, a comprehensive BCT is based on theoretical variables in the Health Promotion Model fulfilling this requirement.
Thus, the purpose of this presentation is two-fold. First, a proposed change to a theoretically based 7-step goal setting process (Anderson & Pullen) with a proposed change to the seventh step will be discussed. The change involves including a specific spiritual/religious strategy—stewardship of the body—valuing the body as a Temple of God. This strategy is posited to be a pathway for internalizing health behaviors, which could also serve as a pathway for continuous faith internalization. Second, the program designed to use the 7-step goal setting process will be briefly presented.

This process has been described in detail elsewhere; therefore, the major variables from the HPM that informed the goal setting steps will be presented briefly.

All steps are accomplished through a collaborative therapeutic relationship between a health care provider and client.
Step 1: HPM variable perceived benefits are discussed to assess client’s reason for desiring to engage in the health behavior. In collaboration with the client this reason is used to formulate a long-term goal.

Step 2: Evidence-based information is used to assist client to determine short-term or “immediate” goals that lead to reaching the long-term goal.
HPM VARIABLES & GOAL SETTING PROCESS

- **Step Three** - HPM variable Perceived Barriers

- **Step Four** - Plans to overcome the barriers are devised.

- **Step Five** - HPM variable interpersonal support— an accountability partner is selected
HPM VARIABLES & GOAL SETTING PROCESS

• Step Six – HPM Variable Commitment to a Plan of Action

• Includes tracking the frequency of short term goal achievement and increases in performance behavior
Step 7 prior to the proposed change was “Spiritual Growth Strategies” which was linked to the HPM variable personal factors. The spiritual growth strategies were prayer and claiming self-selected Bible promises for encouragement.
Step 7 proposed change is to add to prayer and self-selected Bible texts for encouragement an invitation to value oneself as a “Steward” of one’s body. Or, in other words one is invited to learn how to become a “better steward” of one’s body. This step is proposed as a pathway to internalize health behaviors strengthening commitment to a plan of action resulting in maintenance of health behavior over time.

This step is implemented after rapport has been established.
Future plans are to invite Religion majors to get involved with the religious/belief variable in the 7-Step goal setting process.
The Christian worldview presents stewardship of the body as the highest motivation for health behavior change. The premise of this view is that Love for the Creator and Love for the Redeemer motivates us to take care of His property, as we do not own ourselves. Christians view themselves as being “two times owned” as indicated in 1 Corinthians 6:19, 20. Extending the invitation to “Steward” ones body is proposed as a key strategy for motivating commitment to a plan of action in older adults. No matter how old you are you still belong to God and are of value to Him. This commitment to a plan of action is a HPM variable that directly impacts health-promoting behavior.
Three qualitative studies were found addressing the belief, “Stewardship of the body”. Ruesch & Gilmore (1999) piloted a manual for use in a church setting designed to reduce cardiovascular risk. A focus of the program manual was stewardship of the body which was described as making responsible lifestyle choices and treating the body with respect as a response to God’s love. Qualitative findings from a small sample size (N=7) age range 40-86 years included that the participants’ understanding of stewardship of the body improved and that they felt motivated to maintain effort towards their goals (Ruesch & Gilmore, 1999).

King, Burgess and Akinyela (2005) conducted a qualitative study (N= 51 participants, n=17 families) in three-generation African American families and found that faith in divine healing through health or religious behavior modification was a prominent theme. This was expressed summarily as, “Your body is your temple. You should take care of it.”
Bopp et al. (2006) explored physical activity participation in members of an African American church through qualitative methods (N=44), mean age for men 51.08 and women 57.45. Results included that all groups referred to scriptures describing the need to take care of one’s body. However, the participants reported lack of motivation and/or lack of willpower still prevailed in spite of a firm belief that one is a steward of their bodies.

……In view of what has been written by Ellen White in Steps to Christ this lack of motivation or lack of willpower indicates a need for one to understand the true force of the will and what one can accomplish through Christ….This is the crux of the matter.
The few studies found addressing “Stewardship of the Body” and its impact on behavior change represent a gap in the literature. Future research is needed to address the question, “how does one’s view on “Stewardship of the Body” impact commitment to a plan of action over time? Specifically, does the BCT 7-Step goal-setting process that includes the concept “Stewardship of the Body” strengthen commitment to a plan of action over time? Qualitative methods would primarily be used to answer this question.
The second purpose of this presentation was to describe the wellness program designed to use the BCT 7-Step goal setting process or action plan. The Centers for Disease Control and Prevention advocate partnerships between organizations to provide services that focus on Fall Prevention in older adult populations. These partnerships will help address the problem of one in three older adults 65 and older fall once per year. Further, less than half tell their doctor. Oakwood University students deliver services to senior high-rise housing developments to reduce risks for falls.
RISKS FOR FALLS IN OLDER ADULTS

- INACTIVITY
- Multiple Medications
- HOME HAZARDS
- POOR VISION

THESE RISK FACTORS ARE.....Inactivity, Multiple Medications, Home Hazards and Poor Vision.
From 2000 to the present – this ongoing Fall Prevention Wellness Program has evolved and developed over time to address these risk factors for falls. The Movement Matters PA program is the service-learning section of the Falls Prevention Wellness Program.
The MMs program has three components.
1. Education on safety when increasing physical activity.

2. Education on creating an action plan for maintaining behavior —
   which is the 7-Step Goal Setting Process.
The second component is Health Assessment where the participants are assessed for physical activity readiness.

- BP all participants prior to muscle strength protocol
- BGS for diabetics
- Current Levels of PA
The muscle strength exercise component is based on the National Institute for Health “Exercise and You” muscle strength routine (NIA, 2016)
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1. Junior Nursing students enrolled in NU333 Nursing Performance II clinical provide the FPWP services over 3-4 clinical days in the Fall semester.
2. Junior Nursing students Initiate the Movement Matters program by inviting participants to set health goals.
3. Senior Nursing students enrolled in Community/Public Health Nursing continue the MMs program as a fulfillment of a service-learning requirement in the Spring Semester.
4. Senior Nursing students follow-up and evaluate the 7-Step goal setting process or action plan.
5. Students from the Health & Physical Education department assist with the MMs program by conducting some of the groups or providing courtesy reminders (reminder telephone call or knock on apartment door) for participants before each MMs session.
This is being systematically evaluated using RE-AIM, the public health model for program evaluation (Gaglio et al., 2013). OU IRB approved this first phase R= REACH on March 29, 2015 and continuing review was granted till April 2017. Data collection is almost complete for this phase.
RE-AIM PUBLIC HEALTH PROGRAM EVALUATION MODEL

- RE-AIM Public Health Program Evaluation Model
- R = REACH
- E = Effectiveness
- A = Adoption
- I = Implementation
- M = Maintenance (Individual & Setting)

RE-AIM is a model used to systematically evaluate public health interventions conducted in real-world complex settings.

“Reach” data collection almost completed.
Protocol manuals for the 7-step goal setting process and for the service learning MMs program components will be refined to meet guidelines for reporting on BCT interventions (Abraham & Michie, 2008). Then the MM project will be prepared to apply for institutional review board approval to conduct the second step of RE-AIM, E – EFFECTIVENESS, of the MM program.
SUMMARY

- Maintenance of health behaviors over time is necessary to reduce chronic disease burden.
- The 7-Step Goal Setting Process is a theoretically based comprehensive BCT.
- Since theoretically based BCTs are known to be more effective in changing health behavior, selected variables from the HPM were utilized to develop the 7-Step Goal Setting Process.
SUMMARY

• In light of evidence for the relationship between religious involvement and health practices, the 7th Step proposed changed is to include the belief variable Stewardship of the Body.

• Stewardship of the Body is posited to be a pathway for internalizing health behavior.

• Program Evaluation utilizing RE-AIM may provide support for the BCT Goal Setting with Religious belief variable.

Stewardship of the body is posited to be a pathway for internalizing health behavior thus, strengthening commitment to a plan of action. Systematic evaluation of the Movement Matters program using the Public Health Program Evaluation Model RE-AIM may provide support for the BCT Goal Setting with a religious belief variable, specifically, Stewardship of the Body.
SELECTED REFERENCES


