

Integration of an 800-Number Health Information Line into a Comprehensive Health Promotion Program Driven by the Stage of Change Theory

By: [Michael A. Perko](#) & J. E. Cowdery

Perko, M. A., & Cowdery, J. E. (1994). Integration of an 800 Number Health Information Line into a Comprehensive Health Promotion Program Driven by the Stages of Change Theory. *Wellness Perspectives: Theory, Research, and Practice*, 11(1), 62-67.

Made available courtesy of University of Texas Press: <http://www.utexas.edu/utpress/>

***** Note: Figures may be missing from this format of the document**

Abstract:

The Stages of Change Theory purports that a significant percentage of the population are not contemplating a change in their health related behavior at any given point in time. One way to move people from not thinking about a behavior change to actually thinking about, acting on, and maintaining a positive health related behavior is to utilize an 800-Number health information line. The purpose of this Practical Perspectives article will be to discuss how a comprehensive health promotion and disease prevention program titled "Good Health Makes Sense" (GHM\$) uses its 800-Number to assist in program activities that correspond to movement along the stages.

GHM\$: An Overview

The Good Health Makes Sense (GHM\$) program is a comprehensive health promotion and disease prevention program offered to employees, covered dependents, and retirees' of Alabama and Gulf (Florida) Power Companies. Alabama Power is a multi-site utility with 8150 employees at 120 sites statewide, while Gulf Power has approximately 1550 employees' at 20 sites statewide. A modified version of the Stages of Change Theory (Prochaska & DiClemente, 1983), drives program activities. This theory was selected due to its past application and success in a variety of behavior change interventions including smoking cessation, dietary fat reduction, and increasing physical fitness participation (Ahijevych, & Wewers, 1992; Curry, Kristal, & Bowen, 1992; Marcus et al., 1992). The Stages of Change Theory proposes that most people are not thinking about a behavior change and must be guided through its various stages. These stages include:

Precontemplation-- the individual may be unaware of or unwilling to change an unhealthy behavior;

Contemplation-- the individual purposefully considers making a change;

Action-- the individual actually calls for materials, attends a program, etc., in an effort to change behavior;

Maintenance-- the individual maintains a positive behavior change over time, and;

Relapse Prevention-- the individual learns to anticipate and control triggers that may lead back to the old behavior.

All components of the GHM\$ program are driven by the theory.

Integration of the GHM\$ Health Information Line into the Theory

A key feature of the GHM\$ program was the establishment of an 800-Number health information line at the program's inception. Historically, 800-Numbers were created to allow access to information sources, and to provide support and referral services to those in need. Given that GHM\$ is driven by the Stages of Change Theory, thoughtful planning went into how to weave the 800-Number and its applications into the different stages. The following sections describe how the 800-Number is used at each stage of the model to assist

participants in the GHM\$ program as they move along the continuum in adopting or maintaining healthy behavior. Figure 1 provides a diagram of the stages of the model and how various 800-Number activities complement each stage.

Precontemplation

The first stage in the model purports that most potential participants of GHM\$ are not contemplating changing a health-related behavior. Employees in this stage most likely will not be using the 800-Number. However, it still becomes crucial that they have knowledge of the 800-Number and how it can be accessed. According to year 1 evaluation data, at Alabama Power over 70,000 exposures to the GHM\$ program and its services were made available to potential participants, including information about the 800-Number. Here are a few examples of what the GHM\$ program does to get employees to move from precontemplation to contemplation:

Health and Safety meetings. The GHM\$ staff goes on site to participate in monthly health and safety meetings. At these meetings, GHM\$ staff discuss how employees can access information by calling the health information line.

Monthly magazine. The monthly magazine "Vitality" is sent to employee homes each month. The GHM\$ center produces a four-page insert that is continually updated with program activities, programs, and resources, all of which can be obtained by calling the GHM\$ health information line. Incentive/communication items that display the 800-Number are handed out to all who participate in any programs. The GHM\$ program can also indirectly move employees from precontemplation to contemplation simply by having them see other employees receiving information from GHM\$ activities.

The GHM\$ staff realizes that potential participants will move from precontemplation to contemplation at different times. Because of this, many of the activities are designed to encourage program participation and provide employees with information on why they should maintain healthy lifestyles. Employees could act on this information immediately, in 6 months, or in 2 years.

Contemplation

Once a person has made a move from precontemplation to contemplation, the person is now twice as likely to seriously consider changing a health-related behavior (Glynn, Boyd, & Gruman, 1990). At this point, the 800-Number acts as the initial step in obtaining personalized information, such as a health risk appraisal, one-day dietary food recall, or a 10-step tobacco cessation video and workbook. More than this, however, it mandates a two-way communication process with a live staff member at the GHM\$ Center who can assist in the information sharing process with expertise and advice.

Action

In the Action Stage, a person may have taken positive steps toward changing a health behavior and in accordance with GHM\$ philosophy, should be encouraged and rewarded for engaging in this behavior. The 800-Number plays a key role in the Action Stage by assisting employees with positive behavior change. For example, the GHM\$ health information line averages 500 calls a month. A portion of these calls are directly related to the action stage such as signing up for a program, requesting a health-related video, response to any Alabama or Gulf Power event that highlighted the GHM\$ program, or a specific incentive activity in which callers will receive books or materials, etc.

Maintenance

To aid in maintaining healthy lifestyles, the 800-Number becomes a resource for obtaining information related to employee behavior change. For instance, once tobacco use stops, worry about weight gain, stress management, and social support may begin. Employees can use the GHM\$ 800-Number to access related materials, programs, and support. Follow-up counseling and access to GHM\$ staff are key components of the Maintenance Stage.

Relapse

The Relapse Stage provided a call to action for the GHM\$ program planners to weave in the 800-Number as an aid in providing those who fall back into old habits a way to reenter either the action or maintenance stage. Personal communication, print and video materials, and/or on-site programming by GHM\$ all enable the employees who have relapsed to believe they are capable of reestablishing the healthy behavior they had previously attained or maintained. As in the Maintenance Stage, being able to talk to a live GHM\$ staff member is crucial.

One of the goals of the Good Health Makes \$ense program has been to establish the health information line as the communication focal point. The integration of the 800-Number into the tenets of the Stages of Change Theory, in concert with other GHM\$ activities, provides a quality health promotion and disease promotion program for employees, retirees, and their dependents at Alabama and Gulf Power.

References

- Ahijevych, K. & Wewers, M. E. (1992). Processes of change across five stages of smoking cessation. *Addictive Behaviors*, 17, 17-25.
- Curry, S. J., Kristal, A. R., & Bowen, D. J. (1992). An Application of the stage model of behavior change to dietary fat reduction. *Health Education Research*, 7(1), 97-105.
- Glynn, T. J., Boyd, G. M., & Gruman, J. C. (1990). *Self-guided strategies for smoking cessation: A program planner's guide*. (NIH publication No. 91-3104) Washington DC: US Department of Health and Human Services.
- Marcus, B. H., Banspach, S. W., Lefebvre, R. C., Rossi, J. S., Carleton, R. A., & Abrams, D. B. (1992). Using the stages of change model to increase the adoption of physical activity among community participants. *American Journal of Health Promotion*, 6(6), 424-429
- Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390-395.