

Understanding the Health Belief Model

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Introduction

The Health Belief Model states that people's beliefs influence their health-related actions or behaviors.

According to the Health Belief Model, readiness to take action is based on the following beliefs or conditions:

- I am susceptible to this health risk or problem.
- The threat to my health is serious.
- I perceive that the benefits of the recommended action outweigh the barriers or costs.
- I am confident I can carry out the action successfully.
- Cues to action are present to remind me to take action.

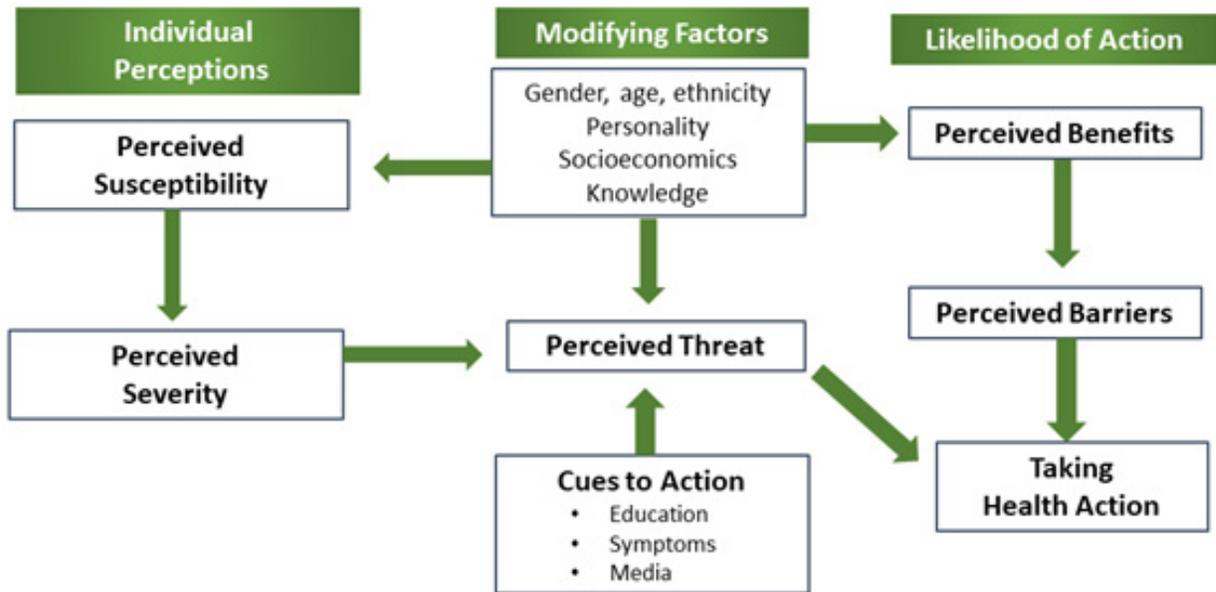
Individuals will likely take action when experiencing a personal threat or risk, but only if the benefits of taking action outweigh the barriers, whether real or perceived. Being able to take action is also crucial. For example, one at risk for colon cancer may believe dietary change to increase fiber consumption is needed. If he or she lacks access to fiber-rich foods, like fruits and vegetables, because of cost or local availability, he or she will not be able to take action.

Six Health Belief Model Concepts

Perceived Susceptibility

Perceived susceptibility refers to a person's belief about their chances of getting a certain condition. For a person to take action, they must believe they are at risk for disease, illness or negative health outcomes. When people believe they are at risk for a disease, they will be more likely to do something to prevent it from happening. The opposite is also true: when people believe they are not at risk or are at low risk, they tend to have behaviors that are less healthy.

Perceived susceptibility alone is often not enough to cause behavior change. For example, older adults are among those most at risk for food-borne illness, often with serious ill health effects. Older adults may know they are at risk for food-borne illness but may continue to use unsafe food-handling practices.



Perceived Severity

Perceived severity refers to a person's belief about the seriousness or severity of a disease. Severity can be based on medical consequences, like death or disability, or personal beliefs about how the condition or disease would affect their life.

For example, despite public health recommendations, some people do not get the flu vaccine. They probably know they can get the flu, but may believe that getting the flu will not be serious. However, getting the flu can be very serious for some groups, like older adults and people with asthma. Perceived severity might also be heightened among those self-employed because missing a week of work means reduced income. When perceived susceptibility and severity are heightened, people are more likely to take action.

Perceived Benefits

Perceived benefits refer to a person's opinion of the value or usefulness of a new behavior in lowering the risk of disease. To make a change, people must believe that the change will have a positive result.

For example, people with diabetes take medication believing it will work to control blood sugar. People quit smoking because they believe it will improve their health. When people get a colonoscopy, they do so believing it will effectively screen for colon cancer.

The belief that action will lead to beneficial results makes a person more likely to take action. Sometimes the benefits of changing behavior are not strong enough to cause a change, even when a person believes they are susceptible. The perceived benefits may be outweighed by perceived barriers.

Perceived Barriers

Perceived barriers are the most significant factor in determining behavior change. Perceived barriers are a person's view of the obstacles that stand in the way of behavior change. Barriers can be tangible or intangible. Tangible barriers can be a lack of financial resources, lack of transportation, childcare needs, etc. Intangible barriers may be psychological, like fear of pain, embarrassment or inconvenience.

For a new behavior to be adopted, a person needs to believe the benefits of the new behavior outweigh the consequences of continuing the old behavior. If barriers are stronger than benefits, change will not occur. Sometimes people need help to find ways to overcome barriers.

Cues to Action

Cues to action are events, people, or things that trigger people to change behavior. Advice from others, the illness of a family member or social media can provide cues. Restaurants that provide nutrition information on their menus offer a cue to consider calorie content in food choices. Posters in public restrooms offer hand washing cues. Highway signs to “buckle up” provide cues to action. Calendar reminders and mobile device alarms can also trigger action. Cues can also be internal, such as chest pain, discomfort or fatigue.



Self-efficacy

Self-efficacy is a person’s confidence and belief in ability to take action or perform a given behavior. People generally do not try to adopt new behaviors unless they believe they can do them. A person who thinks altering their behavior is worthwhile (perceived benefit) but is unsure of their ability to make a change is unlikely to attempt lifestyle changes. In other words, even if a person believes adopting healthier behaviors will have significant benefits, they are unlikely to change current behaviors if they doubt that the barriers to change can be overcome. Self-efficacy can be increased with encouragement, training and other support.

Health Belief Model Concepts	
Perceived Susceptibility	An individual’s assessment of their chances of getting a disease or condition
Perceived Severity	An individual’s judgment of the severity of the disease
Perceived Benefits	An individual’s conclusion as to whether the new behavior is better than what they are already doing
Perceived Barriers	An individual’s opinion as to what will stop them from adopting the new behavior
Cues to Action	Factors that trigger behavior change
Self-efficacy	Personal belief in the ability to do something



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