Apathy or Engagement Empowerment? Applying Health Behavior theory to Disaster Preparedness

Dorothy Zeviar, EdD, LAc, MPH and Fiorin T. Zeviar, PMP

A disaster plan is only as good as its execution. Resilience and success in the Recovery phase depend on community engagement and empowerment.

How we motivate citizens from apathy to preparedness may be helped by understanding and applying Health Behavior theories. Here are the most commonly-applied theories, and suggestions for how to overcome objections and barriers to engagement in your community.

---

**The Health Belief Model (USPHS)**

- **Key Constructs:**
  - Perceived susceptibility
  - Perceived severity
  - Perceived barriers
  - Perceived benefits

- **Overcoming objections/obstacles:**
  - Disaster Prep is a function of recency and severity of the last disaster (even if not local)
  - Visuals (pictures, movies) are powerful
  - Emphasize threats that are most probable
  - Apply procedures/responses that are applicable to most situations
  - Practice WIIFM (what’s in it for me?)

---

**Social Cognitive Theory (Bandura)**

- **Key Constructs:**
  - Reciprocal determinism – individual, behavior and environment are inter-connected
  - Outcome expectations – likelihood of positive outcome and value of preparedness
  - Observational learning
  - Self-efficacy

- **Overcoming objections/obstacles:**
  - City/county infrastructure must support/enable desired preparedness actions
  - Demonstrate how preparedness helped others become self-reliant and resilient after a disaster
  - Start easy – do what’s doable today

---

**Theory of Planned Behavior (Fishbein & Ajzen)**

- **Key Constructs:**
  - Attitude and Subjective Norm → Intention
  - Perceived power and control
  - Self-efficacy

- **Overcoming objections/obstacles:**
  - Break the task down! Simplify steps to preparedness
  - Emphasize positive outcomes of preparedness
  - Emphasize that most people in the community are participating
  - Emphasize likelihood of success if preparations are made
  - Encourage family plans – dinner table conversations

---

**Community Theories**

**Social Networks and Social Support**

- **Key Constructs:**
  - Reciprocity
  - Social influence
  - Social capital

- **Making it happen:**
  - Strengthen networks and relationships with community members and organizations
  - Reach out in ways that are meaningful to minorities, disabled, seniors, etc. Meet their needs, don’t assume.
  - Develop plans focused on input from community advocacy groups, fraternal organizations, churches, senior centers.
  - Build TRUST!

---

**The Transtheoretical Model – Readiness to Change (Prochaska et al)**

- **Key Constructs:**
  - Stages of Change:
    - Pre-contemplation – no intention within 6 mos
    - Contemplation – intention within 6 mos
    - Preparation – intention within 30 days
    - Action – changed behavior for > 6 mos
    - Maintenance – changed behavior > 6 mos
    - Termination – no intention to relapse, complete self-efficacy (no temptation despite difficult situations)

- **Overcoming objections/obstacles:**
  - Provide information on pros and cons of action
  - Provide motivation around self-efficacy – this is something you can do
  - Provide both extrinsic and intrinsic motivators to sustain behaviors
  - Provide/encourage social support for behavior maintenance

---

**Conclusions**

- Working in Disaster Management is about relationships/collaboration
- Disaster planning/preparedness is people-focused
- It’s about working and planning with, not for
- Knowledge, information and education are insufficient to motivate behavior
- Engage/inform all constituents and stakeholders – children, families, teachers, businesses, seniors, healthcare providers, disabled, churches
- Use targeted media to spotlight messages, exercises, simulations, etc
- Remember – KISS

---

**References**
