Behavior Change Theory in the Backyard and Beyond
Your Thoughts on Success

As a result of your education efforts, what actions do you want residents to take to reduce risks for wildfire damage?

What strategies do you use to educate residents about changes they can make to reduce a home’s wildfire risk?

On a scale of 1-5, how successful are these strategies?

1 = Residents ignore all suggestions
5 = Residents immediately make the suggested changes
A Constant Struggle

Frustration is understandable
You present life-saving information.
You are passionate and credible.
You provide simple solutions.

But your audience members do NOT do what you tell them to do!

Let’s explore why this happens.
The Challenge to Change Behavior

What behaviors do Firewise educators work to change?

- Clear debris from rooflines, gutters, and decks.
- Move furniture cushions, decorations, and potted plants inside.
- Screen and seal vents where wind-borne embers could enter the home.
- Prune low hanging limbs to reduce ladder fuels.

The messages are often simple.

We must consider the links in the chain that lead to learning new behaviors.

Safety education must include opportunities to:
- Build knowledge about safety to provide a foundation.
- Acquire health-enhancing attitudes.
- Practice skills to be able to perform safe behaviors.
Looking Beyond Information

Information does not equal action

An example:
Stand up if you know that distracted driving increases one’s risk of a car crash.

Stand up if you have ever read a text while driving.

Stand up if you have composed a text while driving.

What are the beliefs you hold that get in the way of safer behavior around texting and driving?
Beliefs & Perceptions Hold the Keys to Behavior

Health-enhancing beliefs:
• “We could have a wildfire in our area.”
• “If a wildfire breaks out nearby and we haven’t cleared the gutters, our home could be severely damaged.
• “Keeping plants and trees pruned is well worth the time and energy.”

Health-detracting beliefs:
• “The chances of having a wildfire near our home are slim to none.”
• “Even if a fire breaks out, I’m sure our home won’t ignite.”
• “If a fire wants to burn my house down, pruning the trees back certainly isn’t going to stop it.”

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Knowledge is Not Enough

To help people make changes, we need to understand the roots of their behaviors.

culture  money  emotions
environment  support  access

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The Health Belief Model

I. Rosenstock

This model predicts that individuals will act to protect or promote their health if they believe that:

• they are susceptible to a condition or problem
• the consequences of the condition are severe
• the recommended actions to deal with the problem are beneficial
• the benefits of taking action outweigh the costs or barriers

Self-Efficacy:
The belief that you have the ability to do the behavior.
Perceptions in HBM

- Is it really that bad?
- What's getting in my way?
- What's in it for me?
- Will it happen to me?
- Am I capable of doing this?

Susceptibility  Severity  Barriers  Benefits  Self-Efficacy

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Participants’ Perceptions

Perception = Reality

• Each participant may come in with a different set of beliefs and attitudes about a safety behavior.

• Do not assume participants believe they are personally at risk simply because they tell you an action is dangerous.

• Participants may be unaware of perceptions they hold that block healthy behavior.

• People internalize beliefs about risk and calculate their own COST/BENEFIT ratio.

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Moving Towards Theory in Practice

What does this mean in terms of strategies to reach your audience?

• Use relevant content: age, location, education, etc.
• Assess perceived risks, benefits and barriers
• Address perceived risks, benefits and barriers
• Help your audience see that benefits outweigh the costs associated with the desired behavior

We need to move from presenting facts and information to a place where participants examine and rethink their perceptions.
Activity: Theory to Practice

Applying the Health Belief Model when educating people about Firewise® principles.

• Consider the elements of the Health Belief Model (HBM)
• Determine if the elements are addressed in familiar educational methods
• Discuss and suggest alternative strategies that support HBM principles.

HINT: Think about questions, stimulating activities, and other ways to engage participants in moving the needle for each element.
Theory to Practice

• Be very purposeful in selecting stories, data, information. Align resources to your goal of shifting perceptions tied into HBM.

• Use data that is meaningful & relevant to your audience.

• Remember that your participants value some things more than others; connect content to what they care about and what they value in life.

• Challenge the perceptions that participants are invincible. They should believe: “It can happen to me and it would be bad.”

• Review your approach and assure all your information, activities and questions flow towards your intended goal
Additional Tools

Stages of Change: Readiness

Transtheoretical model (Prochaska & DiClemente) includes ability to recognize that people are at different stages of willingness to change.

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
Not sure I can get this all done but I can’t ignore this thing any longer.

Transtheoretical model (Prochaska & DiClemente)

People are at different stages of willingness to change

I LOVE all this green!!
**Additional Tools**

**Theory of Reasoned Action: Subjective Norms**

(Fishbein & Ajzen)

Subjective Norms look at the influence of people in one’s social environment on behavioral intentions.

Example – If Flora really trusts Lily and sees her as an important role model, she might be more likely take on fire safe behaviors if Lily encourages her to do so.

Yard clean-up really helps reduce problems if a wildfire blows through. Flora, you’ve made some great changes so far! Keep on it.

Lily is a smart cookie. I should probably do what she says.
Reinforcing factors are rewards or incentives designed to instill repetition of a behavior. The factors can include social support, peer influence, or tangible rewards. They can be provided at individual or community levels.

Example: Reinforcing factors for Flora to keep her home fire safe might include friends who pressure her to clean her roof, lowered insurance costs, loved ones who are proud of her, and peace of mind.
In Summary

Behavior change is complex and can involve a number of processes.

We have only scratched the surface of helpful theory-driven approaches.

There are other useful resources from the world of behavior change theory.

Thoughts? Questions?
Thank You!

Karen Berard-Reed. M.Ed.
kbreed@nfpa.org