

The Growing Centrality of Self-Regulation in Health Promotion and Disease Prevention

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The recent years have witnessed a major change in the conception of health from a disease model to a health model. It emphasizes health promotion rather than mainly disease management. By managing their health habits, people can live longer, healthier, and retard the process of aging (Bandura, 2004; Fuchs, 1974). Self-management is good medicine. If the huge benefits of these few habits were put into a pill it would be declared a scientific milestone in the field of medicine. But health habits are neither commercially marketable nor offer an effortless quick fix, so health gatekeepers are disinclined to write behavioral prescriptions.

Current health practices focus heavily on the medical supply side. The escalating pressure on health systems is to reduce, ration, and delay health services to contain health costs. The days for the supply-side health system are limited, however. People are living longer. This creates more time for minor dysfunctions to develop into disabling chronic diseases requiring costly health services. In addition, the combined effect of growing public interest in health matters linked to expensive health care technologies, and the medicalization of problems of living with aggressive public marketing of drug remedies for them, is adding to the burdensome costs. Demand is overwhelming supply.

The social cognitive approach, which is rooted in an agentic model of health promotion, focuses on the demand side (Bandura, 1997, 2004). It promotes effective self-management of health habits that keep people healthy through their life course. Psychosocial factors influence whether the extended life is lived efficaciously or with debility, pain, and dependence (Fries & Crapo, 1981). Aging populations will force societies to redirect their efforts from supply-side practices to demand-side remedies. Otherwise, nations will be swamped with staggering health costs that consume valuable resources needed for national programs.

Health habits are not changed by an act of will. Self-management models, founded on social cognitive theory, develop the motivational and self-regulatory skills that enable individuals to adopt healthful lifestyles (Bandura, 1997; DeBusk, et al, 1994; Lorig & Holman, 2003). By adding personalized guidance through interactive media, the self-management system can provide individualized health-promotive services at low cost to large numbers of people simultaneously. Psychosocial programs should be evaluated not only by their effectiveness, but by their social utility. These self-management models are now being integrated into mainstream health care systems and disseminated internationally (Bandura, 2005).

People at risk for health problems typically ignore preventive or remedial health services. But they will use Internet-delivered guidance because it is readily accessible independent of time and place, highly convenient, and provides a feeling of anonymity. Randomized controlled studies attest to the promise of this mode of implementing self-management models (Munoz, et al., in press; Taylor, Winzelberg & Celio, 2001). Medical gatekeepers have a low sense of efficacy to get their clients to alter their health habits. So they often choose the easy option of substituting pills for behavior change. Health care systems need to institutionalize behavioral prescriptions to evidence-based self-management models. Societal efforts to get people to adopt healthful practices rely heavily on public health campaigns. These population-based approaches promote changes mainly in people with high efficacy for self-management and positive expectations that the changes will improve their health. However, there is only so much that large-scale health campaigns can do on their own, regardless of whether they are tailored or generic.



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Albert Bandura's Social Cognitive Theory has been amongst the most influential theoretical approaches in health psychology. Albert Bandura is member of the editorial boards of many journals relevant for health psychology, e.g., *Psychological Review*, *Psychological Inquiry* and *Applied Psychology: An International Review*.

The strength of population based approaches can be enhanced by linking viewers to effective Internet-based models that provide continued personalized guidance.

Vast populations worldwide have no access to services that promote health and early modification of habits that jeopardize health. For example, high smoking rates worldwide foreshadow a massive global cancer epidemic. We need to develop implementational models of global reach that are readily adaptable to diverse ethnic populations. Psychosocial health programs, implemented via interactive Internet-based systems, enable people worldwide to bring their influence to bear on their health wherever they may live, at a time of their own choosing, at little or no cost. Randomized controlled studies, in which participants are assigned to different versions of programs when they log in, are being conducted internationally to identify components that can further enhance the effectiveness of generic self-management models (Munoz, et al., in press).

The quality of health of a nation is a social matter, not just a personal one. It requires changing the practices of social systems that affect health rather than just changing the habits of individuals. The main focus of a social approach is on collective enablement for changing social, political, and environmental conditions that affect the quality of health of a nation. Socially-oriented approaches raise public awareness of practices that promote health and those that impair it, build community capacity to change health policies and practices, and mobilize the collective citizen action needed to override vested political and economic interests that benefit from existing unhealthy practices (Bandura, 1997). People's shared beliefs in their collective efficacy to accomplish social change play a key role in policy and public health approaches to health promotion and disease prevention.

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