

A silhouette of a child kicking a ball, set against a warm, golden sunset background with blurred trees. The child is captured in mid-action, with one leg extended to kick the ball. The overall mood is peaceful and active.

# **Evidence-Based Wellness: The Science Behind Behavior Change**

# Affiliations & Disclosures

Dr. Tyler Amell  
Faculty & Registrar, PCU  
Chief Health & Strategy Officer, MediKeeper  
Executive Board Member, NWI & WWI



PACIFIC COAST UNIVERSITY  
FOR WORKPLACE HEALTH SCIENCES

mediKEEPER™






Work Wellness Institute  
L'institut de bien-être au travail

[www.linkedin.com/in/drtyleramell](http://www.linkedin.com/in/drtyleramell)

[tamell@medikeeper.com](mailto:tamell@medikeeper.com)



# Why are people antiscience, and what can we do about it?

Aviva Philipp-Muller<sup>a,1,2</sup> , Spike W. S. Lee<sup>b,c</sup> , and Richard E. Petty<sup>a</sup> 

Edited by Timothy Wilson, University of Virginia, Charlottesville, VA; received February 3, 2022; accepted May 19, 2022

From vaccination refusal to climate change denial, antiscience views are threatening humanity. When different individuals are provided with the same piece of scientific evidence, why do some accept whereas others dismiss it? Building on various emerging data and models that have explored the psychology of being antiscience, we specify four core bases of key principles driving antiscience attitudes. These principles are grounded in decades of research on attitudes, persuasion, social influence, social identity, and information processing. They apply across diverse domains of antiscience phenomena. Specifically, antiscience attitudes are more likely to emerge when a scientific message comes from sources perceived as lacking credibility; when the recipients embrace the social membership or identity of groups with antiscience attitudes; when the scientific message itself contradicts what recipients consider true, favorable, valuable, or moral; or

that predict wariness of specific scientific innovations or theories (6, 7) or antiscience attitudes overall [e.g., the attitude roots and jiu jitsu models (8)]. These and other models noted throughout our article offer important insights. But one theoretical paradigm that has been largely ignored in the antiscience literature, despite its substantive relevance, is the classic perspective on attitudes and persuasion (9). This is surprising, because antiscience views represent a crisis of attitudes due to both effective persuasion by antiscience sources and ineffective persuasion by scientific or “proscience” sources. This is also a missed opportunity, because classic work on persuasion has highlighted a number of explanatory processes and remediative strategies, many of which are highly applicable to the problem of antiscience attitudes. The goal of our article is to make these connections explicit and constructive. We do so by connecting contemporary findings and models in the antiscience

A woman wearing a blue hijab and a blue blazer over a white top is shown in a professional office environment. She is wearing a white headset with a microphone and appears to be engaged in a conversation or presentation, as she is gesturing with her right hand. The background is slightly blurred, showing office shelves and a window.

# Human Resources & Workplace Health & Productivity

**VOI & ROI**



**“When I Get to Work, the First Thing I do is Hide”**

**“Apparently Good Workers are Hard to Find”**

**Human Resources is Evolving,  
as is Workplace Health & Productivity**

The image features a close-up, artistic view of a camera lens on the right side, showing its intricate internal elements and glass surfaces. The lens is set against a dark, blurred background that includes a faint, out-of-focus image of a person's face, possibly a woman, looking towards the camera. The overall color palette is dominated by deep blues, teals, and greens, with some warmer tones from the lens's reflections.

**Workplace Health & Productivity  
Through a Different Lens**

# Health Maintenance & Improvement Journeys

**Personalization in Workplace Health,  
Healthcare/Medicine**

**Improved Understanding of Genetics and Epigenetics**

**Artificial Intelligence and Machine Learning**

**Wellness/Wellbeing, Lifespan and Healthspan Drivers**

**Cigarette Smoking and Obesity**

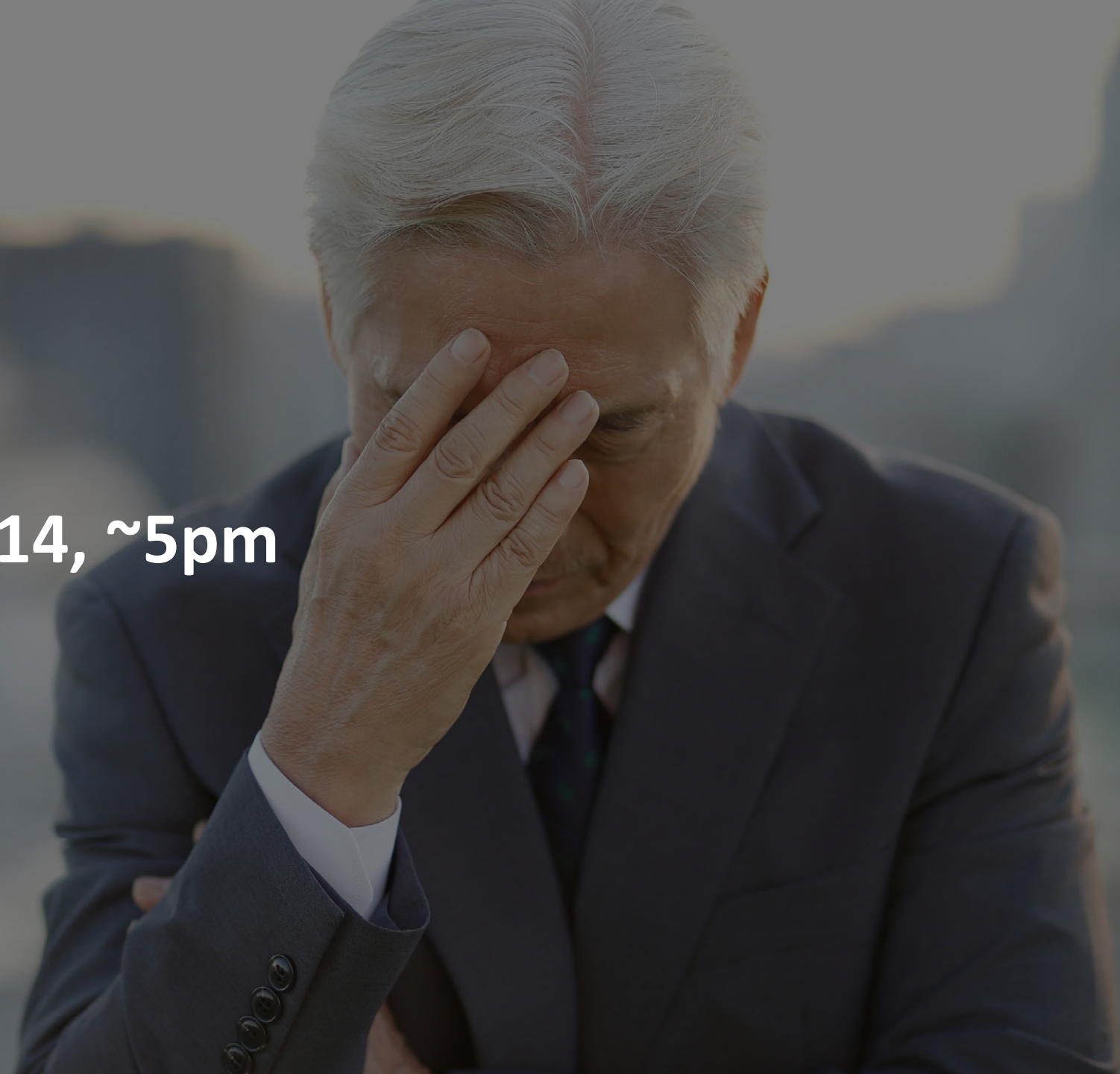
**One of the Most Important Factors is Behavior Change  
and Motivation to Focus on Prevention and Risk  
Reduction**

A man with a red beanie and glasses is sitting at a table outdoors. He is wearing a blue button-down shirt. The table has a blue bottle, a white pitcher, and some food. There are flowers on the table. The background is a green field with trees. The text "Lived Experience" is overlaid on the left side of the image.

**Lived Experience**

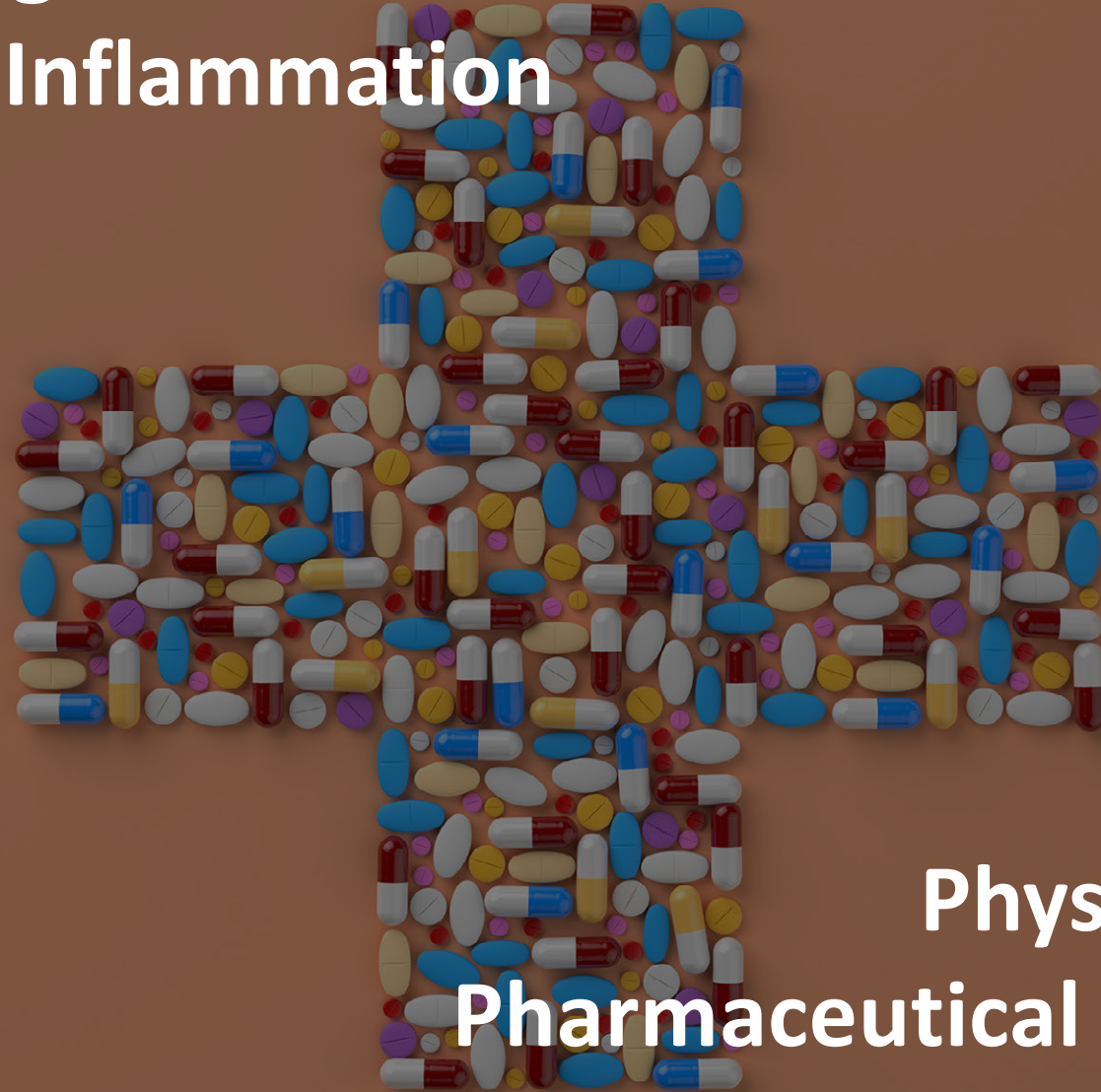


**Saturday, May 3, 2014, ~5pm**



# Differential Diagnosis

## Prednisone for Inflammation



Physical Therapy

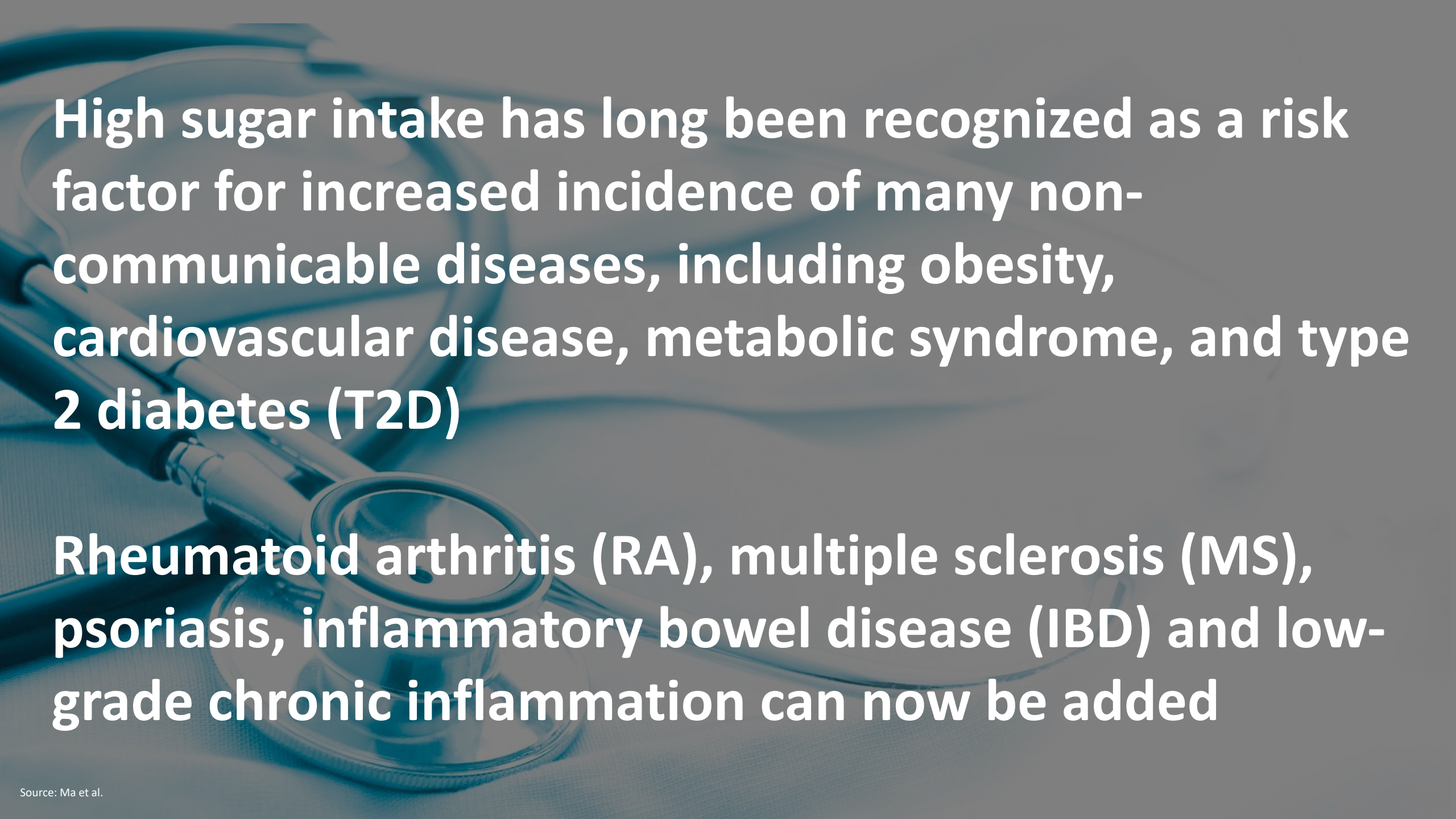
Pharmaceutical Intervention

**DRY FEBRUARY**



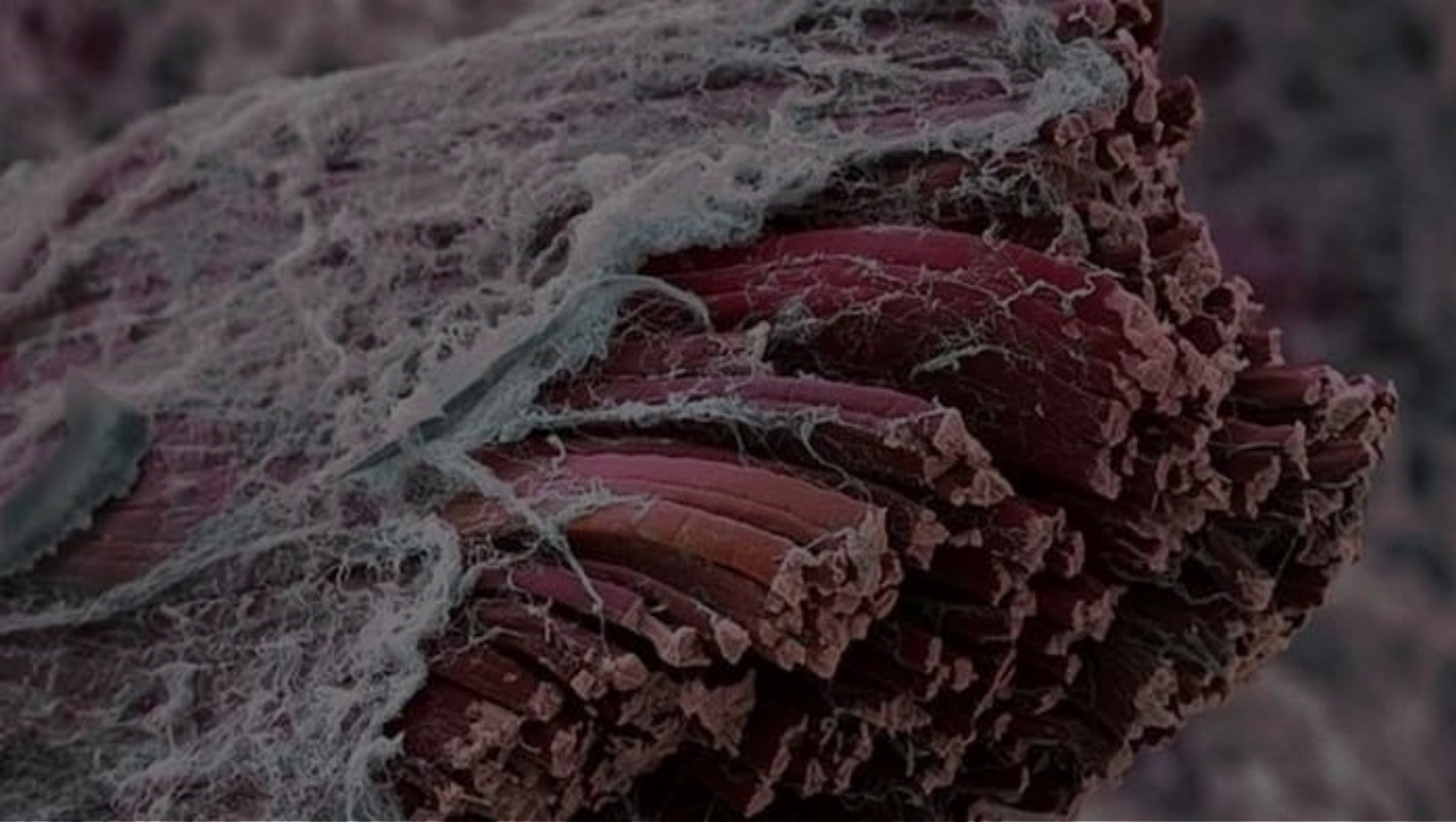
**BECAUSE IT'S THE SHORTEST  
MONTH**

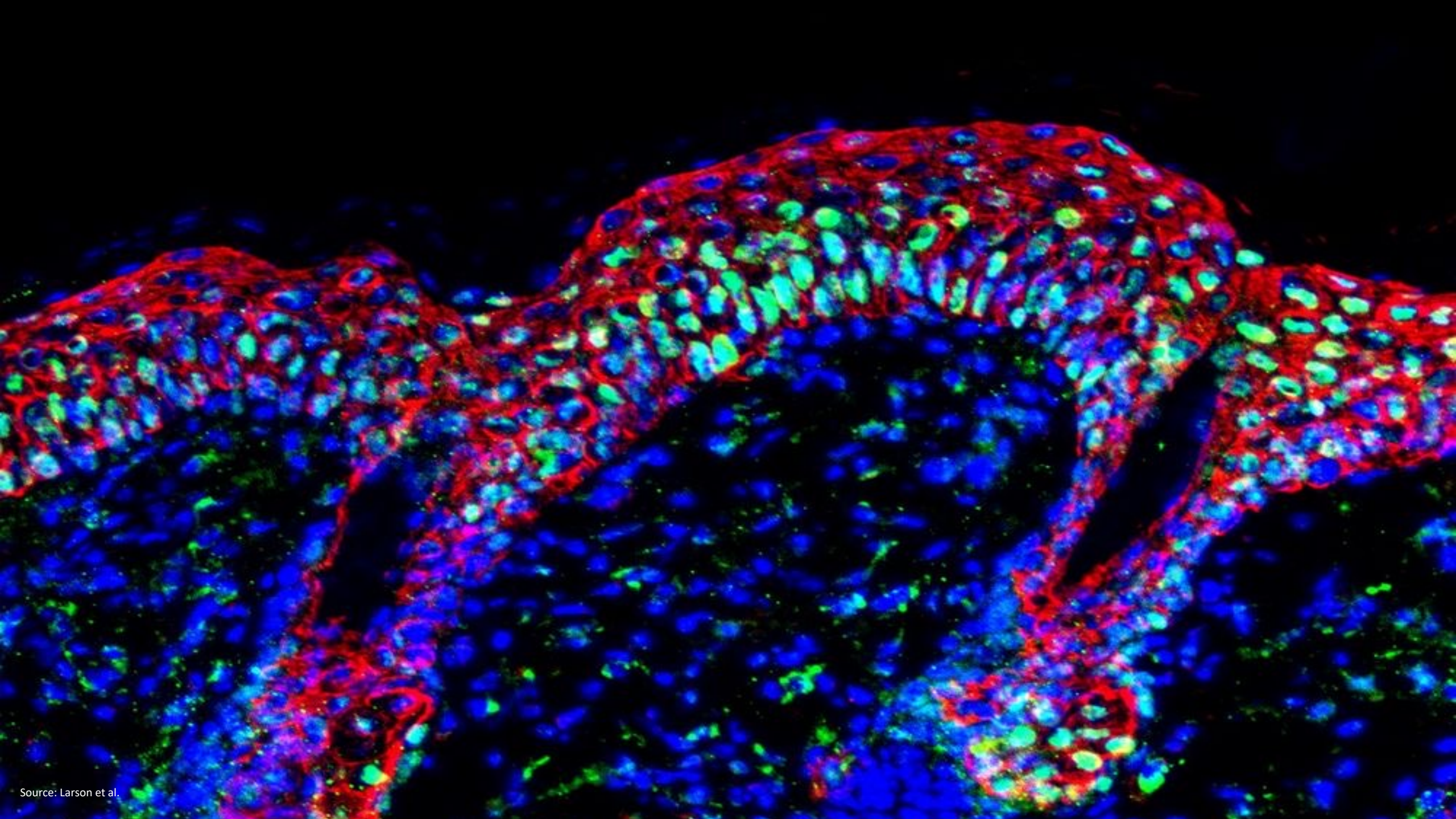




**High sugar intake has long been recognized as a risk factor for increased incidence of many non-communicable diseases, including obesity, cardiovascular disease, metabolic syndrome, and type 2 diabetes (T2D)**

**Rheumatoid arthritis (RA), multiple sclerosis (MS), psoriasis, inflammatory bowel disease (IBD) and low-grade chronic inflammation can now be added**





# **Chronic Inflammation is Associated With:**

**Depression, anxiety, and other mood disorders**

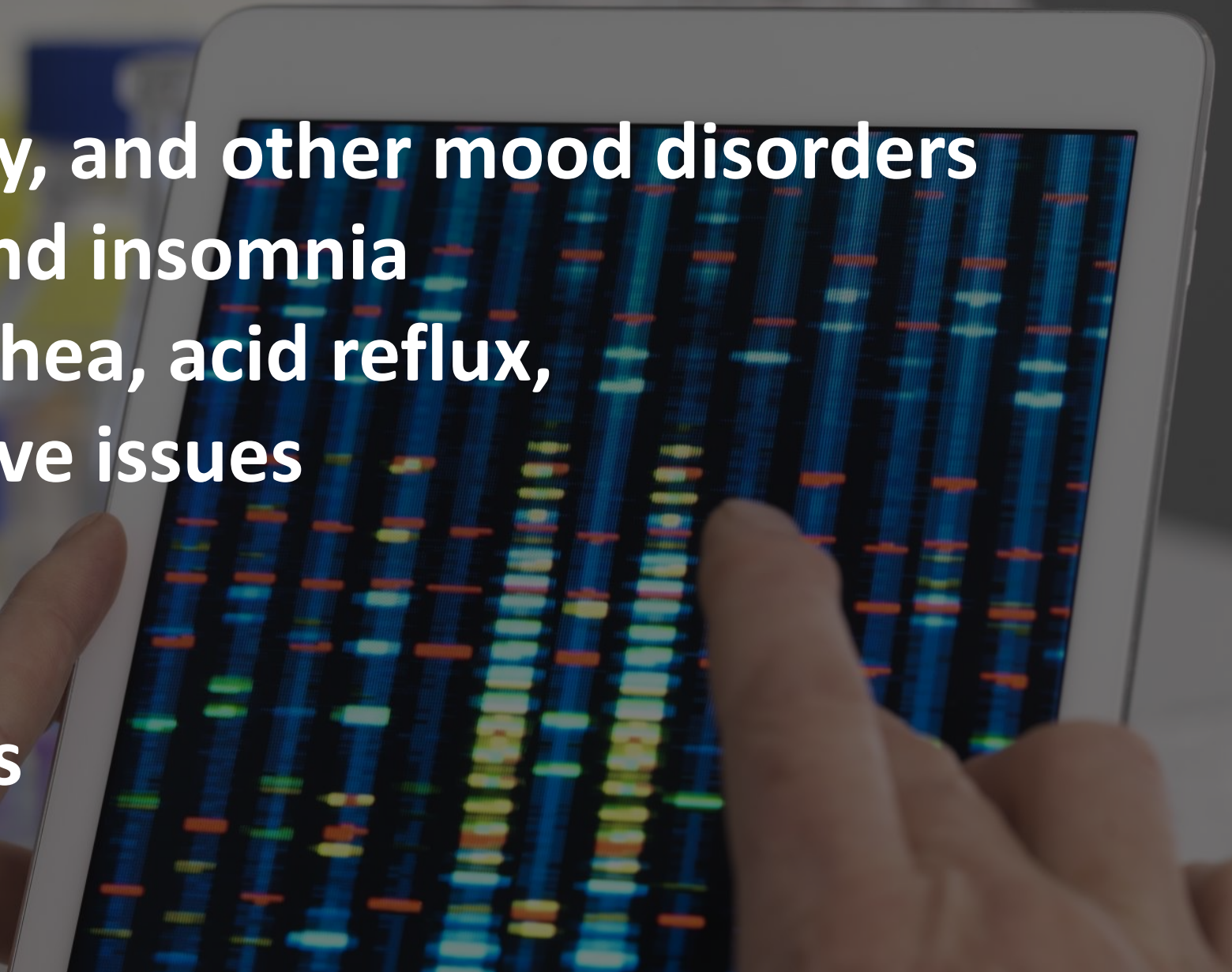
**Constant fatigue and insomnia**

**Constipation, diarrhea, acid reflux,  
and other digestive issues**

**Weight gain**

**Body pain**

**Frequent infections**







**Chronic inflammation also results in increased risk of diabetes, depression, and dementia**



84 to 4



**Macro Behavioral Changes**

**Micro Behavioral Changes**

# DETERMINANTS OF HEALTH

This diagram is a model of all factors correlated with health outcomes for an individual

**Physical Environment 7%**

(Some Control)

**Medical Care 11%**

(Some Control)

**Genetics and Biology 22%**

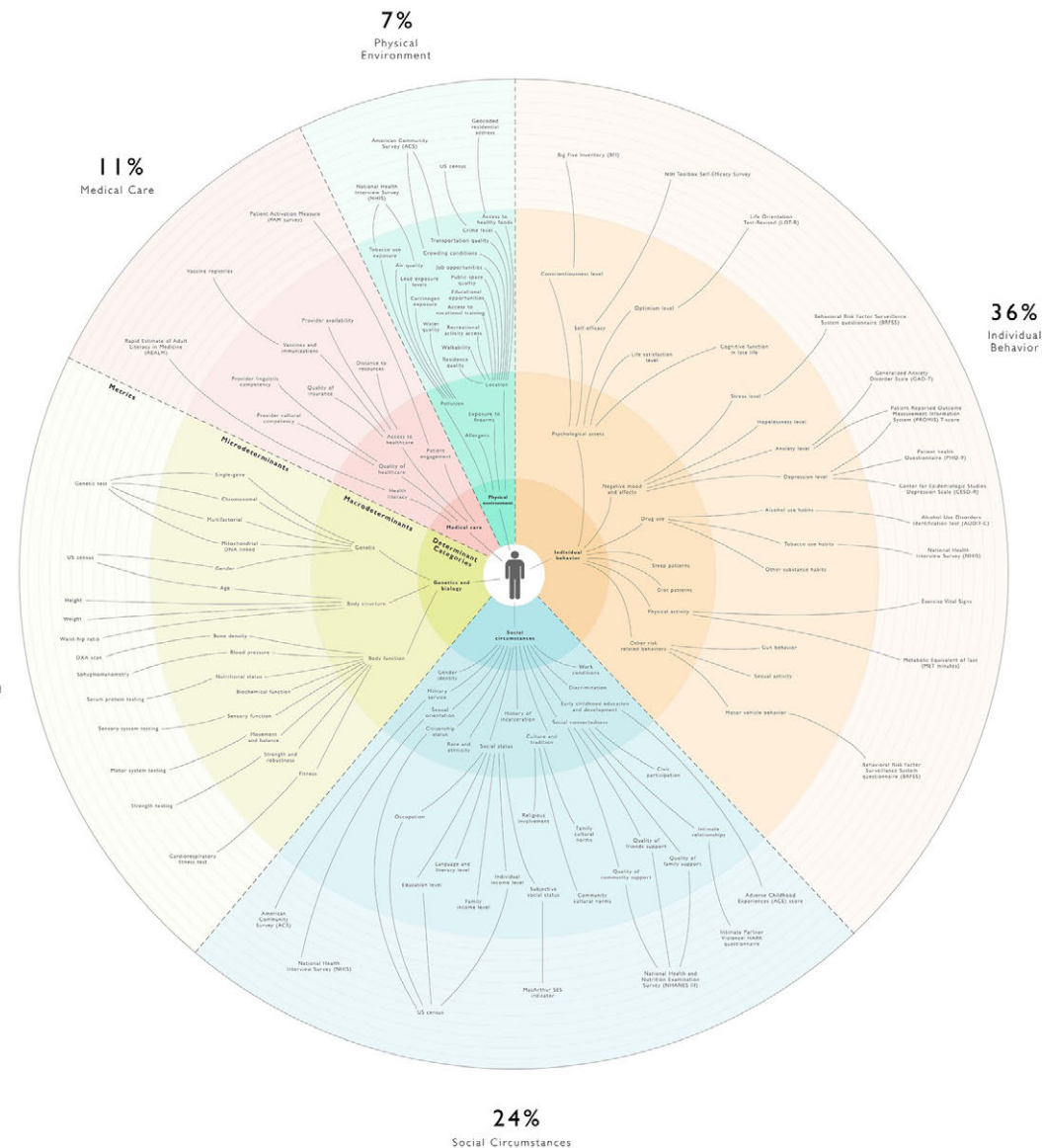
(No Control)

**Social Circumstances 24%**

(Some Control)

**Individual Behaviors 36%**

(Direct Control)



Behavior change is hard . . .



**It is much easier to ride out the urge to move or go for a walk and be physically active while on the sofa . . .**

















# Behavior Change Theories

**Social Cognitive Theory**

**Health Belief Model**

**Diffusion of Innovation Theory**

**Social Norms Theory**

**Theory of Planned Behavior**

**Transtheoretical Model**





# How Effective are Behavior Change Interventions Based on the Theory of Planned Behavior?

A Three-Level Meta-Analysis

Holger Steinmetz,<sup>1</sup> Michael Knappstein,<sup>2</sup> Icek Ajzen,<sup>3</sup> Peter Schmidt,<sup>4</sup> and Rüdiger Kabst<sup>5</sup>

<sup>1</sup>Department of International Business Studies, University of Paderborn, Germany

<sup>2</sup>Schumpeter School of Business and Economics, Wuppertal University, Germany

<sup>3</sup>Department of Psychological and Brain Sciences, University of Massachusetts, Amherst, MA, USA

<sup>4</sup>Faculty of Social Science, University of Giessen, Germany

<sup>5</sup>Department of Management, University of Paderborn, Germany

# State of the Evidence Regarding Behavior Change Theories and Strategies in Nutrition Counseling to Facilitate Health and Food Behavior Change

JOANNE M. SPAHN, MS, RD, FADA; REBECCA S. REEVES, DrPH, RD, FADA; KATHRYN S. KEIM, PhD, RD, LDN; IDA LAQUATRA, PhD, RD, LDN; MOLLY KELLOGG, RD, LCSW; BONNIE JORTBERG, MS, RD, CDE; NICOLE A. CLARK, DCN, RD, LDN, CDE

---

## ABSTRACT

Behavior change theories and models, validated within the field of dietetics, offer systematic explanations for nutrition-related behavior change. They are integral to the nutrition care process, guiding nutrition assessment, intervention, and outcome evaluation. The American Dietetic Association Evidence Analysis Library Nutrition Counseling Workgroup conducted a systematic review of peer-reviewed literature related to behavior change theories and strategies used in nutrition counseling. Two hundred fourteen articles were reviewed between July 2007 and March 2008, and 87 studies met the inclusion

articles and formulated conclusion statements grades based upon the available evidence. Strong evidence exists to support the use of a combination of behavioral theory and cognitive behavioral theory, the foundation for cognitive behavioral therapy (CBT), in facilitating modification of targeted dietary habits, weight, and cardiovascular and diabetes risk factors. Evidence is particularly strong in patients with type 2 diabetes receiving intensive, intermediate-duration (6 to 12 months) and long-term (>12 months duration) CBT targeting prevention or delay in onset of type 2 diabetes and hypertension. Few studies have assessed the application of

# Transtheoretical Model

Describes a sequence of cognitive (attitudes and intentions) and behavioral steps people take to change behavior. The model offers specific strategies found effective at various points in the change process and suggests outcome measures including decision balance and self-efficacy.



# Social Cognitive Theory

Based on the idea that people learn by observing other's social interactions, experiences, and outside media influences. Provides structure for understanding, predicting, and changing behavior. Changes are based on four conditions: attention, retention, motor reproduction, and motivation.

# Cognitive Behavioral Theory

Utilizes a directive, action-oriented approach that teaches a person to explore, identify, and analyze dysfunctional patterns of thinking and acting. How we act (behavior), think (cognition), and how we feel (emotion) all interact. Both cognitive and behavior change strategies are used to effect change.



**Why is it So Hard?**



A photograph of a call center environment. In the foreground, a woman on the left and a man in the center are wearing headsets and looking towards the right. The man is smiling. In the background, another person is visible, also wearing a headset. The scene is dimly lit, with computer monitors and office equipment visible. The text is overlaid in the center of the image.

**How You Do Anything is  
How You Do Everything**

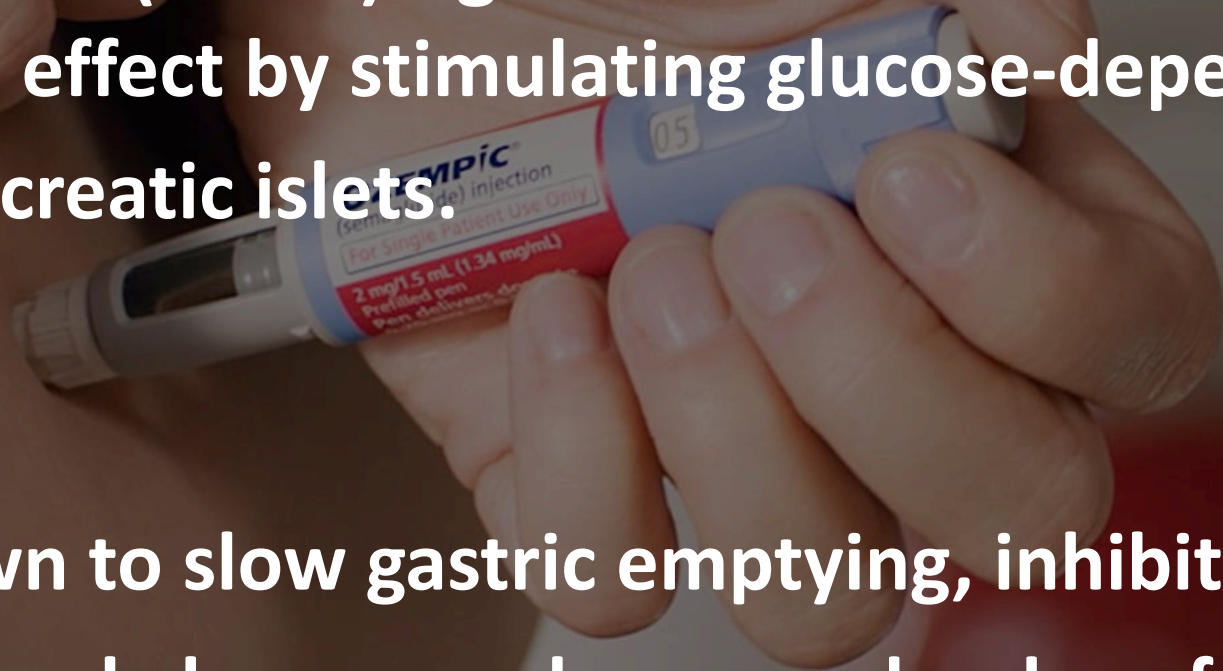
**Semaglutide (Ozempic/Wegovy)**

**Liraglutide (Saxenda)**

**Glucagon-Like Peptide 1 (GLP-1) Agonists:**

**GLP-1 exerts its main effect by stimulating glucose-dependent insulin release from the pancreatic islets.**

**It has also been shown to slow gastric emptying, inhibit inappropriate post-meal glucagon release, and reduce food intake.**





**This is the easy way**

**Not treating root cause or reversing disease**

**Side effects?**



# Comorbid and Polymorbid Chronic & Acute Conditions

Heart Disease

T2D

Obesity/Overweight

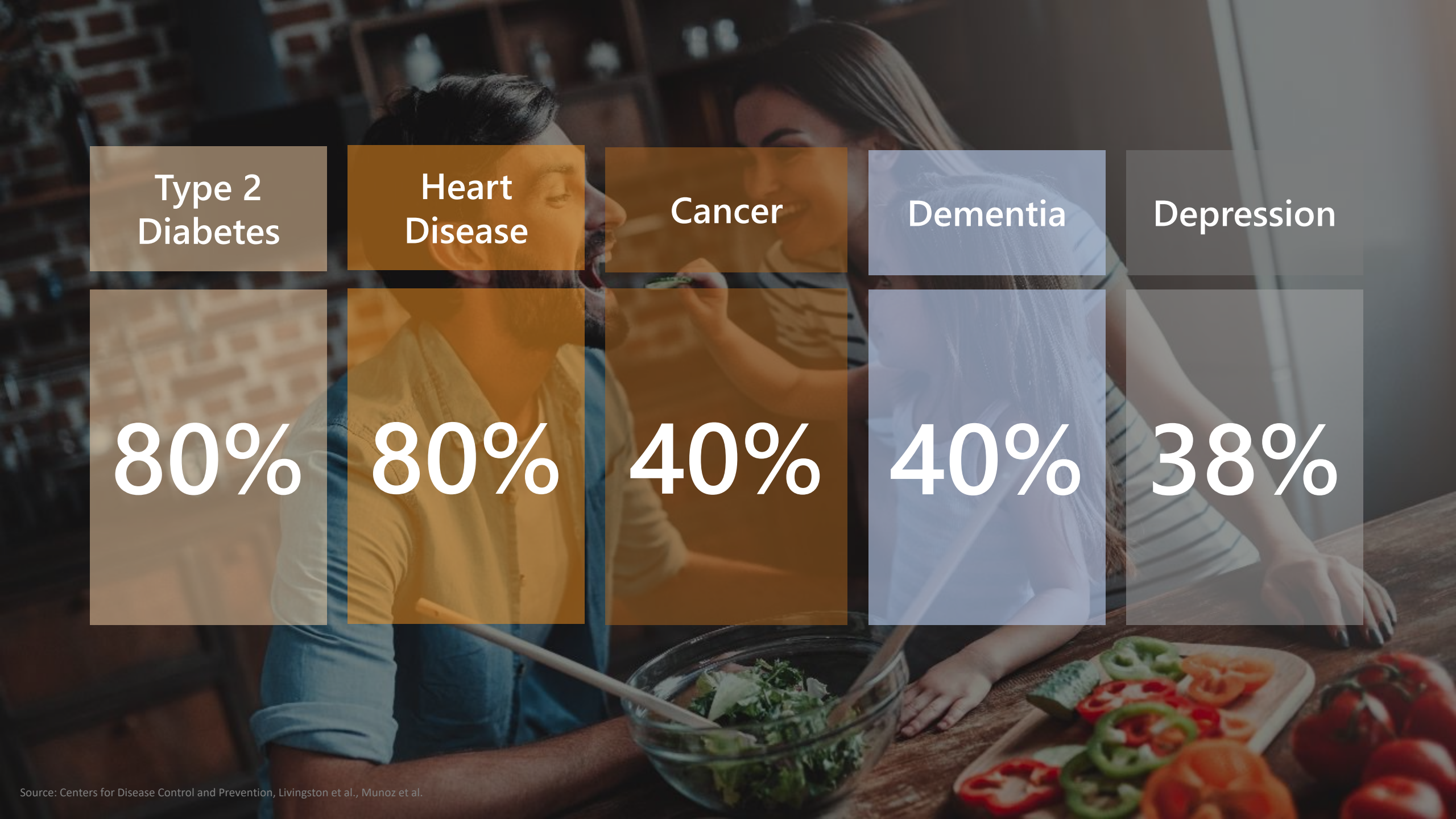
Stress

Anxiety

Depression

Musculoskeletal Health





Type 2  
Diabetes

Heart  
Disease

Cancer

Dementia

Depression

80%

80%

40%

40%

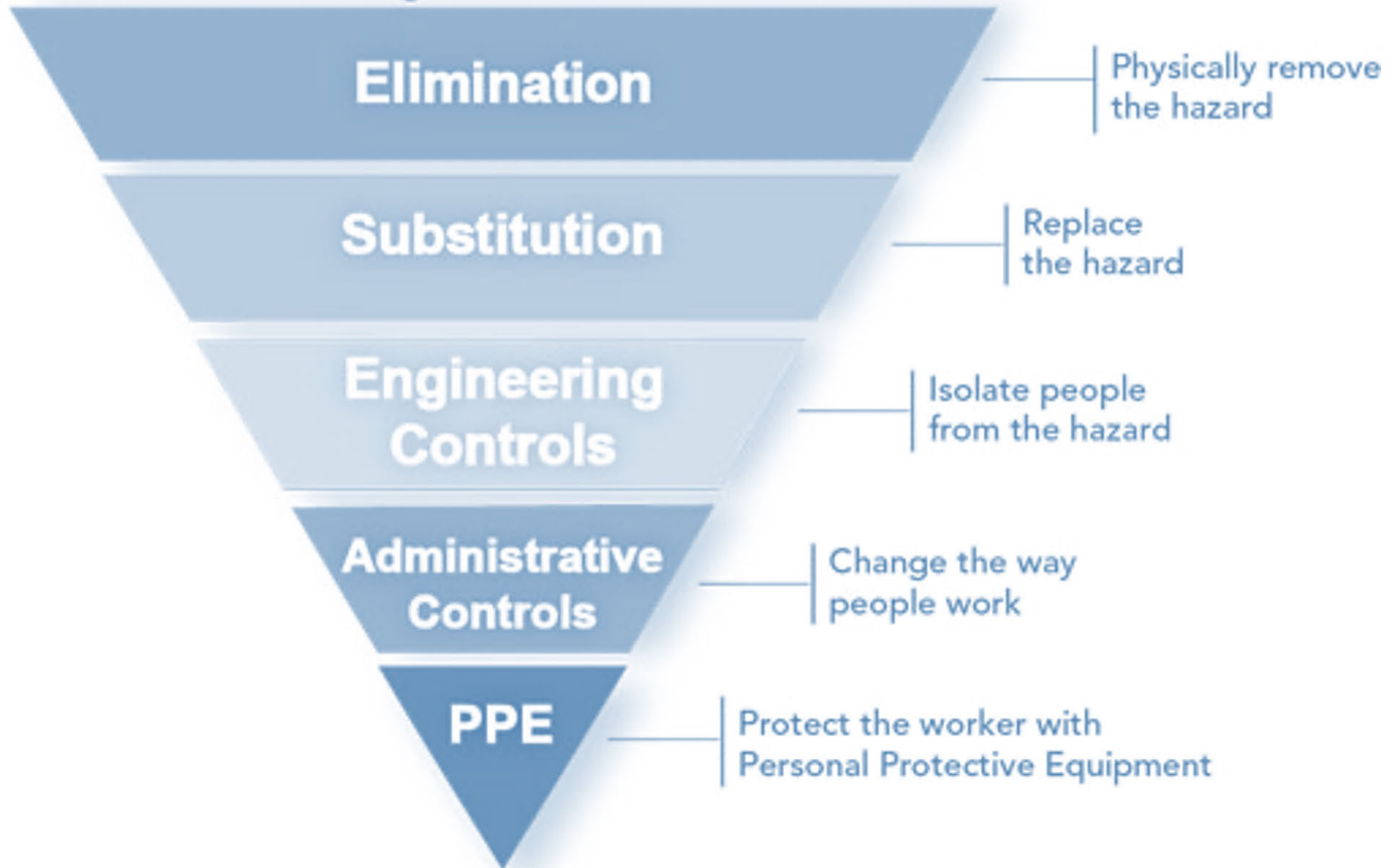
38%

# Hierarchy of Controls

Most effective



Least effective

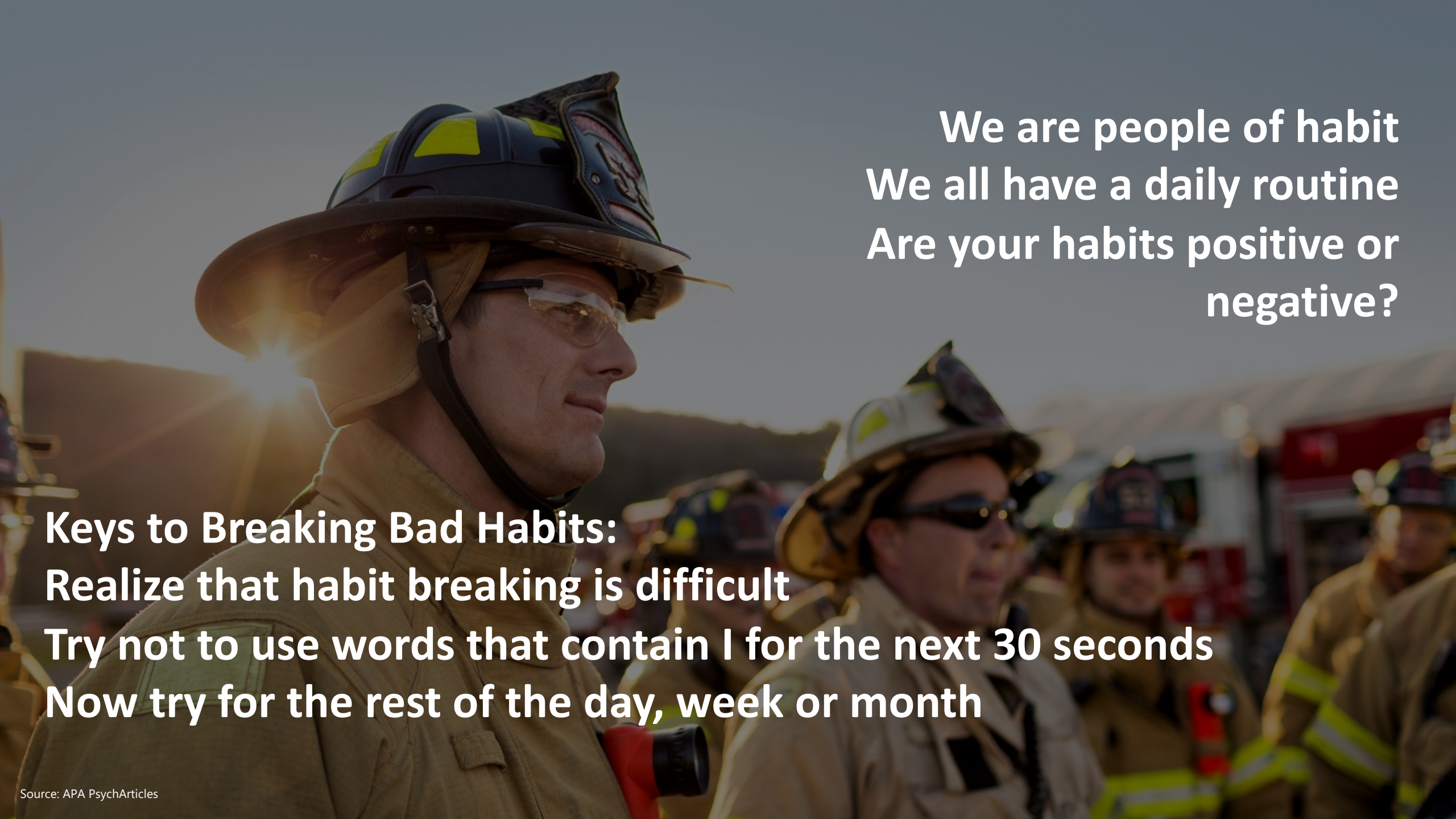




# A Behavioral Challenge



**I can't wait to go fishing with  
my grandchildren when I retire**



**We are people of habit  
We all have a daily routine  
Are your habits positive or  
negative?**

**Keys to Breaking Bad Habits:  
Realize that habit breaking is difficult  
Try not to use words that contain I for the next 30 seconds  
Now try for the rest of the day, week or month**

A woman with curly hair is talking on a white mobile phone. A young girl with long hair and a colorful striped shirt is sitting on her shoulders. Another young girl with blonde hair is sitting at a desk, looking at a laptop. A small orange cat is sitting on the desk near the laptop. The background is a bright, indoor setting with green plants.

**We don't recognize the benefits of our good habits: On days when people strongly intended to exercise, those with weak and strong exercise habits got similar amounts of physical activity**

**On days when intentions were weaker, those with strong habits were more active**  
**Thus, strong habits keep behavior in check even as intentions vary**

**It is not just willpower**


**What motivates you? Your people? Is it fishing with your grandchildren?**

A photograph of two women laughing joyfully outdoors. The woman on the left has dark curly hair in a ponytail and is wearing a pink long-sleeved shirt. The woman on the right has grey hair in a ponytail and is wearing a grey hoodie. They are both looking upwards and to the right. The background is a blurred green landscape with trees.

**Willpower is useful in the short-term as we build motivation**

**Research demonstrates that people who are more successful at achieving long-term goals exert less willpower in their day-to-day lives**

**Over time, willpower fades and habits win!**

A photograph of three elderly people sitting on a bench. The man in the center is smiling broadly and holding a soccer ball. The woman on the right is also smiling and has a towel draped over her shoulder. The man on the left is partially visible, looking towards the others. The background is a plain, light-colored wall.

**Effectively changing behavior begins with recognizing that a great deal of our behavior is habitual in nature**

**Habits keep us repeating undesirable behaviors but also desirable ones**





**The best time to plant a tree...**



# Car rental

**You own your body... for life**



**The smallest of acts is better than the  
greatest of intentions**

**We judge ourselves by our  
intentions, but others by their actions**

**The person who loves walking will walk further  
than the person who loves the destination**



**Thank You**