

	<b>Theory</b>	<b>Focus</b>	<b>Key Concepts</b>
<b>Individual Level</b>	Health Belief Model	Individuals' perceptions of the threat posed by a health problem, the benefits of avoiding the threat, and factors influencing the decision to act	Perceived susceptibility Perceived severity Perceived benefits Perceived barriers Cues to action Self-efficacy
	Stages of Change Model	Individuals' motivation and readiness to change a problem behavior	Precontemplation Contemplation Decision Action Maintenance
	Theory of Planned Behavior	Individuals' attitudes toward a behavior, perceptions of norms, and beliefs about the ease or difficulty of changing	Behavioral intention Attitude Subjective norm Perceived behavioral control
	Precaution Adoption Process Model	Individuals' journey from lack of awareness to action and maintenance	Unaware of issue Unengaged by issue Deciding about acting Deciding not to act Deciding to act Acting Maintenance
<b>Interpersonal Level</b>	Social Cognitive Theory	Personal factors, environmental factors, and human behavior exert influence on each other	Reciprocal determinism Behavioral capability Expectations Self-efficacy Observational learning Reinforcements
<b>Community Level</b>	Community Organization	Community-driven approaches to assessing and solving health and social problems	Empowerment Community capacity Participation Relevance Issue selection Critical consciousness
	Diffusion of Innovations	How new ideas, products, and practices spread within a society or from one society to another	Relative advantage Compatibility Complexity Triability Observability
	Communication Theory	How different types of communication affect health behavior	Example: <i>Agenda Setting</i> Media agenda setting Public agenda setting Policy agenda setting Problem identification, definition Framing