

Hi everyone, my name is Ryan, and I live in Western Massachusetts, where I currently work as the Director of Public Health for a small municipality. I am excited to take this course to learn more about social and behavioral risk factors and how they influence the development and implementation of public health interventions.

Working in local public health has shown me the importance of understanding social and behavioral theories, especially when implementing interventions at a local level. Many of the health challenges we address are shaped not only by individual choices but also by social norms, access to resources, and environmental factors. I am looking forward to strengthening my understanding of these theories and applying them to real-world public health work.

Currently, the public health issue of greatest interest to me is the use of tobacco and nicotine products. This issue interests me because tobacco use remains one of the leading causes of preventable death in both Massachusetts and the United States. Cigarette smoking is still responsible for nearly half a million deaths annually in the U.S., along with major healthcare and economic impacts (Centers for Disease Control and Prevention, 2024).

Substantial progress has been made in reducing tobacco use over time. Massachusetts has reached historically low cigarette smoking rates, with fewer than 10% of adults currently reporting cigarette use (Massachusetts Department of Public Health, n.d.). In comparison, cigarette smoking was far more common in earlier decades, including the mid-1960s when approximately 42% of U.S. adults smoked cigarettes (U.S. Department of Health and Human Services, 2014). Despite this progress, tobacco prevention remains an urgent issue, particularly because the nicotine product landscape continues to evolve. Newer products such as vaping devices and nicotine pouches are widely marketed and often appeal to youth, creating additional challenges for prevention and long-term health outcomes (Centers for Disease Control and Prevention, 2024).

The theory I believe could be used to address tobacco and nicotine use is the Health Belief Model (HBM). This model is useful because it focuses on how individuals make decisions based on perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy. In the context of tobacco use, HBM could be used to strengthen prevention and cessation efforts by increasing perceived risk of long-term health consequences and increasing confidence in a person's ability to stop using nicotine. Overall, the HBM provides a strong framework for designing interventions that promote behavior change and can reduce tobacco-related harm.

References:

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Currently, the public health issue that is of most interest to me is the use of tobacco and nicotine products. This issue interests me because tobacco-related deaths still remain the leading cause of preventable death in both Massachusetts and the United States as a whole. Smoking is responsible for nearly half a million deaths annually in the U.S., in addition to significant healthcare and economic impacts (Balch, 2024).

Substantial progress has been made in reducing tobacco use, with Massachusetts reaching historically low smoking rates. Currently, fewer than 10% of Massachusetts adults report smoking cigarettes (Massachusetts Department of Public Health, n.d.). However, I believe there is still more that can and should be done, especially as the nicotine product landscape continues to change. Big tobacco and related industries continue to stay ahead with products that appeal to youth, including vaping devices and nicotine pouches, which creates new challenges for prevention and long-term health outcomes.

The theory I would argue could help address this issue is the **Health Belief Model (HBM)**, since it focuses on how individuals' beliefs about health risks influence behavior. The six key concepts of the HBM—perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy—provide a strong framework for understanding why individuals may start using nicotine products, continue use, or struggle to quit. In the context of tobacco prevention and cessation, the HBM could help guide interventions that increase perceived risk, reduce barriers to quitting, and strengthen confidence in an individual's ability to change behavior.

References:

Balch, B. (2024, November 21). *Smoking is still the leading cause of preventable death in the U.S.; doctors may soon have new tools to help people quit*. Association of American Medical Colleges.

<https://www.aamc.org/news/smoking-still-leading-cause-preventable-death-us-doctors-may-soon-have-new-tools-help-people-quit>

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