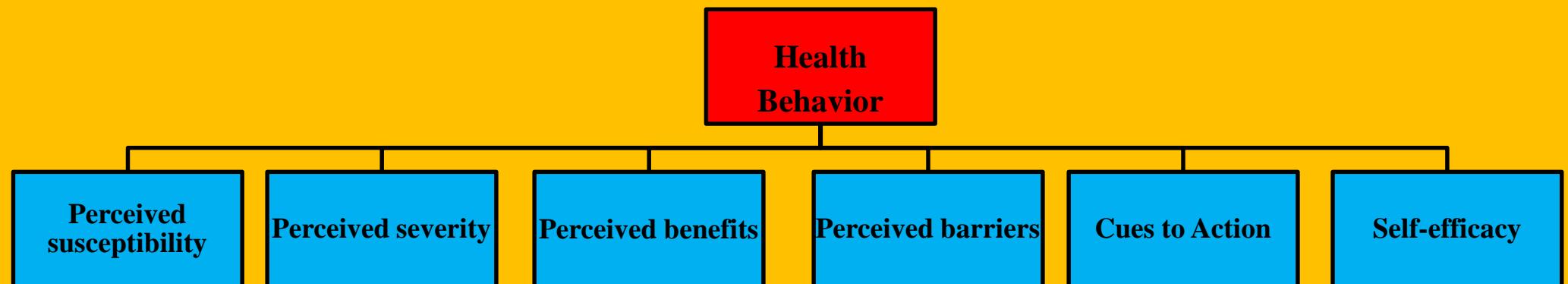


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Background

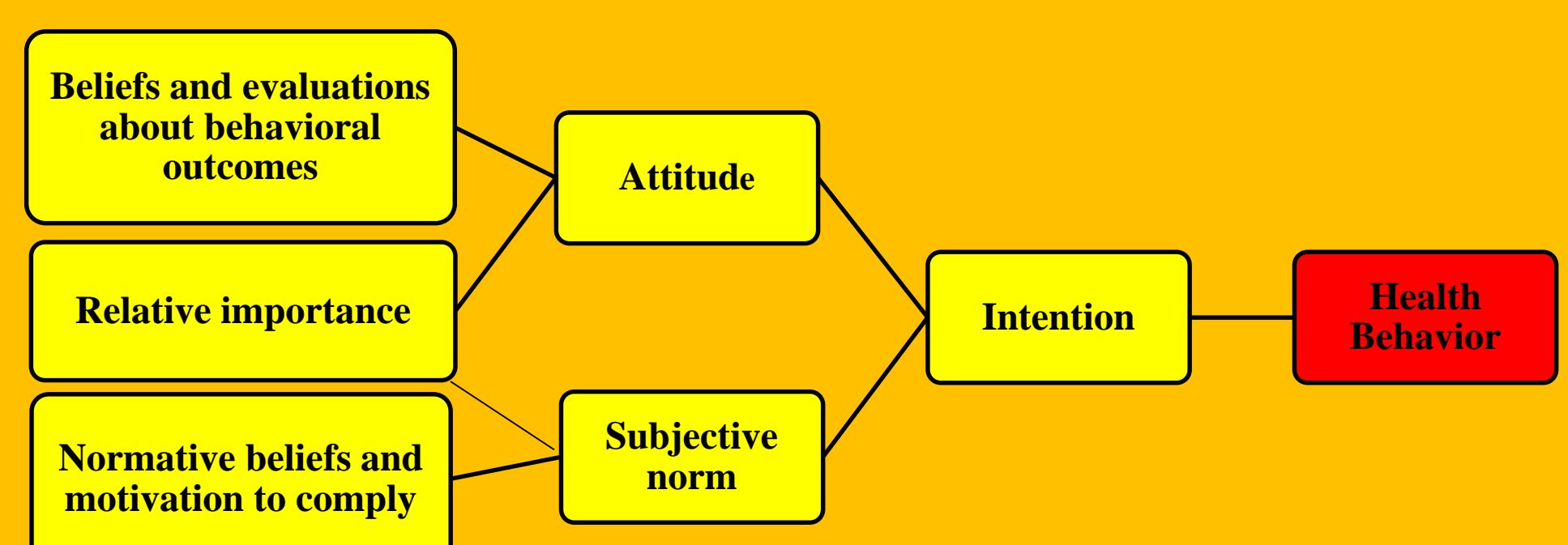
- Approximately 44% of the ASD population is considered to have average or higher than average intelligence¹
- Advanced practice nurses (APNs) provide health and wellness care to individuals with HF-ASD in the primary care setting. A conceptual understanding of health behaviors for the population of interest is important.^{2,3}
- A hybrid conceptual model of health for adults with HF-ASD may assist the APN in collaborating with this special group of individuals.

Health Belief Model



An individual will not act to change a health behavior if he or she does not believe the condition in question will personally impact them⁴.

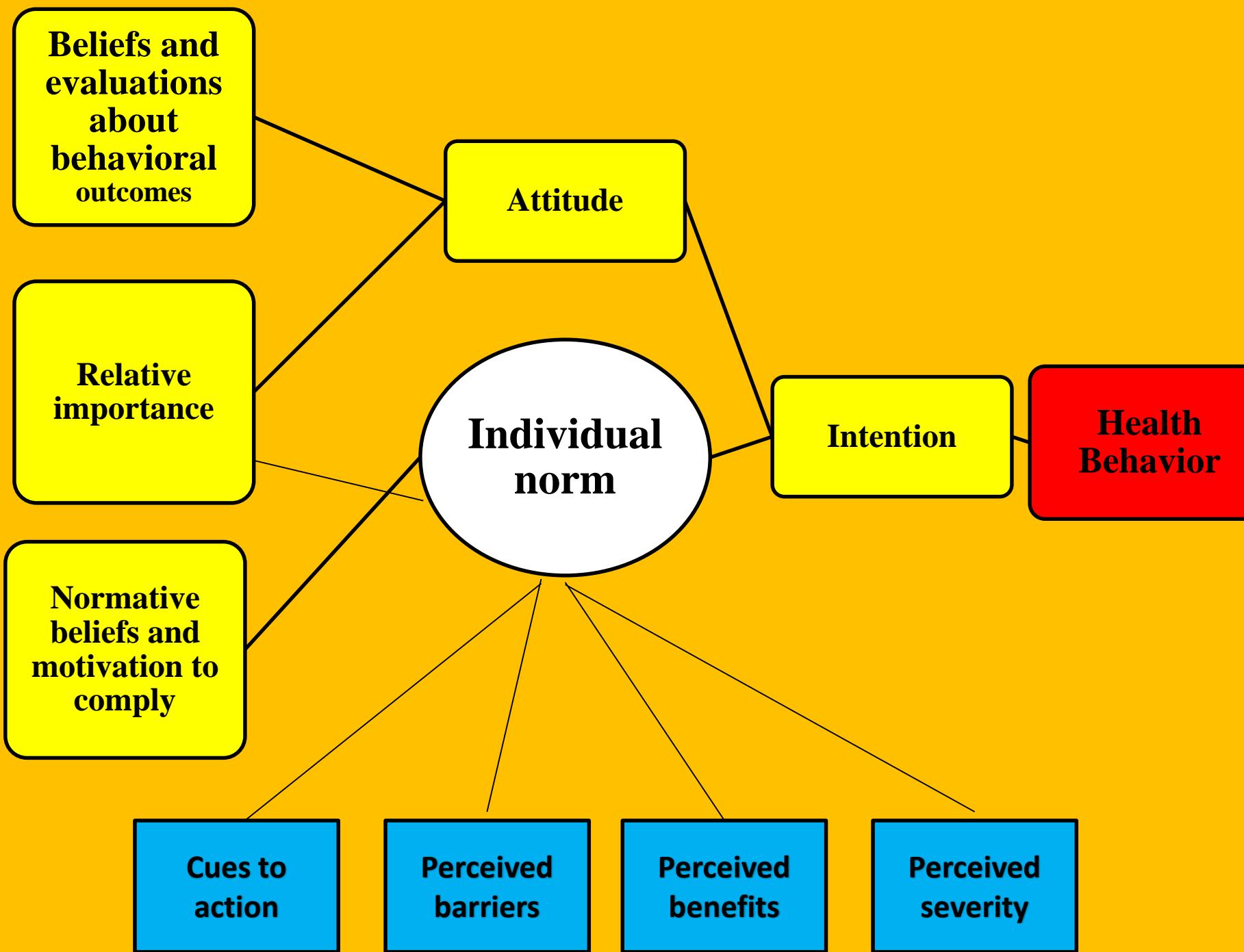
Theory of Reasoned Action



The two concepts of attitude and subjective norms influence intention. Behavior intention is the most important predictor of health behavior^{5,6}.

New Concept: Individual Norm

- Individual Norm:**
 The concept of an individual to perceive, adapt, and respond to information and potential consequences of personal health behavior based on self-evaluation and immediate environment with limited regard to peer and family influence.



Discussion

- Four of the concepts within HBM add value to the understanding of health behavior with adults with HF-ASD.
- Subjective norm is not value added due to an individual not factoring others' viewpoints.
- Self-efficacy and perceived susceptibility may be considered as part of individual norm if the person had a prior personal experience.

Conclusion

- The new concept of "Individual Norm" may account for the unique dynamics presented by adults with HF-ASD, and impact health behaviors and actions.
- The proposed conceptual model of health combines constructs from both the HBM and TRA allowing for empirical testing of the model. Unique perceptions may affect the health behavior of adults with HF-ASD.
- An APN who is equipped with the proposed model may be able to more effectively communicate and, thus, optimize patient encounters with this special needs group.



References

- Centers for Disease Control and Prevention (CDC). (2018). *Autism spectrum disorder*. Retrieved from <http://www.cdc.gov/ncbddd/autism/facts.html>.
- Poortaghi, S., Raiesifar, A., Bozorgzad, P., Golzari, S. E. J., Parvizy, S., & Rafii, F. (2015). Evolutionary concept analysis of health seeking behavior in nursing: a systematic review. *BMC Health Services Research*, 15(1), 523. <https://doi.org/10.1186/s12913-015-1181-9>
- Giarelli, E., Ruttenberg, J., & Segal, A. (2012). Continuing education for nurses in the clinical management of autism spectrum disorders: Results of a pilot evaluation. *Journal of Continuing Education in Nursing*, 43(4), 169-76.
- Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1988). Social learning theory and the health belief model. *Health Education and Behavior*, 15(2), 175-183.
- Fishbein, M. (2008). A reasoned action approach to health promotion. *Medical Decision Making*, 28(6), 834-844. doi:10.1177/0272989x08326092
- Fishbein, M. & Ajzen, I. (1975). *Belief, attitude, intention and behavior: An introduction to theory and research*. Reading, MA: Addison-Wesley Publishing.