University of the People

PSYC Introduction to Health Phychology

Unit 3 Written Assignment 3

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**Designing a Population-Level Intervention to Address Obesity Using the Behaviour Change Wheel**  
  
Obesity is a critical public health concern linked to a multitude of chronic diseases including cardiovascular disease, diabetes, and certain cancers. As a public health professional, designing an effective intervention to reduce obesity requires a robust theoretical framework. Among the available models, the Behaviour Change Wheel (BCW), underpinned by the COM-B system (Capability, Opportunity, Motivation – Behaviour), presents a comprehensive and coherent structure for designing interventions with potential for sustainable impact (Michie, van Stralen, & West, 2011).  
  
**Justification for Choosing the Behaviour Change Wheel**  
  
The BCW is particularly appealing because it is not only grounded in a strong behavioural model (COM-B) but also provides clear pathways from behavioural diagnosis to policy-level action. Its integrative nature encapsulates intervention functions such as education, training, and environmental restructuring while aligning with relevant policy categories like legislation and service provision. Unlike linear models, the BCW accommodates the dynamic interplay between individual, social, and environmental determinants of behaviour (Michie et al., 2011).  
  
**Application of the BCW to Obesity Intervention**  
  
To target obesity reduction at the population level, the COM-B model helps identify behavioural deficits in physical activity and dietary choices. For instance, many individuals lack the psychological capability to plan nutritious meals or interpret food labels, while others face physical opportunity barriers, such as lack of access to healthy food or safe spaces for exercise. Moreover, automatic motivation, including habitual consumption of high-calorie foods and emotional eating, perpetuates unhealthy behaviours.  
  
Using this analysis, three key intervention functions from the BCW are proposed:  
  
1. Education – Deliver nationwide campaigns to increase awareness of healthy nutrition, the dangers of obesity, and the benefits of exercise. These efforts target psychological capability and reflective motivation by enhancing knowledge and intention (Michie et al., 2011).  
  
2. Environmental restructuring – Introduce urban planning initiatives that increase accessibility to parks and subsidized healthy food outlets, especially in low-income areas. This directly enhances physical opportunity by modifying the context in which choices are made (Ogden, 2019).  
  
3. Enablement – Provide community-level resources such as dietician consultations and mobile fitness apps to support goal setting and self-monitoring. This tackles both physical capability and motivational components (Ngigi & Busolo, 2018).  
  
**Strategy for Implementation**  
  
Among the various strategies discussed in health promotion literature, mass media campaigns emerge as a priority due to their broad reach and demonstrated impact. Effective communication channels, including television, radio, and digital platforms, can disseminate targeted messages that shift public perceptions, reinforce social norms, and improve health literacy (Ngigi & Busolo, 2018).  
  
Mass media also complements interpersonal and environmental efforts, especially when embedded in broader campaigns that include local community events and partnerships with influencers. In the BCW, these strategies fall under the "communication/marketing" and "guidelines" policy categories, promoting a layered approach to social mobilisation (Michie et al., 2011).  
  
Furthermore, incorporating entertainment education—such as health narratives in popular media—can bridge cultural gaps and improve message salience (Ngigi & Busolo, 2018). This approach leverages emotional stimuli, a key driver of behavioural change often underestimated in rational communication efforts.  
  
**Conclusion**  
  
The Behaviour Change Wheel offers a structured and multidimensional approach for designing an obesity intervention that is theoretically sound and practically scalable. By identifying the COM-B components at play, selecting suitable intervention functions, and deploying communication strategies like mass media and environmental restructuring, this model increases the likelihood of achieving sustained behaviour change. Future success will depend on robust evaluation metrics and collaboration across sectors to ensure interventions are equitable and culturally resonant.

**References**  
  
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