NCI Big D.A.T.A. Workshop Health Behavior Theory: Challenges & Opportunities

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The Multilevel Context of Health Behaviors

Local Community

Community Level Resources Medical care offerings Lay support networks Private cancer organizations Local Hospital & Cancer Services

Market

Level of competition Managed care penetration Percent non-profit Specialty mix

Local Professional Norms MD practice organizations Use of guidelines

Practice patterns

Provider / Team

Knowledge, communication skills

Perceived barriers, norms, test efficacy

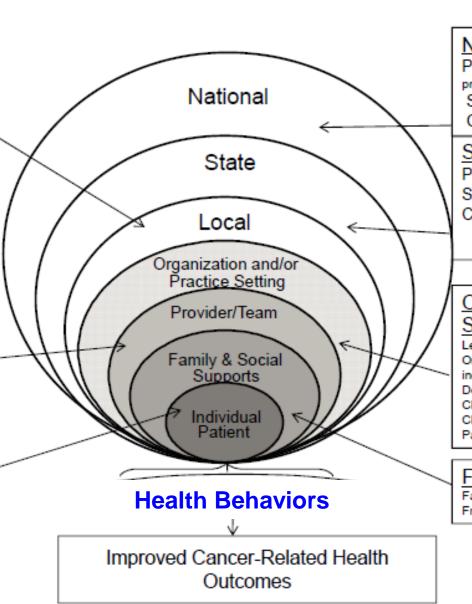
Cultural competency Staffing mix & turnover

Role definition

Teamwork

Individual Patient

Biological factors
Socio-demographics
Insurance coverage
Risk status
Co-morbidities
Knowledge, attitudes, beliefs
Decision-making preferences
Psychological reaction/coping



National

Policy – Affordable Care Act, professional guidelines Structure – Financial, Political Culture – Expectations

State

Policy - Medicaid Structure - Provider Mix Culture advocacy groups

attitude/expectations

Organization / Practice Setting

Leadership

Organizational structure, policies & incentives

Delivery system design

Clinical decision support

Clinical information systems

Patient education & navigation

Family / Social Supports

Family dynamics

Friends, network support

Adapted from Taplin et al. JNCI Monographs 2012

Theories Are Useful...

Explain Health Behaviors

- Health Belief Model
- Theory of Reasoned Action/ Planned Behavior
- Precaution AdoptionProcess Model

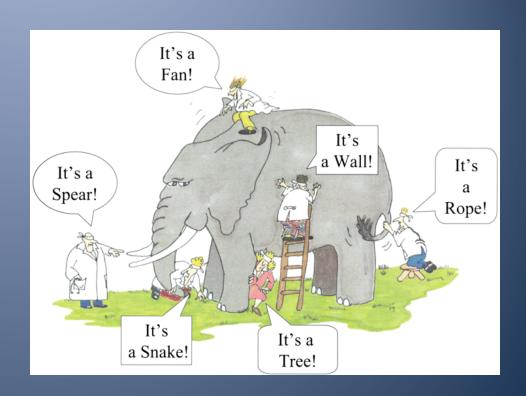
Change Health Behaviors

- Social Cognitive Theory
- Transtheoretical (Stages of Change) Model

All theories describe a set of concepts/constructs & make assertions about how constructs are related to each other and to health behavior

Challenges to Measuring Latent (Unobservable) Constructs

- Reliable & Valid
- Conceptually equivalent across languages & cultures



Measurement Challenge: Same Concept across Language & Culture

Attitudes about liver cancer treatment

English:

People with liver cancer always die if they are not treated.

Spanish version 1:

Las personas que padecen de cáncer de hígado mueren de no recibir tratamiento.

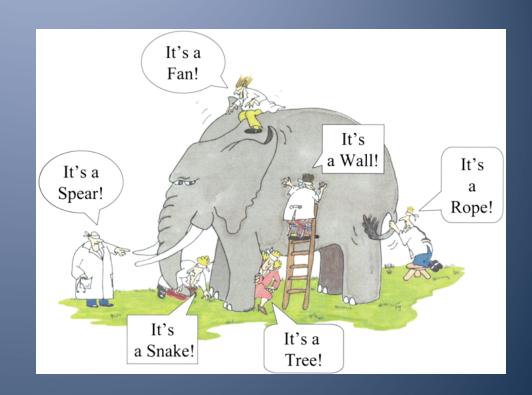
People who suffer from liver cancer die of not receiving treatment.

Spanish version 2:

Las personas que tienen cáncer de hígado siempre mueren si no reciben tratamiento.

Challenges to Measuring Latent (Unobservable) Constructs

- Reliable & Valid
- Conceptually equivalent across languages & cultures
- Conceptually
 equivalent across
 administration modes
 (interviewer vs. self;
 mail vs. mobile)



Challenges Because of Overlap in Constructs Across Theories

- Similar conceptual and operational definitions
- Acknowledge similar origins
- Focus on identifying unique constructs and unique hypotheses of how constructs are linked



Measurement Challenge: Same Concept but Different Label & Scale

Outcome Expectations

Having yearly mammograms will increase my chances of surviving if I get breast cancer.

Perceived Benefits / Pros

Having a regular mammogram gives me peace of mind about my health.

Perceived Barriers / Cons

Mammograms have high chance of leading to breast surgery that is not needed.

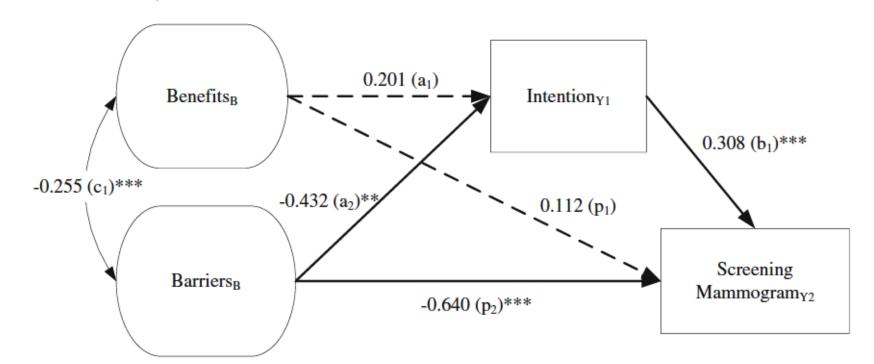
Attitudes toward the Behavior

Tiro et al. Health Psychology 2005.

Competitive Hypothesis Testing

Hypothesis 1:

Do benefits and barriers directly influence mammography screening behavior (HBM: p₁ and p₂) or indirectly influence behavior via intention (TRA: a₁ x b₁ and a₂ x b₁)?



Murphy, Vernon, Diamond, Tiro. Annals Behavioral Medicine 2013.

Opportunity to Use Multiple Data Sources

Use surveys to measure cognitions and perceptions that are unknowable from any other source

What is ideal timing and frequency of measurement?

Link with other data sources to measure behavior:

- Sensors
- Area-based measures
- Electronic medical records and other clinical information systems