

# Joining Theory and Analysis: Integrating Health Behavior Theories and Models

## into an Annotated Program Evaluation Instrument

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Supported by the U.S. Centers for Disease Control and Prevention



### Background on Falls

People 65+ are expected to grow to be 21.7% of the population by 2040. By 2060, there will be about 98 million older persons.

Falls are the most common cause of both fatal and non-fatal injuries among older adults in the United States.

Fortunately, falls are a preventable and/or modifiable source of morbidity and mortality.

### Case: CDC STEADI Initiative

The STEADI Initiative, Stopping Elderly Accidents, Deaths, and Injuries, is a U.S. Centers for Disease Control and Prevention (CDC) initiative for preventing falls among older adults.

The intent of the evaluation is to:

1. Assess barriers and facilitating factors to the adoption of STEADI intervention components among older adults age 65+.
2. Identify ways the resulting information can be integrated into the STEADI intervention practices used by clinical practitioners in upstate New York in order to increase receptiveness and adoption by older adults at risk of falling.

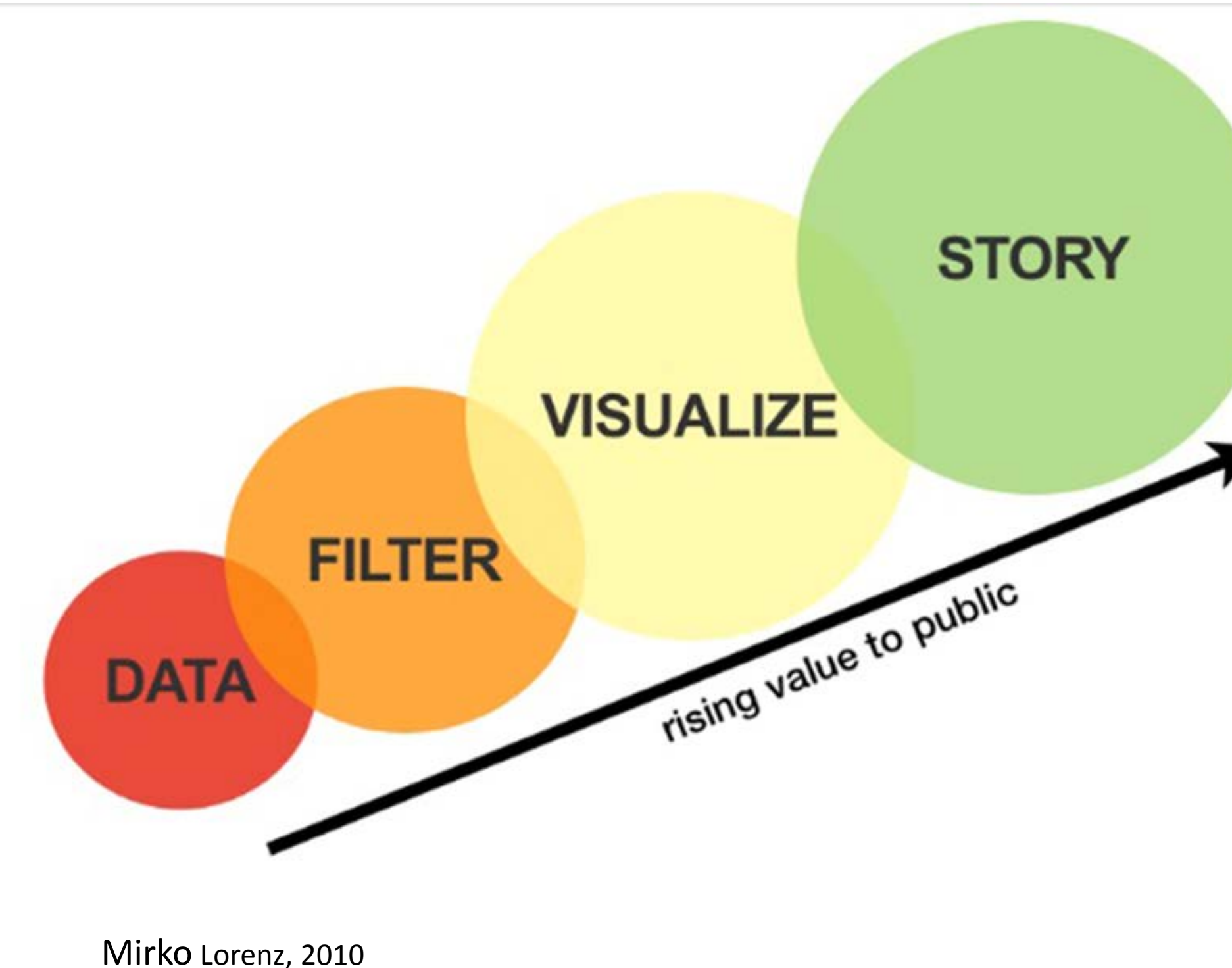
*Acknowledgements: This evaluation is funded by U.S. Centers for Disease Control and Prevention Cooperative Agreement OT13-1302. For more information contact Jennifer Edwards at [jedwards@nnphi.org](mailto:jedwards@nnphi.org) and visit [CDC.gov/STEADI](http://CDC.gov/STEADI).*

*Image Credits: Extended Parallel Process Model, Gould et al., Preventive Medicine Reports; Health Belief Model, Science & Sensibility, Social Cognitive Theory, eSource Research, Transtheoretical Model, Huffington Post*

### The Qualitative Evaluation Approach

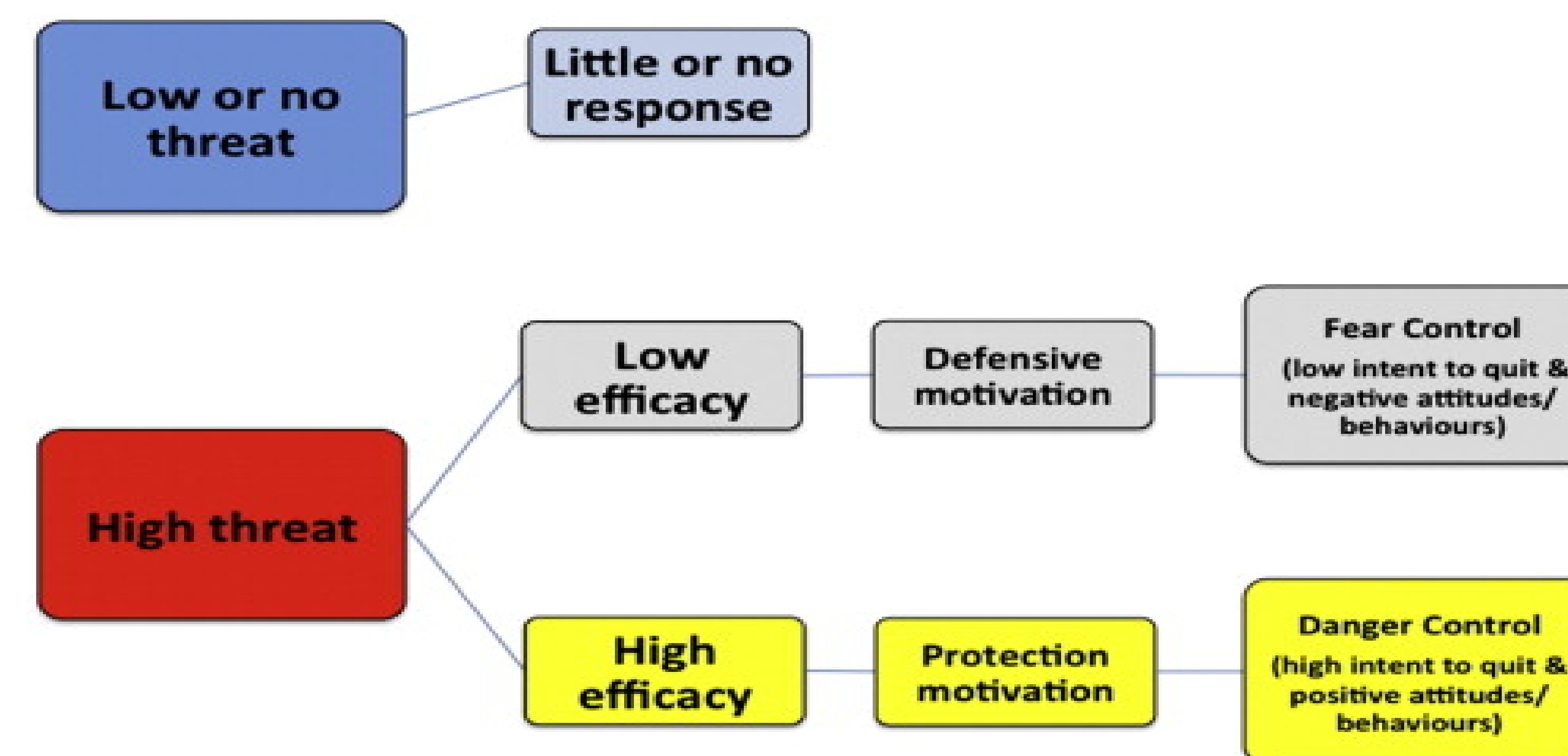
In collaboration with the CDC and Broome County Health Department (NY), the NNPHI-led evaluation aims to determine the participant receptiveness to the STEADI initiative through ~25 interviews, literature review, and protocol benchmarking.

Outcomes are focused on educating providers and providing practice altering materials such as decision algorithms built on evidence-based practices.

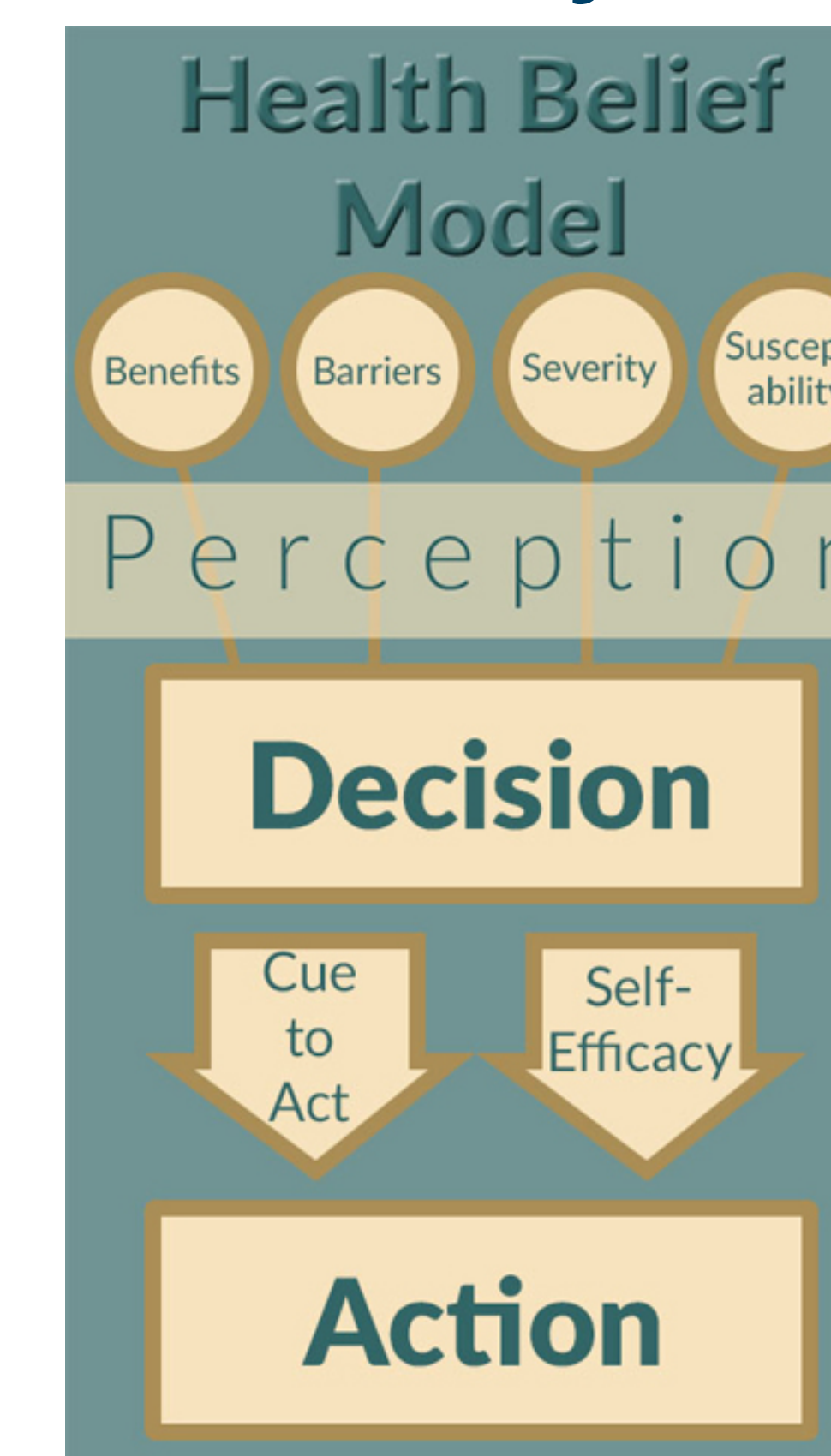


### Four Leveraged Theories/Models

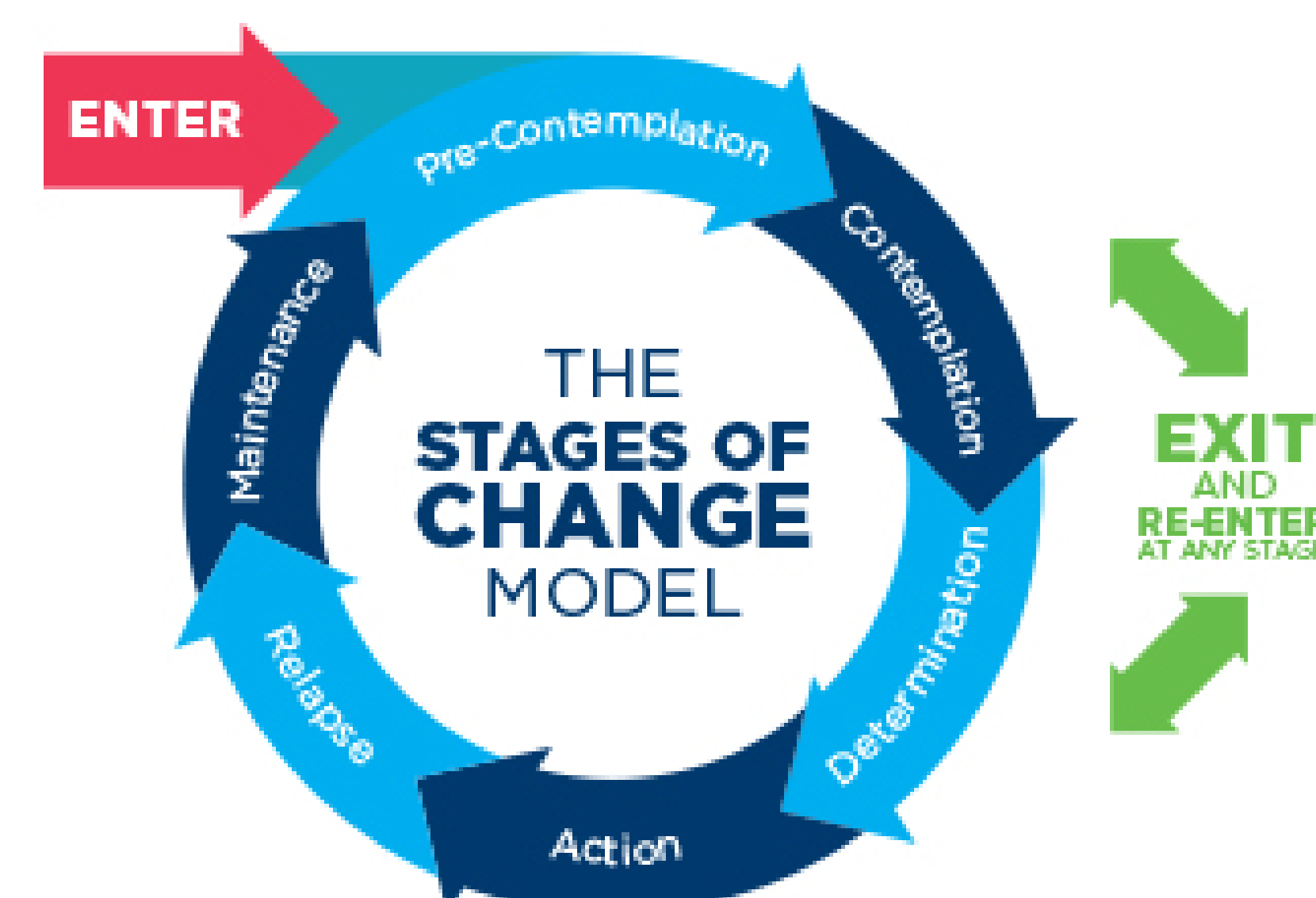
#### Extended Parallel Process Model



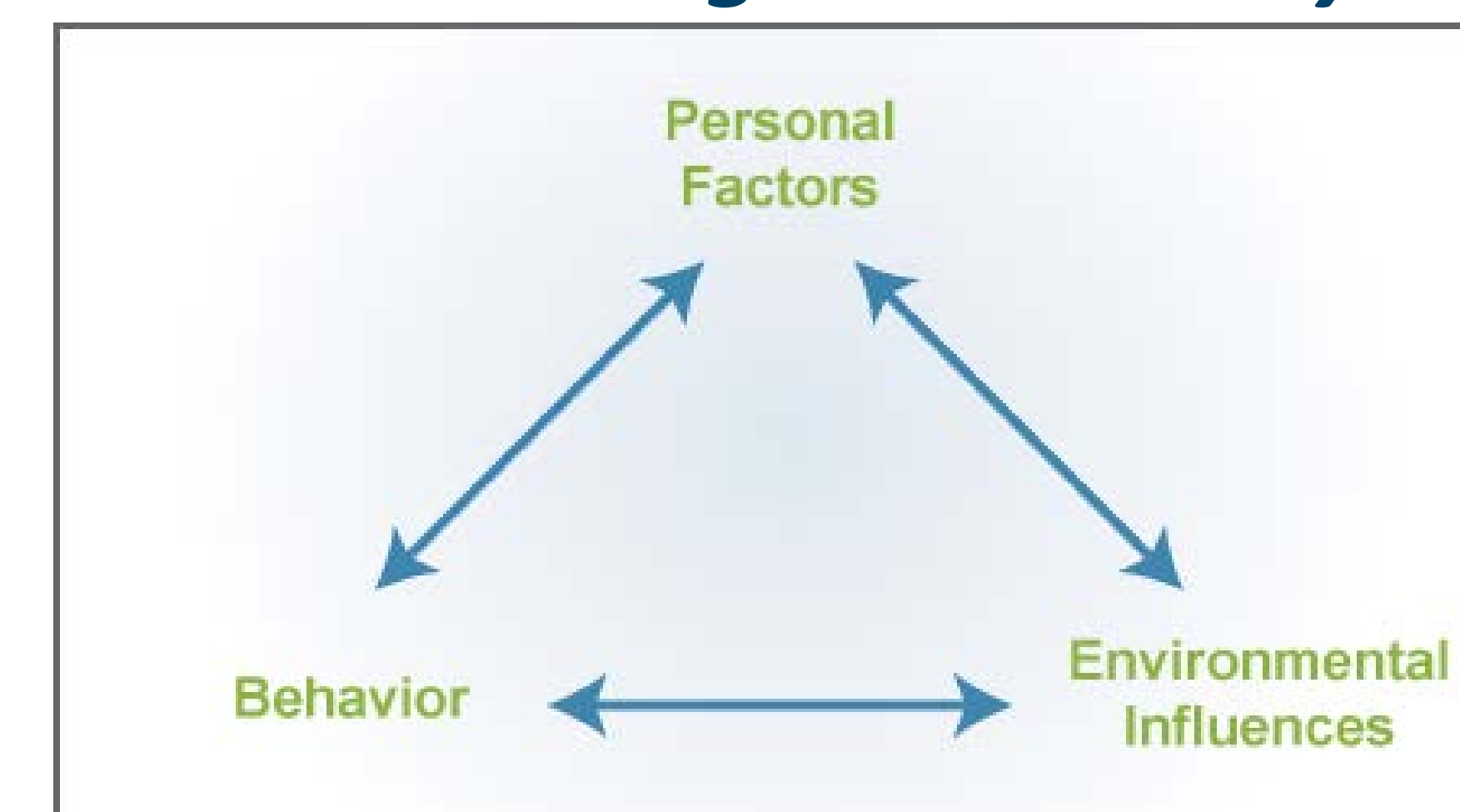
#### Health Belief Model



#### Transtheoretical Model



#### Social Cognitive Theory



### Annotating Questions

Each question of the interview guide corresponds to a component of the leveraged theories. Select theory/model components can be considered, and using all components is not required.

The codebook is then designed to align with the selected theory components (structural codes). True to qualitative evaluation, new codes will emerge as will attributes of the codes that enable the team to assign value to the coded responses for the analysis. Sample interview questions include:

1. We're interested in hearing about your thoughts on falls. What do you think affects whether or not someone is more likely to fall during their daily activity? (**HBM – Perceived Susceptibility; TTM – Staging the Individual**)
2. Do your friends and family help keep you safe from accidents like falling, if so, how? (**Social Cognitive Theory – Environment**)
3. Do you feel like a fear of falling changes someone's behavior? Probe: Why or why not? (**Extended Parallel Process Model – Threat Level**)

### Evaluation Summary

