

Health Promotion Strategies:  
Taking a best practices approach  
Week 4

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## The role of theory in HP practice

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PLEASE NOTE: Some slides have been downloaded (with appreciation)  
from the Intervention Mapping Online Resource website (at  
<http://www.sph.uth.tmc.edu/chppr/interventionmapping/>)

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## Class agenda

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1. Small group presentation
2. Checking in:
  1. Progress with Assignment 1
  2. Assignments in preparation for class
3. "Theory" in HP practice:
  1. General consideration of the roles of theory in health promotion practice
  2. Introduction to IMA Step 3: Selecting theory-informed intervention methods and practical strategies
4. Wrap up & preparation for next week's class

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## The use of theory in health promotion practice: Class objectives

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1. To clarify the meanings of "theory"
2. To explore the roles/functions of theory
3. To explore limitations in using theory in HP practice
4. To explore the possible contributions of theory to the practice of health promotion
5. To identify major theories relevant to HP practice
6. To identify issues related to defining, identifying, using theories in planning HP interventions

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## Checking in on Assignment 1

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1. Dimensions
2. Purpose
3. Elements

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## Dimensions of Assignment 1

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1. Analytical streams:
  1. Socio-ecological (environmental) analysis (multi-level)
    1. Best practices in HP practice decision making: Values, evidence, theory
2. HP intervention (IMA) planning
  1. **Rear-view planning** (Assignment 1): moving from the past to the future: analysis of existing interventions
  2. **Forward planning** (Assignment 2): moving from present to the future: problem/solution trees

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## Purpose of Assignment 1

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1. To explore & learn about planning HP interventions
2. To use the IMA as a tool, not rigid formula of boxes
3. To force us to think & plan logically, rigorously, comprehensively
4. To allow us to "make a strong case" for our interventions
5. To identify challenges in HP planning, especially re. roles of values, evidence & theory

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## Elements of Assignment 1

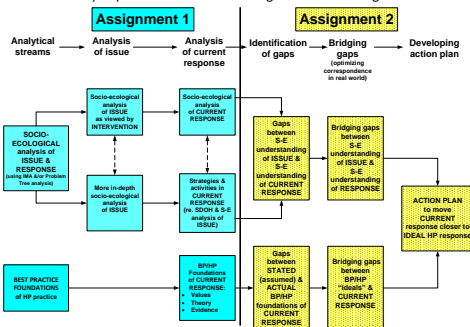
Identifying/critiquing, etc.:

1. Socio-ecological analysis
  1. of issue
  2. of response/intervention
2. "best practice" foundations" of current response to issue: values, evidence, theories/beliefs

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Summary of processes involved in Assignments 1 & 2: Logic model



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## Assignment in preparation for class: re. "theory" in HP practice

1. List the theories with which you are **familiar**?
2. Which theories do you **favour**—and why?
3. Which theories do you tend to **reject**—and why?
4. What do you **understand** by the concept "theory"?
5. To what extent are you able to **cluster** theories into "levels"?

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## Questions for class discussion re. the use of theory in health promotion

1. What theories can we name?
2. Is there a health promotion theory?
3. What do we mean by "theory"?
4. What are the challenges in using "theory" in HP?

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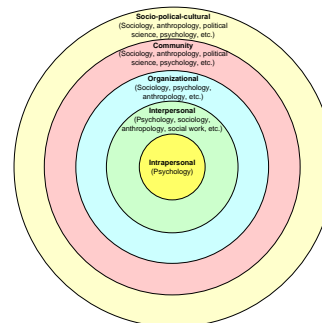
## Focus of theories in health promotion (Nutbeam & Harris)

1. **Individual** explain health behaviour & health behavior change by focussing on characteristics of individual
2. **Communities:** explain change in communities & communal action for health
3. **Organizations:** explain change in organizations & the creation of health-supportive organizational practice
4. **Communication:** guide communication to bring about behaviour change
5. **Policy:** help to understand the development of healthy public policy
6. **[Ecological perspective:** focuses on influence of mutually interacting levels of factors on health behaviors]

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Socio-ecological levels of theories in health promotion



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## Is there a health promotion theory?

1. Theory **of** health promotion?
  - Ottawa Charter for health promotion
  - Other Health Promotion “statements”
  - Theories of public health & population health
2. Theory **about** health promotion?
3. Theories for use **in** health promotion?

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## “Grand theory” *versus* many [little] theories (McQueen, D. V., 2007)

1. **Macro-level theories:** Providing overall perspective in identifying & responding to “health-related issues”; paradigms
2. **Specific theories:** guide selection of methods & development of specific strategies for interventions

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## Roles of “theory” in HP practice

1. Providing **general** perspective & understanding
2. Providing **specific** direction for “making a difference: Layers of theory:
  1. “Theory of problem/issue” *versus* “theory of action/intervention/change”
  2. “Theory” at every stage & element of “intervention”
    1. Problem analysis/assessment
    2. Planning
    3. Implementation
    4. Evaluation
3. One of the strengths of the IMA

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## Understanding the meanings of “theory” in health promotion

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## Theory: dominant definition (positivist)

(cited by Glanz, K., Lewis, F. M., & Rimer, B. K. (2002))

### Kerlinger (1986)

“A set of interrelated constructs (concepts), definitions, and propositions  
...that present a systematic view of phenomena  
...by specifying relations among variables  
...with the purpose of explaining  
...and predicting the phenomena”

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## Variations in perspectives re. “theory”

### Kerlinger (1986)

- “A set of interrelated constructs (concepts), definitions, & propositions
- that present a systematic view of phenomena
- **by specifying relations among variables**
- with the purpose of explaining
- **& predicting the phenomena**”

### Blake Poland (2005)

- “A set of interrelated constructs, definitions, & propositions
- that present a systematic view of a phenomenon,
- with the purpose of explaining **its nature, development and/or consequences**”

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## Positivist (scientific) versus humanist perspectives re. purpose of theory

### Positivist (scientific)

1. **Explanation**
  - specifies explanatory factors that influence phenomenon
  - & relationship between factors
2. **Hypothesis testing**
  - specifies conditions under which relationships occur
3. **Generalization**
  - concerned with applicability in variety of circumstances

### Humanist (Buchanan)

1. Making assumptions explicit
2. Understanding
3. Sense-making
4. Sensitization
5. Critique

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## Distinguish meanings of “theory”

1. Formal generic theories (models?) of influence & change
2. Conceptual frameworks: general & issue/setting-specific
3. Assumptions & beliefs

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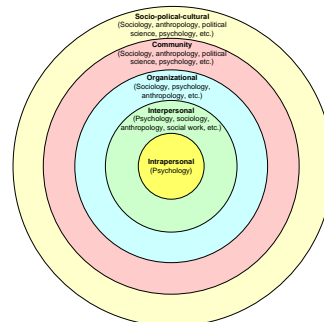
## Use of macro-level theory in HP

1. Critical social science:
  - > “Reduction of illusion”
  - > Identification of suffering & restricted flourishing, and causes
2. Sociology of health, illness, medicine, etc., e.g.:
  - > Marx (political economy)
  - > Parsons
  - > Foucault
  - > Feminism
  - > [anti] oppression: class, gender, race, ethnicity, etc.

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## Socio-ecological levels of theories in health promotion



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## Challenges in the use of theory in health promotion practice

1. What theoretical perspectives are available to HP practitioners?
2. How can abstract conceptual/theoretical constructs be employed in real-world HP practice—re. theories of the issue & theories of change/influence?
3. How can sociological theories/constructs contribute to HP practice—especially as found in critical social science?

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## Three challenges (McQueen, 2007)

1. **Complexity** (number of components, intricacy, connectedness): social structures, social change, infrastructure
2. **“Contextualism”**: social actions related to context
3. **Reflexivity**: constructs & theories are framed on the basis of our own biographies.

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## Critiques of existing theoretical approaches in HE (HP)

Freudenberg, N., Eng, E., Play, B., Parcel, G., Rogers, T., & Wallerstein, N. (1996). Strengthening individual and community capacity to prevent disease and promote health: In search of relevant theories and principles. *Health Education Quarterly*, 23(3), 290-306.

1. HE theories not readily accessible to practitioners
  - theories not address educators' professional needs
  - not facilitate integration of practical experience into a theoretical framework
2. Most theories
  - emphasize individual change, not social structure change
  - static & unidirectional; whereas influential factors are dynamic & interactive
  - emphasize role of health educator rather than individuals and communities
3. Health educators often use theories of problems & theories of change interchangeably

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## Formal theories/models of individual & social change

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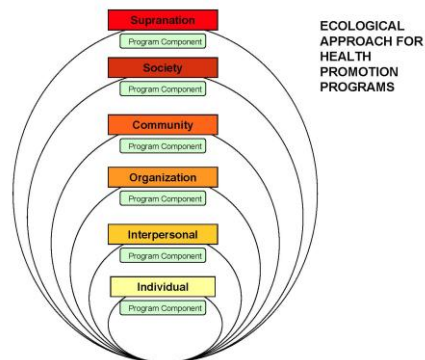
## Ecological perspective on health promotion programs

(McLeroy et al, Health Ed. Quarterly, 1988)

- Focus on both individual & social environmental factors
  1. Intrapersonal
  2. Interpersonal
  3. Organizational
  4. Community
  5. Socio-political culture
- Mutual inter-relationships among factors

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Source: Barlow, Parcel, Kok, and Gottlieb (2006), adapted from Pottvin, Kishchuk, Pric, & Green (1996)

## Focus of theories

(Nutbeam & Harris)

1. **Individual** explain health behaviour & health behavior change by focussing on characteristics of individual
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## Individual focus

- **Health Belief Model** (e.g., Becker, Hochbaum, Janz)
- **Social Learning/Cognitive Theory** (Bandura)
- **Theory of Reasoned Action & Theory of Planned Behavior** (Fishbein & Ajzen)
- **Stages of Change Model (Transtheoretical Model)** (Prochaska & DiClemente)

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## Community focus

- **Community organization and community building** (Minkler & Wallerstein) [Community organization (Rothman & Tropman)]
- **Community Coalition Action Theory** (Butterfoss & Kegler)
- **Community Capacity Building** (Norton, McLeroy, Burdine, Felix, & Dorsey)
- **Social Capital Theory** (Kreuter & Lezin)
- **Organizational change** (Steckler, Goodman & Kegler)

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## Communications focus

- **Communication-behaviour change** (McGuire)
- **Diffusion of Innovation Theory** (Rogers; Oldenburg & Parcel)
- **Social marketing** (Maibach, Rothschild & Novelli)
- **Communication Theory & Health Behavior Change** (Finnegan & Viswanath)
- **Prevention marketing** (Kennedy & Crosby)

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## HP policy focus

- **Ecological Framework** (Milio)
- **Determinants of Policy Making Model** (De Leeuw)
- **Indicators of Policy-Making Process** (Ziglio)

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## Ecological models

- McLery, Bibeau, Steckler, & Glanz (1988)
- Stokols (1992): health promotive environment (consistent with Ottawa Charter & Precede/Proceed Model)
- Salis & Owen (2002)

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## Emerging conceptual frameworks (“theories”)

1. Organizational development/change
2. Community organization/development
3. Advocacy
4. Policy

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## Conclusions re. use of theory in HP

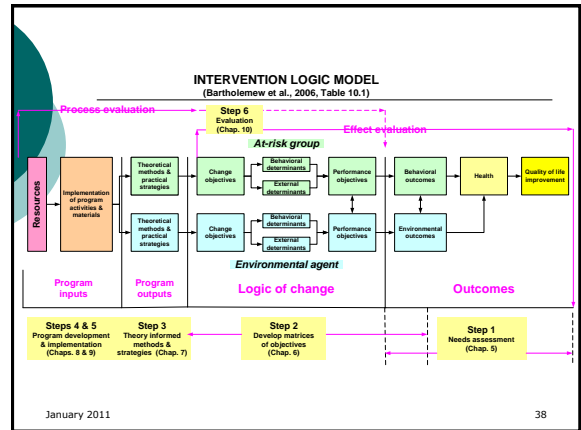
1. Theories can help
2. Taking a theoretical/conceptual approach can help
3. No theory without values
4. No useful theory without research/evidence
5. No universally valid theory of individual and/or social phenomena
6. Theoretical perspectives affect methodologies re. planning, implementation & evaluation

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## Use of theory in Intervention Mapping Approach (Step 3)

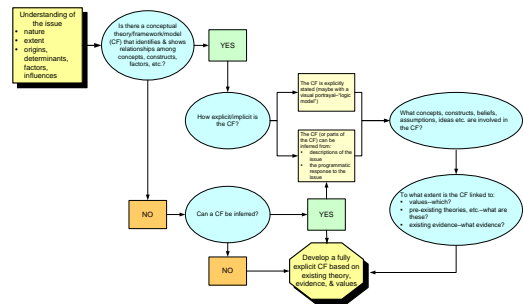
STEP 3: identifying & using theory in addressing the determinants that hinder [or foster] achievement of performance objectives



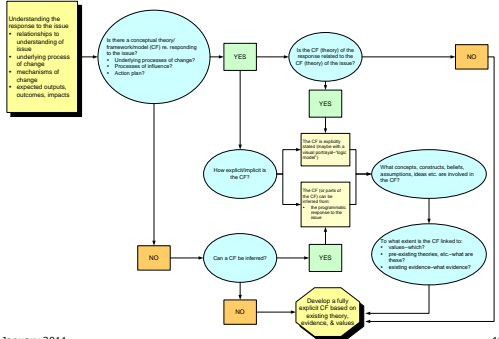
## Six steps of the Intervention Mapping Approach

1. Conduct a needs assessment
2. Create matrices of change objectives based on the determinants of behavior and environmental conditions
3. **Select theory-based intervention methods and practical strategies**
4. Translate methods and strategies into an organized program
5. Plan for adoption, implementation and sustainability of the program
6. Generate an evaluation plan

### Undertaking an analysis of theories and concepts related to issues and interventions Part 1: Understanding the issue and processes of influence/change Michael Goodstadt



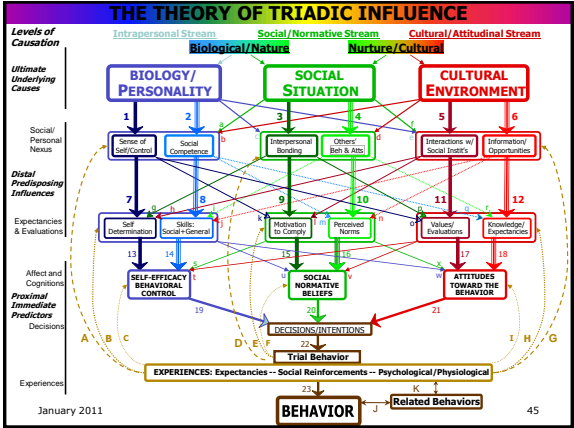
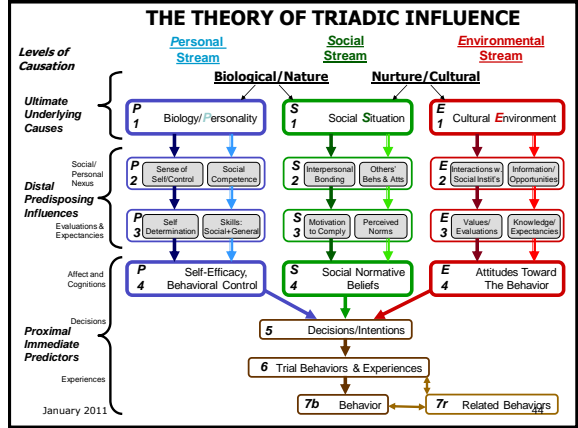
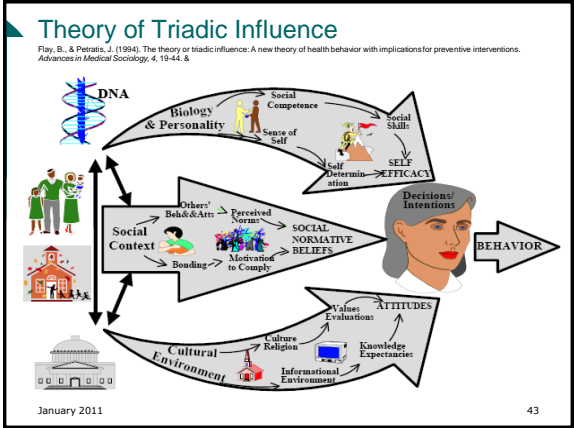
### Undertaking an analysis of theories and concepts related to issues and interventions Part 2: Understanding the response to the issue Michael Goodstadt



## Theory of Triadic Influence

FOR THE FOLLOWING SLIDES,  
PLEASE REFER TO:

Flay, B. R., Snyder, F., & Petraitis, J. (2009). The Theory of Triadic Influence. In R. J. DiClemente, M. C. Kegler & R. A. Crosby (Eds.), *Emerging Theories in Health Promotion Practice and Research (2nd ed., pp. 451-460)*. New York: Jossey-Bass.



### Theoretical Orientation: A Matrix of Theories

(Flay, B. R., Snyder, F., & Petraitis, J. (2009))

Levels (or tiers) of Causation	Streams of Influence		
	Intrapersonal (Biological and Personality) → Self-efficacy	Interpersonal or Social Situation/Context → Normative Beliefs	Socio-cultural Environment → Attitudinal
Ultimate causes	Biological (sociology) Psychoanalytic Personality Resilience (Garmazy) Self-control (Cottler & Hirsch)	Social control (Elliott) Family systems (Brook) Parenting styles Peer clustering (Oetting)	Class conflict Low SES Anomie Social Disorganization Strain (Merton) Radical theories
Distal influences	Personal competence Self-esteem Self-derogation (Kaplan) Personal control	Social attachment/bonding Social development (Hawkins) Differential association Social learning	(General knowledge) Cultural identity Values theories Motivation theories
Proximal predictors	Social skills Self-regulation Self-efficacy	Conformity Social normative beliefs	Expectancy Subjective utility Attitude
Integrative theories	Theories of decision-making and problem-solving, Theory of Reasoned Action (Fishbein and Ajzen), Theory of Planned Behavior (Ajzen)		
	Social Cognitive Theory (Bandura), Problem Behavior Theory (Jessor), Feedback systems theories		

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