

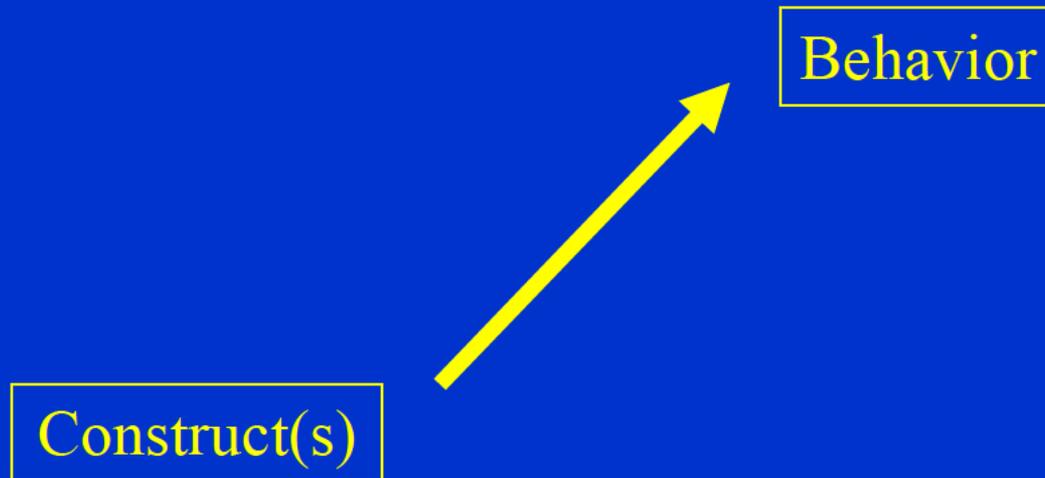
Toward a “Good”  
Health Behavior Theory:  
Moving from Challenges to  
Opportunities

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# What Could/Should a Theory Do?

- A health behavior theory describes the expected relation between phenomena (i.e., constructs, behavior).



- “...there is nothing so practical as a *good theory*.”  
--Kurt Lewin (1943-44), “Problems of research in  
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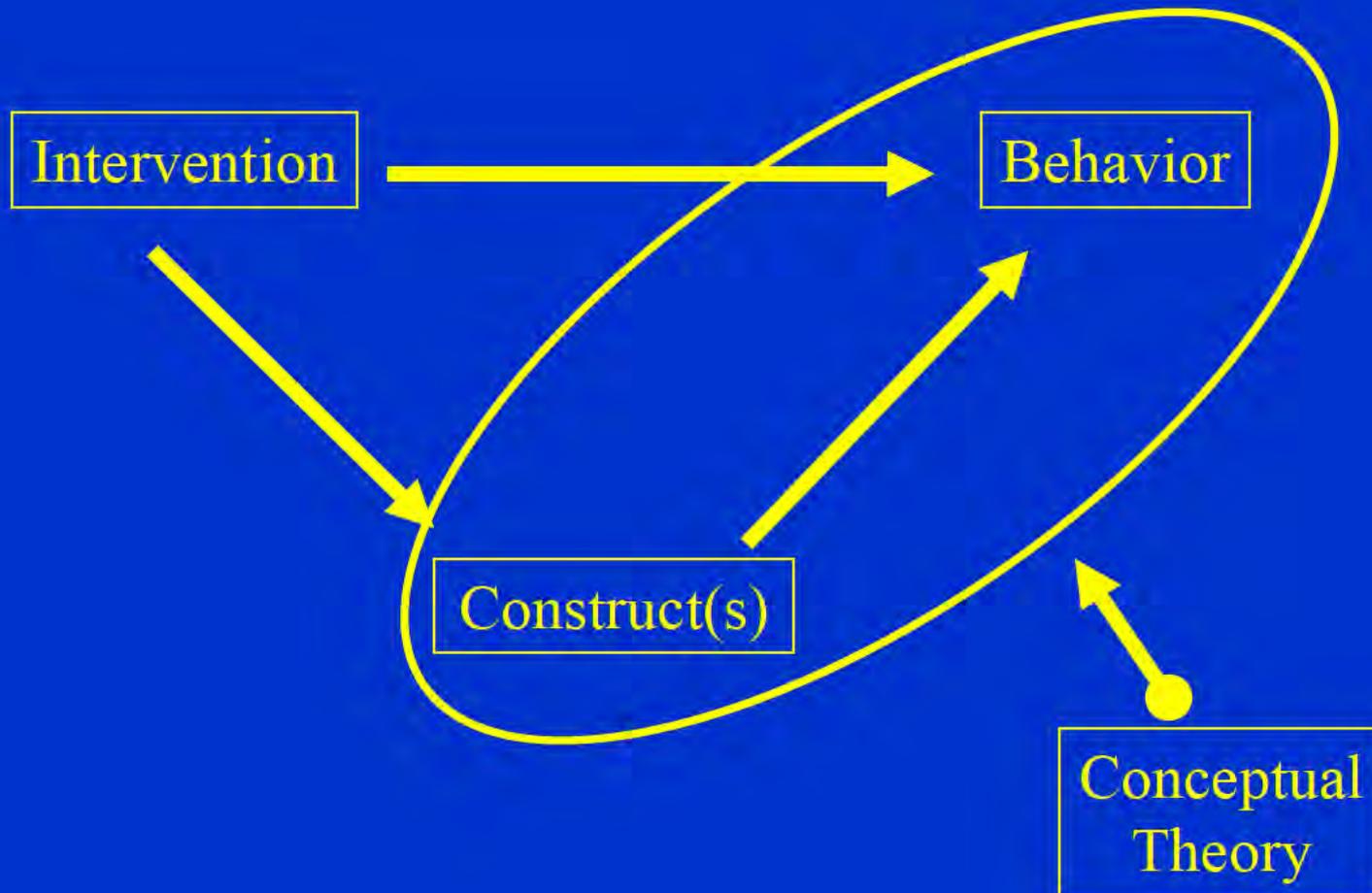
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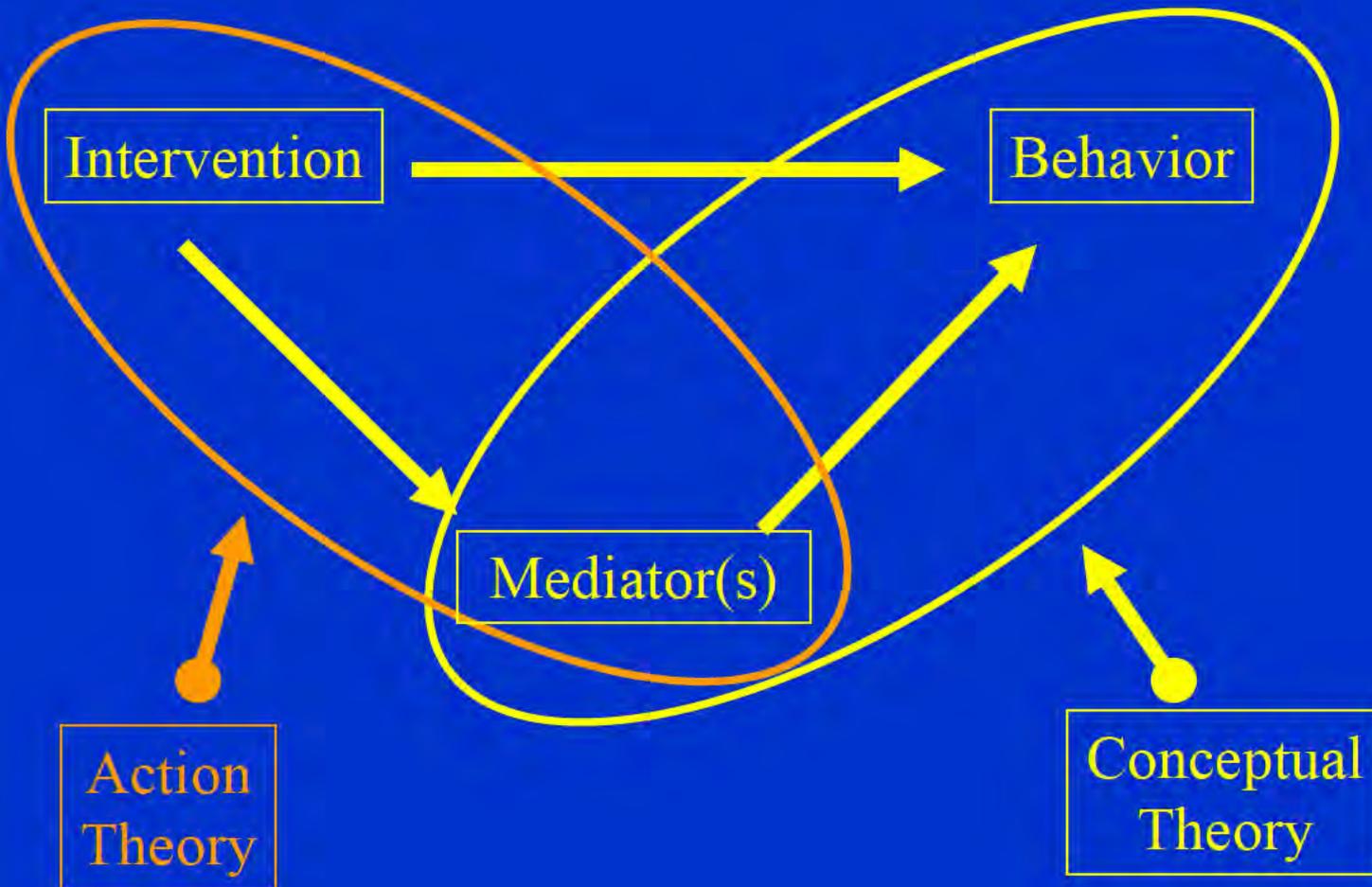
What might a *good theory* do? (Rothman, 2004, 2009)

- **Guide the development of intervention techniques:** Specify factors that influence the key constructs that, in turn, affect behavior

# What Might a “Good Theory” Do?



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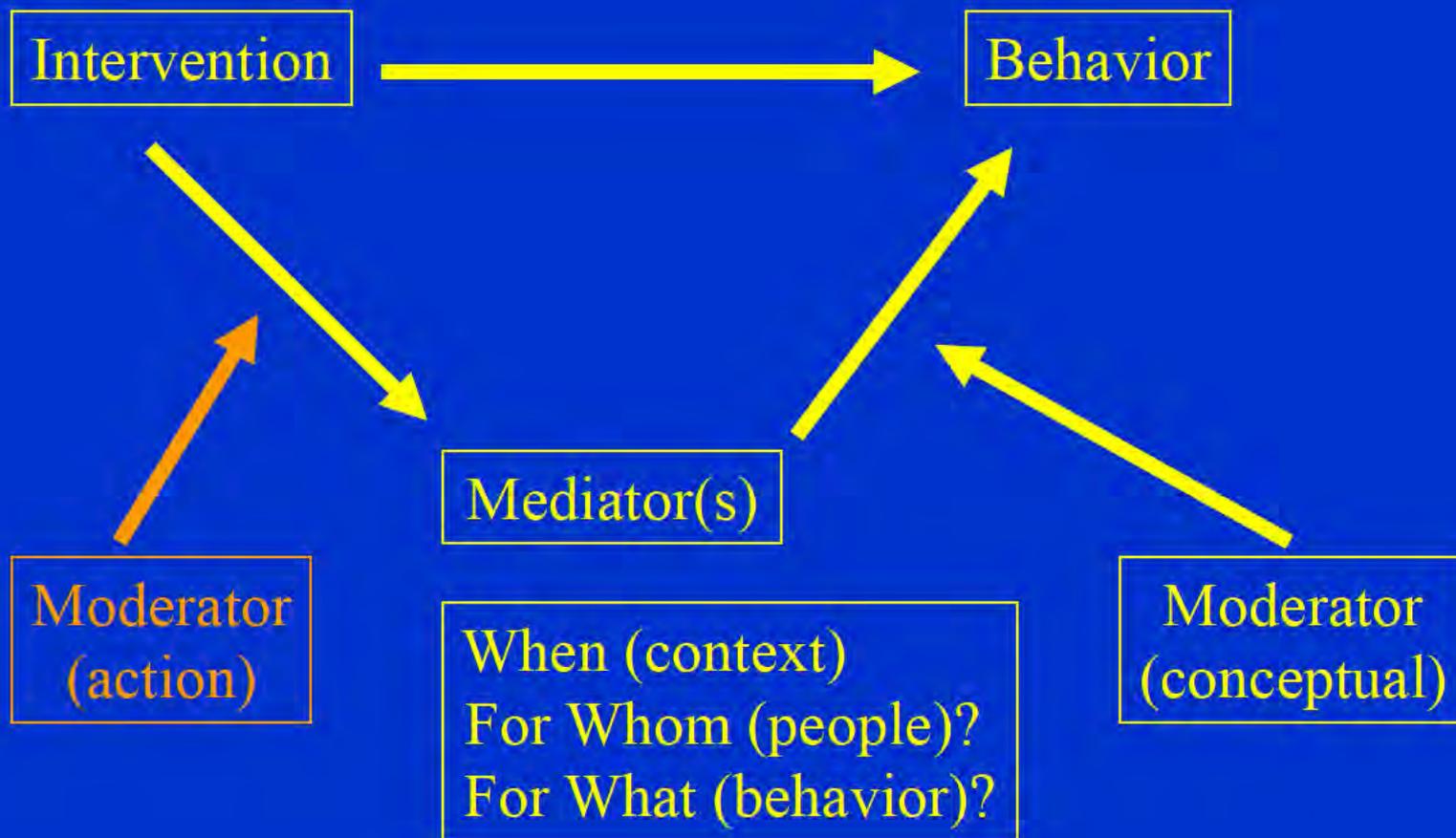
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## What might a *good theory* do?

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- **Specify when a theory does *not* apply:** Provide precise predictions regarding the conditions under which specified relationships do and do not hold (Setting, Populations, Behavior)

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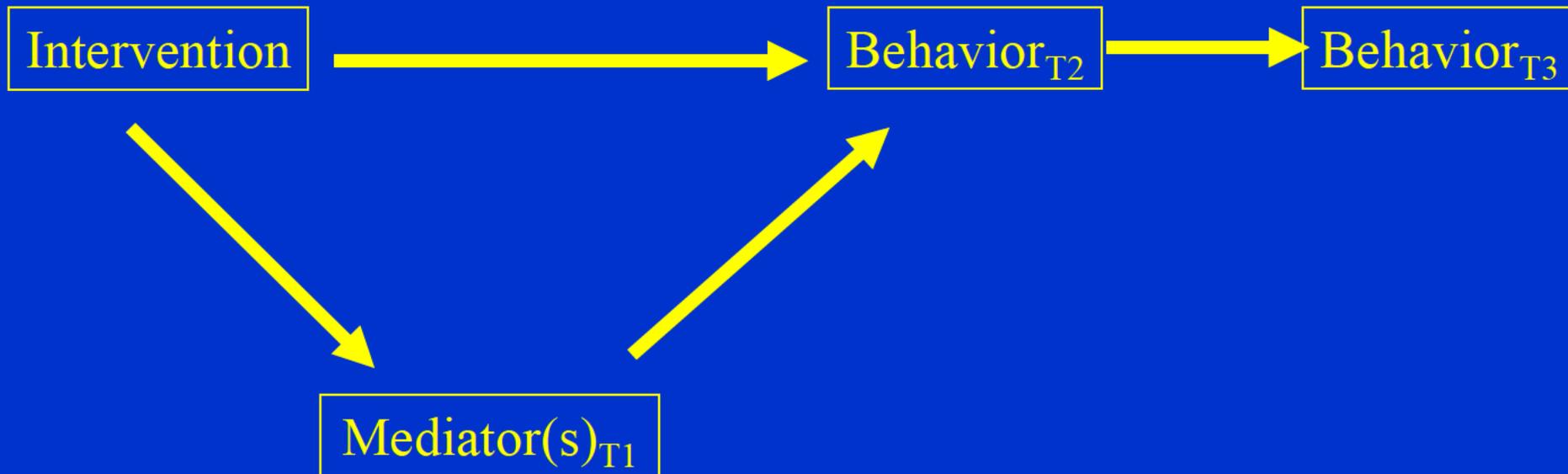
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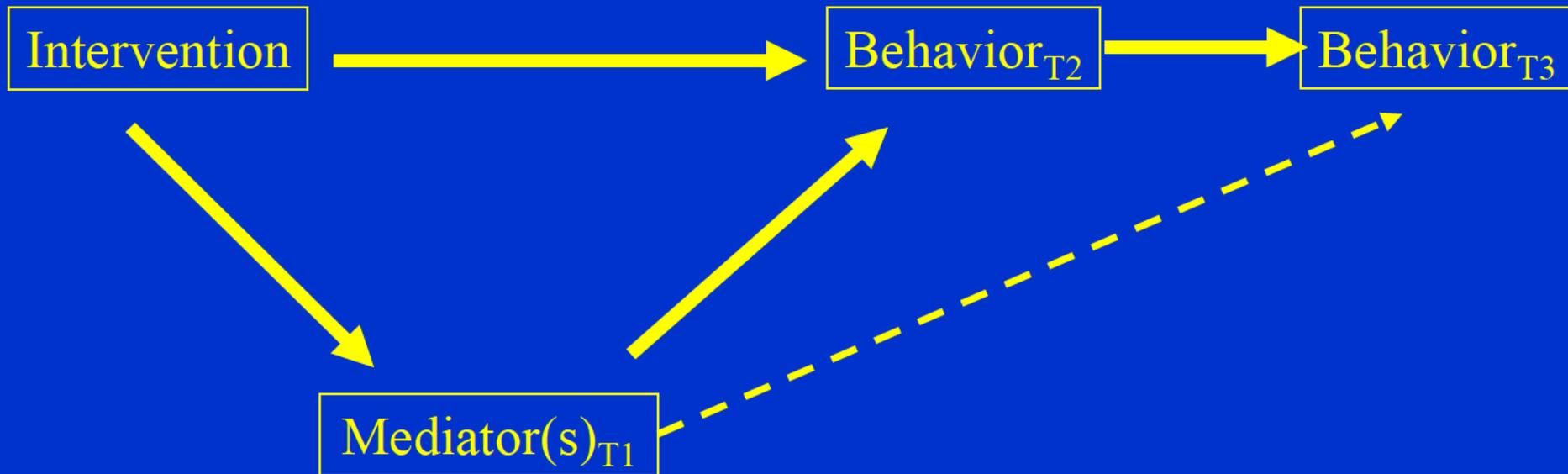
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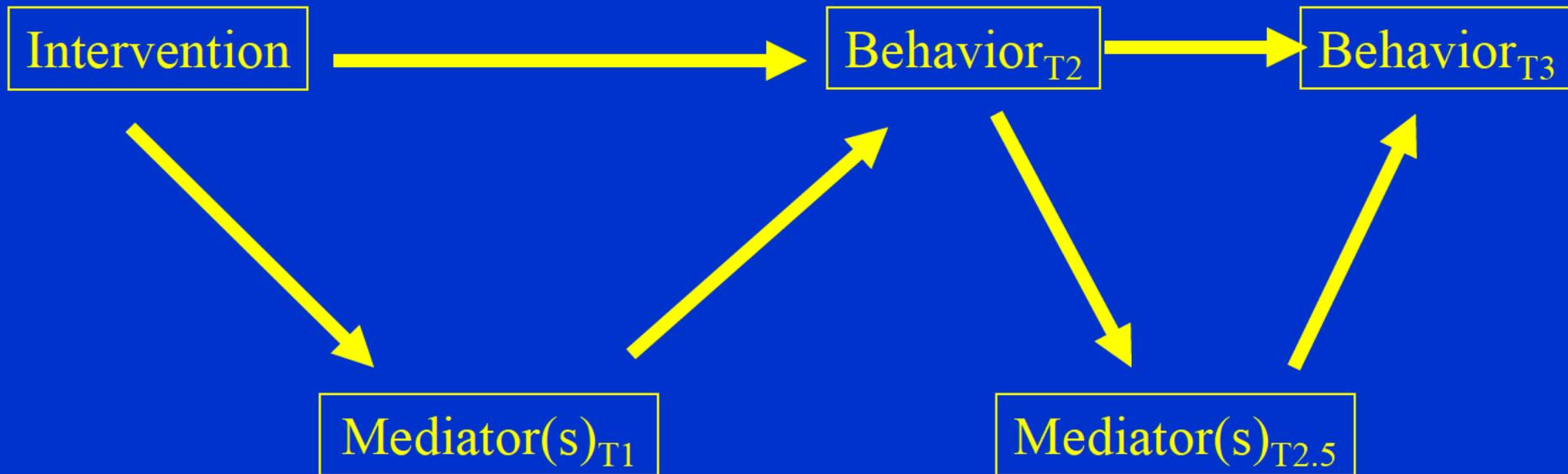
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Specificity: What matters when?

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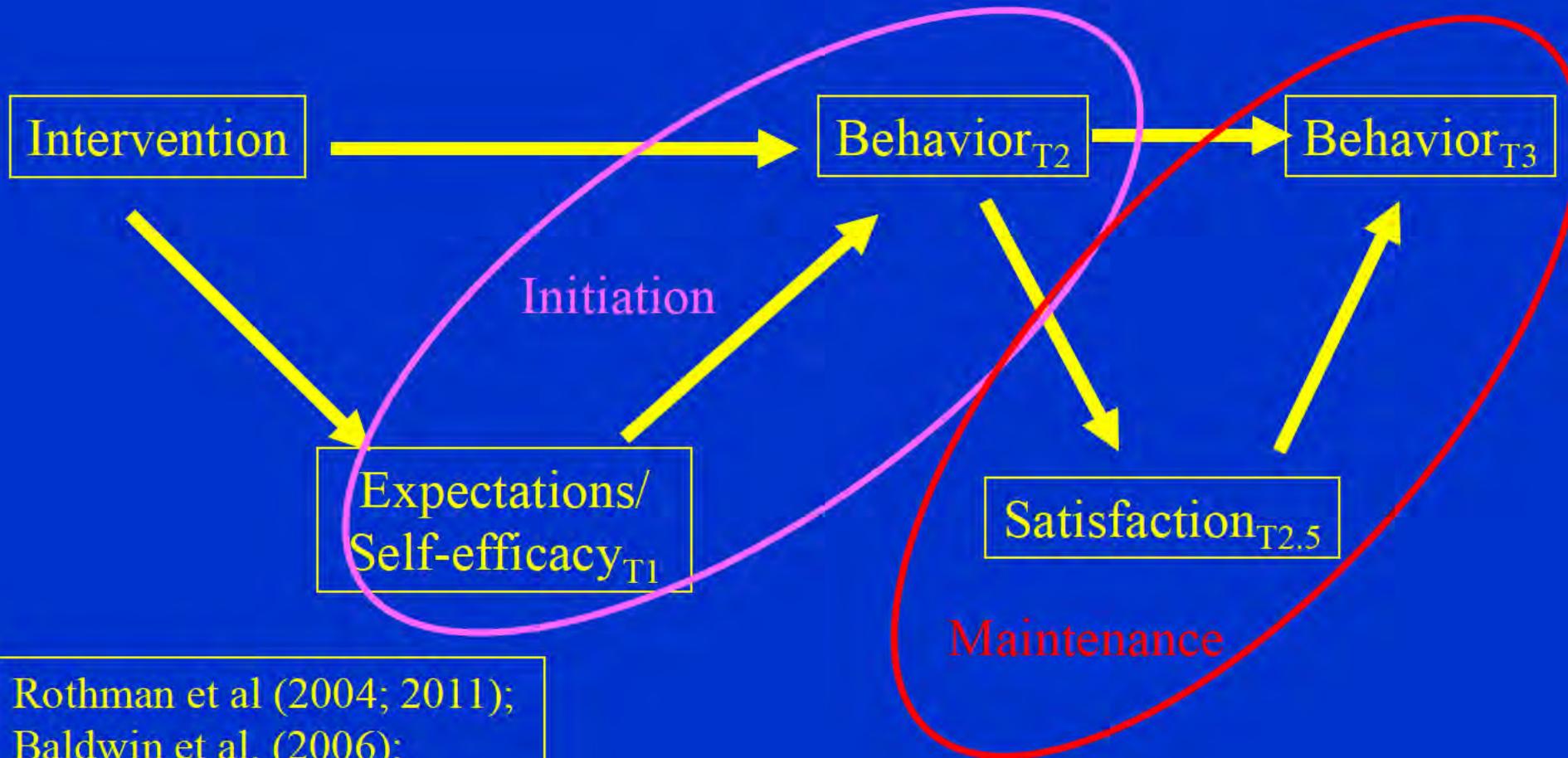
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Rothman et al (2004; 2011);  
Baldwin et al. (2006);  
Hertel et al. (2008)

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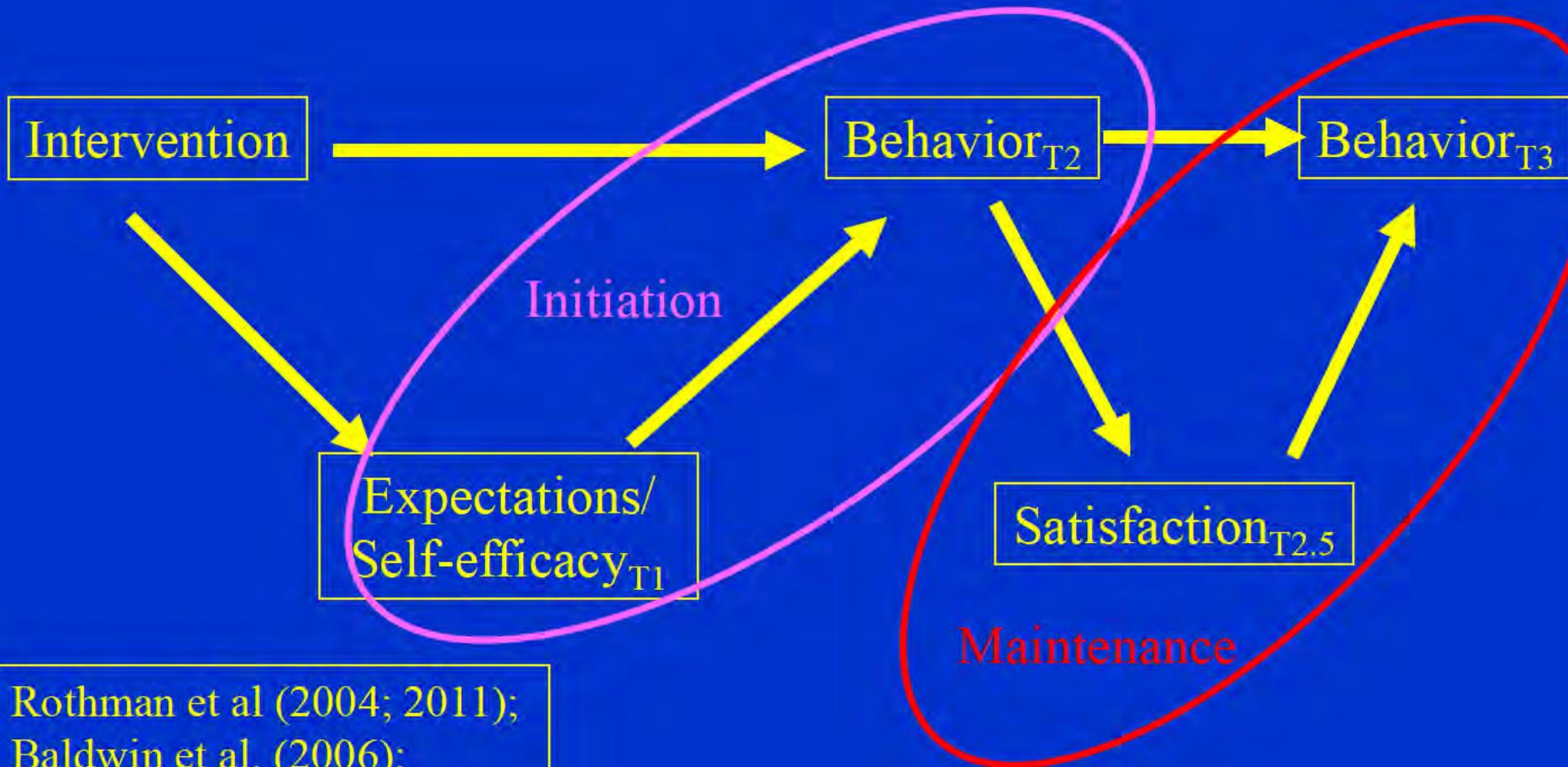
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- **Provide precise predictions regarding the nature of the specified relationships** (e.g., linear change; threshold models)

# What Might a “Good Theory” Do?

Are the underlying effects: linear? curvilinear?  
thresholds?



Rothman et al (2004; 2011);  
Baldwin et al. (2006);  
Hertel et al. (2008)

# How can “Big DATA” help theories evolve into good theories?

- Implementation of methods/tools that enable investigators to both *imagine* and *test* more complex theoretical premises
  - Design and use of methods that afford collection of data across settings/time
  - Scale and scope of observations afford the opportunity to test more complex models (explore both *a priori* and *post-hoc* variability across setting, populations, behavior; over time)
  - Application of simulations to examine different models (and underlying specifications)