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Abstract

This Commentary provides personal reflections on the future of health behavior research and the role of AAHB in the preparation of the next generation of researchers and educators for high quality relevant research and practice. Comments center around the four questions presented to Research Laureates at the 2017 AAHB Annual Meeting. Themes include: 1) a life-course perspective as a priority game changer in furthering health behavior research; 2) multiple disciplines to advance health behavior research; 3) pathways to a successful doctoral program; and 4) forward thinking for identifying risk factors for public health problems and contextually-based health behavior solutions.

Keywords

Commentary; Delphi survey, Life-course perspective; Health behavior research; Doctoral training

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Commentary on the Future of Health Behavior Research: Aging Perspectives

Marcia G. Ory, PhD, MPH, FAAHB*

Abstract

This Commentary provides personal reflections on the future of health behavior research and the role of AAHB in the preparation of the next generation of researchers and educators for high quality relevant research and practice. Comments center around the four questions presented to Research Laureates at the 2017 AAHB Annual Meeting. Themes include: 1) a life-course perspective as a priority game changer in furthering health behavior research; 2) multiple disciplines to advance health behavior research; 3) pathways to a successful doctoral program; and 4) forward thinking for identifying risk factors for public health problems and contextually-based health behavior solutions.

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The American Academy of Health Behavior is one of the foremost professional societies for furthering the understanding of determinants and consequences of a variety of health behaviors that play a major role in defining the nation's health. Further, the Academy has made significant contributions to the development and evaluation of evidence-based strategies for promoting the initiation and maintenance of healthy lifestyle behaviors. What I especially like about the Academy is it is not a static society but a dynamic organization responsive to new directions from the field. Reflecting upon both constancies and changes in health behavior research, the Academy has grown tremendously since its inception in 1997 not only in terms of membership but in terms of focal areas and disciplines being represented.

I am pleased to provide some personal reflections on the future of health behavior research and the role the Academy can take in ensuring the next generation of researchers and educators will continue to move the field forward with high quality relevant research and practice. The Delphi survey conducted with AAHB members^{1,2} is an excellent example of seeking feedback from the field regarding significant new foci likely to emerge over the next 20 years, disciplines that can serve as important collaborating partners, and recommendations for doctoral training programs to prepare researchers for the future. I will organize my comments around the four questions presented to Research Laureates at the closing session of the 2017 AAHB Annual Meeting. While I think many of the responses to the Delphi Survey were on target despite the relatively small number of responses, there are obviously more nuances than a single Delphi exercise can capture.

The Biggest Game Changer in Health Behavior Research

Given my background in aging and public health, it's probably no surprise that I identify with the importance of a life-course perspective as a priority game changer in furthering health behavior research. This involves the recognition that health behaviors can be adopted and changed at any life stage. As a life-course health behavior researcher, my mantra is that "it's

never too early to adopt healthy behaviors, but it's also never too late to adopt healthy practices or eliminate unhealthy ones in terms of health benefits.”

What does this mean for the field? We need to eliminate from our lexicon that health behavior change can only take place early in life. This often presupposes older adults are set in their ways and too stubborn to change. I've heard too often the refrain that one cannot expect an 80-year-old person to change his or her ways or that change won't make a difference. This is in stark contrast to what we know from decades of epidemiological and geriatric behavioral research.

Most importantly, we need to understand that age does not immunize one from the consequences of engaging in risky lifestyle practices. A tragic example of the consequences of such faulty thinking can be seen in the transmission of HIV/AIDS among middle-aged and older adults. The traditional idea held by health care professionals and the public alike is that older adults are not at risk for transmission of HIV/AIDS. The stereotypic belief that older adults do not engage in risky unprotected sex or drug use is slowly giving way to the reality that these behaviors are not restricted to younger populations. Statistics indicate about a fifth of persons with HIV are 55 plus. While some are aging into this status, thousands of older people are newly diagnosed with HIV later in life—something that could be prevented if older adults were seen as “at risk” and targets of preventive health messages.

We also need to better understand health behavior determinants at each stage of life. For example, what motivates an adolescent to engage in unhealthy behaviors such as smoking? What factors are related to sustained smoking throughout one's life, or the upstart of smoking or drug abuse in later life? Are the factors the same or different? And what impacts lifelong behavior patterns—versus those that seem to come and go with different life stages or critical life events or transitions? Understanding the natural history and/or disruption of health practices over the life course is definitely an area deserving additional research attention from the field.

We also need to recognize the importance of targeting and tailoring interventions to populations and settings. This is certainly a basic health behavior research mantra to recognize and address diversity in designing and delivering interventions. Unfortunately, many health behavior researchers are guilty of treating older adults as a homogenous group of persons. For example, while differences between infants, children, teens, young adults, and middle-aged adults are appreciated, older adults (defined variously as 60 or 65 years and older) are often lumped together for study. Aging research is pointing at the important differences among different age cohorts: the near-old (55-64), the young old (65-74), the old (75-84), and the oldest old (85 plus). With those 85 and older being among the fastest growing segment of the population, the future will call for more attention to unique characteristics of nonagenarians and centenarians. Such appreciation of subgroup differences is akin to understanding that not all members of a specific ethnic/minority group are the same.

And finally, I concur with the Delphi survey response on the importance of dissemination and implementation research. Over the past decades, we have made great strides in understanding what works in terms of changing health behaviors, at least in the short run. For me, the future is understanding how we get what we know works in small controlled trials to both scalable and sustainable interventions that make a difference at the population health level. The key questions for future research are what it takes to get penetration of effective interventions, whether we can get similar results in real world settings as in the smaller controlled clinical trials, and the extent to which success should be defined in terms of an efficacy x reach metric. And finally, we must consider whether programs and benefits last

beyond the initial external funding, and how they might be sustained by being embedded in organizational structures and existing revenue streams.

Important Disciplinary Partnerships

I find it difficult to answer the second question, “Which disciplines outside of health behavior programs will be the most important to partner with?” For me, this is an insoluble question given the fluid boundaries across different disciplines and fields of study. No longer identifying with a single disciplinary perspective such as sociology or psychology, but in public health, I recognize many disciplinary perspectives within one broad framework. There are health behavior programs within other fields—and those in health behavior fields often represent different disciplines. Instead of bemoaning this mixing of disciplinary perspectives as “watering down” core concepts and methods, I see great synergies and enhanced opportunities for identifying more effective health behavior change strategies.

It will take multiple disciplines to advance health behavior research. I certainly work with colleagues from many disciplines. As a case in point, my new Center for Population Health and Aging reflects colleagues from multiple different colleges and agencies around campus such as liberal arts, education, engineering, computer sciences, architecture, extension service, veterinary medicine, business, and public policy. And on a personal note, having changed—or rather added new—disciplinary perspectives more than once over my 40 year career, I lack a single professional identity, a state of affairs which seems to be more common among today’s health behavior researchers.

Taking a public health perspective, I think immediately of social determinants of health and health behavior as a guiding framework. It is instructive to think of what fields of study are important at each ecological area. At the individual level, certainly psychology and those engaged in individually based education and counseling are pertinent. In addition to fields at the intersection of body and behavior (eg, psychoimmunology), given the attention to brain-behavior, disciplines focused on linkages between neurosciences and behavior seem critical. At the family and interpersonal level, there are relevant social sciences such as sociology and economics. Additionally, I would suggest communication sciences—with an emphasis on dynamic risk taking behaviors.

At the organizational level, one needs to recognize that there are several disciplines that examine the structure and function of different organizations whether from a social, business, health care, or organizational human resource perspective. Whatever the specific discipline, it is important to tap into those who represent the different organizations that might serve as settings for interventions—or intervention approaches—such as health care administrators or educators.

At the community level, there are several disciplines that emphasize community-based participatory research efforts. This includes disciplines within public health and disciplines that understand the built environment such as architects or engineers. It also includes those who are designing new technological approaches to enable older adults to successfully age in place.

At the public policy level, there are many related disciplines and professionals to be considered, such as planners and policy makers, economists, lawyers, and government officials. Additionally, it is important to recognize specialized expertise within a disciplinary area. For example, there are specific health behavior foci, such as smoking, nutrition, exercise, and drug abuse, which are emerging as content fields of study.

In summary, I think it is too simplistic to say which specific discipline or field of study is the best with which to partner. It depends on the research question—and the proposed intervention strategy. Different disciplines have much to offer to the advancement of health behavior research, and crossing traditional disciplinary boundaries can provide a new lens to old problems.

Skills or Topics Most Essential to Add to Health Behavior Ph.D. Programs

Again, I think the health behavior programs around the country are so different that it is hard to say what should be added without looking at the base. Unlike fields of study that must be accredited, there is no one core curriculum. Those in public health will reflect a public health approach. Those in traditional psychology departments will reflect a psychological perspective.

A fundamental question is whether it is reasonable to expect one health behavior program to reflect all disciplinary approaches—versus building upon a narrower area of excellence. Regardless of the answer to this question, an important skill set for the future will be to learn how to work on multidisciplinary teams and to understand and be able to speak the language of different disciplinary partners.

I think there are many pathways to a successful program. I am assuming strong programs already have strengths in theory of behavior change and methodological approaches. I would like to see more attention to life-course approach as indicated previously, and specifically to gerontology. With one in three Americans already 50 years and older and the older population increasing at a faster rate than younger populations, aging should be everyone's business in the next 20 years.

Another movement worth noting is the emphasis on dissemination and implementation research. Future health behavior researchers should understand the basic concepts and methods of this type of research. This is in line with what everyone seems to want to know these days, "What is the rate of return on different programs and services?" Thus, at least a rudimentary understanding of cost savings and cost effective analyses seems important for well-rounded Ph.D. students.

It is important to look beyond academia for future job opportunities and to prepare students to have practical skills that employers are demanding. Being expert in methods and evaluation is a selling point, as is knowing how to implement specific interventions or engage underserved populations in research or services.

Thus, it is important to provide opportunities for professional development. Sometimes this is fulfilled by an internship or practicum, but I think this is more than a one-semester course and should reflect a general mentoring approach throughout the doctoral student's course of study.

A final issue is how structured doctoral programs and how intensive the coursework should be. What is interesting to me is to observe the differences in educational approaches across different countries. American doctoral programs are characterized by substantial credit hours. European and Australian doctoral studies apply a more mentoring hands-on approach with fewer required classes. I think the ideal program would combine both approaches and call for rigorous study to compare the outcomes of each approach. With post-doctoral training becoming a more common entry into an academic job, expectations for doctoral training based on different career paths may also need to be rethought.

Skills or Topics to Be Removed from Health Behavior Ph.D. Programs

This is a “whose ox will be gored” type question and really difficult to address. That said, I think it is a matter of “perspective” versus “removal.” For me, the critical issue is for health behavior research programs to be forward thinking—in terms of both identifying public health problems for study and also crafting solutions to problems. This invariably will necessitate going beyond the status quo way of doing things and keeping an open mind. For example, in the past there was a heavy emphasis on “specific theoretical approaches.” While this is important, I would like to see theory put in context. That is, having more appreciation of context and the nature of the problem being tackled. This calls for a greater appreciation of the commonalities across different theoretical approaches which might help reduce the number of different theories with similar mechanisms of action. Theories and constructs need to withstand the test of context by being validated in real world settings in different settings and populations.

My recommendations would be that doctoral programs focusing on one health behavior, one theory, one population, or one disciplinary approach be deemphasized. In the future, newly minted health behavior researchers will need to demonstrate the capacity to identify the causes of complex problems and offer appropriate multi-faceted solutions.

In sum, I think there is no wrong door to health behavior research and/or practice. As a professional society, we must appreciate and embrace the diversity of approaches, such as new efforts in data science and technology that can improve assessment and intervention.

Greater recognition of the importance of environmental and policy factors does not mean we should neglect the importance of individual factors. All are important for understanding and modifying human behaviors.

It is most timely and instructive to examine the health behavior field and ask the type of questions posed in this Delphi exercise. Such reflections are important for growing the field—and having the Academy be a key player in determining its future.

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