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Conceptual models used to guide the design, evaluation, and D&I of the intervention

The first theoretical model that we used in developing and planning for this study was the agenda setting theory. And in this theory it outlines the role of the media, the public and policy makers in developing these agendas for the media. And it basically says that it's very dynamic. So, the public can influence what the media cover, thus affecting their agenda. And it also works in the opposite direction. So the media can cover a topic that then the public will find important.

This agenda setting theory shows that there are lots of ways in which things get presented to the public through the media, and how information gets deemed important or not. And so, for dissemination purposes, it's really important because the media are a big disseminator of information. And a lot of people go to the media for health information. Increasingly, they're going to the Internet of course. But a lot of people state in national studies that they go to the newspaper, whether it be online or in print. They watch the television news to get health information or they get their information from there. And so, we know that it's important to get good information, good health information into the media so that it can be disseminated to the public.

For Ozioma One we had two main outcomes of interest. One was the coverage itself of health and particularly cancer topics in the newspapers. And then the second area was whether or not there was or were reader effects. And we used communication theories and communication outcomes to drive our evaluation of those two different outcomes. So, for the former, we looked at the number of stories and the types of the stories and the particular features of these stories. And there was not any particular theoretical or construct based mechanism for doing that. But again they were driven by the agenda setting theory and how things get to be published in these media. And as far as the reader effects, we did use some constructs that people would be familiar with. So, information seeking, social support for healthy behaviors, media use and media consumption and or health behavior knowledge and awareness and behavior change.

I think theory is a great way to begin thinking about your topic and your issue and how you will frame your study. And a lot of times, as behavioral scientists, we have these constructs that we want to measure and we want to pursue. But in reality, when you're actually going through the intervention itself, or when you get multiple people at the table from different disciplines, who have different notions and different experiences, that sometimes the dependence on theory isn't as strong as it would be if it were just a single discipline, working on a particular problem.

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