The U.S. and much of the world has an increasingly aging population. Health education, disease prevention, and chronic disease management are important for the wellbeing of older adults and for our communities. If older adults are better educated on their health, there is a potentially large impact on health care systems including those promoting good mental health.

The Transtheoretical Model (TTM) is a theory to explain how people change behavior. It is outlined in five stages of change; pre-contemplation, contemplation, preparation, action, and maintenance.

The Transtheoretical Model explains how people change behavior.

The stages of pre-contemplation, contemplation, preparation, action, and maintenance can be used to identify programs for specific individuals and communities or can be used to identify community health needs and readiness.

Precontemplation: stage where there is no desire to initiate a behavioral change

Contemplation: stage where behavior change is being considered within the next six months

Preparation: stage when active change is being undertaken during the next month

Action: stage when a commitment to behavior changes have started and have been maintained for less than 6 months

Maintenance: stage when behavioral changes have been maintained for greater than 6 months
The authors tried to close the divide between theory and practice using the TTM. HealthStages was created to plan, develop, and evaluate health programs for older adults. A programming grid was developed to track the number and types of programs for the different stages of change. The grid lists the class topics and allows researchers to catalog the stage and purpose (raising awareness, increasing knowledge, skill building, and maintenance) of each class. This tracking allowed researchers to ensure that classes for each stage were provided and to assess overall trends in the types of programs offered throughout the years. As residents transition from precontemplation and contemplation to action and maintenance, the class roster changed to match the need. There will always be people in the precontemplation stage and there should still be programming to reach them.

Types of programming included classes managing chronic illnesses such as diabetes, and information about health screenings and exercise classes. In addition to the grid tracking method, surveys were distributed to participants to collect information about their health status, behavior, and interest activities with the goal of customized programming.

**Methods**

HealthStages was implemented at 3 OASIS (national education program for adults aged 50 and older) centers located in suburban areas. The study sample primarily consisted of white females with a mean age of 75.

**Results**

- Over 4 years, the number of participants increased in the HealthStages programs.
- Maintenance courses such as an ongoing physical exercise class were most popular, followed by knowledge, awareness, and skill building.
- Maintenance courses had the largest increase in the number of courses offered followed by knowledge, awareness, and skill building.
- The grid model was a valuable tool for finding gaps in types of programming at an individual site and for comparing programs across the nation.

**Using a Community Psychology Perspective**

Older populations are growing at an exponential rate, especially in developed nations. This specific study focused on the relationship between behavioral psychology, public health, and community development.

“HealthStages uses the stages of change model as a guide for addressing the interests and needs of older adults. We find that the framework grid based on the Transtheoretical model is a helpful tool in planning and evaluating individual courses, local sites, and the national program.”
What Does This Mean For?

**Practice**—The transtheoretical model could potentially be used in similar settings such as aiding at-risk children or individuals struggling with addiction.

**Social Action**—Effective health education programs should be implemented in older adult communities to prevent illness, improve wellness, and aid in the management of chronic conditions.

**Research and Evaluation**—While the application of the TTM was shown to be successful, researchers found some challenges. For example, encouraging people in the precontemplation stage or those uninterested in attending classes to participate was difficult. More research is needed to evaluate effective methods for reaching individuals in the precontemplation stage. Another question raised from this study is the effectiveness of this model for different demographics.

---

**Summary and Discussion by Elizabeth Kirkwood.**


Terms of use: This work is licensed under a Creative Commons Attribution-Non-Commercial-NoDerivatives 4.0 International License. It is attributed to Burns, Merritt, and Gil and the original version can be found here: https://www.communitypsychology.com/safe-secure-and-loved/