



A Model for Program Planning in Health Promotion

PRECEDE - PROCEED



Planning Models: Background Information

- Models serve as frames from which to build; Provide structure & organization for the planning process
- Many different models
- Common elements, but different labels

Background Information (con't.)

- No perfect model
- Can be used in entirety, parts, & combinations
- Three Fs of program planning help with selecting the appropriate model
- Fluidity - steps are sequential
- Flexibility - adapt to needs of stakeholders
- Functionality - useful in improving health conditions
- Categories
 - Practitioner driven
 - Consumer-based



What is PRECEDE/PROCEED?

- PRECEDE/PROCEED is a community-oriented, participatory model for creating successful community health promotion interventions.



PRECEDE has five phases:

- Phase 1: Social diagnosis
- Phase 2: Epidemiological diagnosis
- Phase 3: Behavioral and environmental diagnosis
- Phase 4: Educational and organizational diagnosis
- Phase 5: Administrative and policy diagnosis



PROCEED has four phases:

- Phase 6: Implementation
- Phase 7: Process evaluation
- Phase 8: Impact evaluation
- Phase 9: Outcome evaluation



Assumptions behind PRECEDE/PROCEED:

- Since behavior change is by and large voluntary, health promotion (and, by extension, the promotion of other community benefits) is more likely to be effective if it's participatory.
- Health and other issues must be looked at in the context of the community.
- Health and other issues are essentially quality-of-life issues.
- Health is itself a constellation of factors that add up to a healthy life for individuals and communities.



Why use PRECEDE/PROCEED?

- A logic model provides a procedural structure for constructing an intervention.
- A logic model provides a framework for critical analysis.
- PRECEDE/PROCEED is participatory, thus assuring community involvement.
- Community involvement leads to community buy-in.
- PRECEDE/PROCEED incorporates a multi-level evaluation, which means you have the chance to constantly monitor and adjust your evaluation.
- The model allows leeway to adapt the content and methods of the intervention to your particular needs and circumstances.



How do you use PRECEDE/PROCEED?

- In Phase 1, social diagnosis, you ask the community what it wants and needs to improve its quality of life.
- In Phase 2, epidemiological diagnosis, you identify the health or other issues that most clearly influence the outcome the community seeks.
- In these two phases, you create the objectives for your intervention.



How do you use PRECEDE/PROCEED? (cont.)

- In Phase 3, behavioral and environmental diagnosis, you identify the behaviors and lifestyles and/or environmental factors that must be changed to affect the health or other issues identified in Phase 2, and determine which of them are most likely to be changeable.
- In Phase 4, educational and organizational diagnosis, you identify the predisposing, enabling, and reinforcing factors that act as supports for or barriers to changing the behaviors and environmental factors you identified in Phase 3.
- In these two phases, you plan the intervention.



How do you use PRECEDE/PROCEED? (cont.)

- In Phase 5, administrative and policy diagnosis, you identify (and adjust where necessary) the internal administrative issues and internal and external policy issues that can affect the successful conduct of the intervention.
- Those administrative and policy concerns include generating the funding and other resources for the intervention.

How do you use PRECEDE/PROCEED? (cont.)

- In Phase 6, implementation, you carry out the intervention.
- In Phase 7, process evaluation, you evaluate the process of the intervention – i.e., you determine whether the intervention is proceeding according to plan, and adjust accordingly.
- In Phase 8, impact evaluation, you evaluate whether the intervention is having the intended impact on the behavioral and environmental factors it's aimed at, and adjust accordingly.
- In Phase 9, outcome evaluation, you evaluate whether the intervention's effects are in turn producing the outcome(s) the community identified in Phase 1, and adjust accordingly.

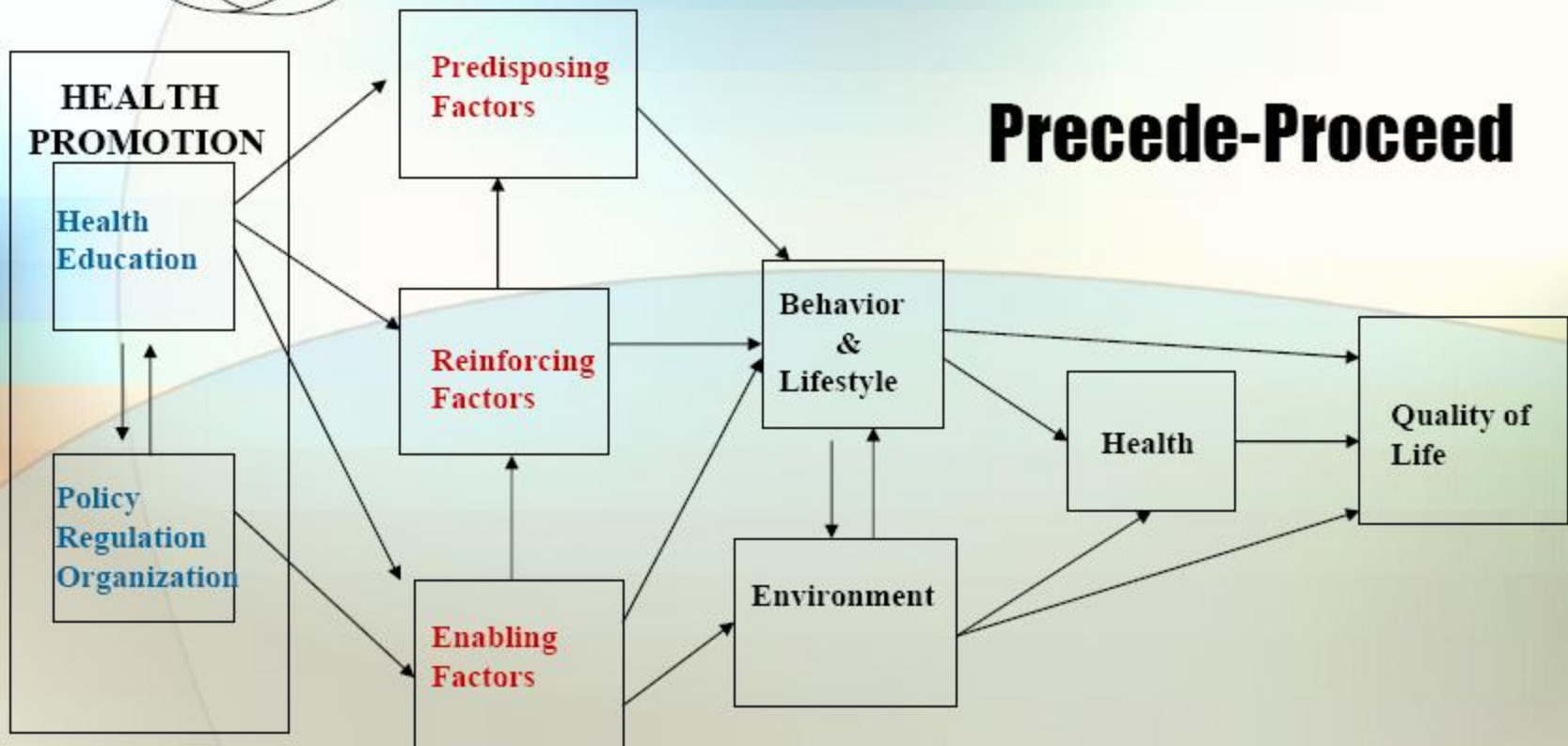
Phase 5
Administrative &
Policy Diagnosis

Phase 4
Educational &
Organizational
Diagnosis

Phase 3
Behavioral &
Environmental
Diagnosis

Phase 2
Epidemiological
Diagnosis

Phase 1
Social
Diagnosis



Phase 6
Implementation

Phase 7
Process
Evaluation

Phase 8
Impact
Evaluation

Phase 9
Outcome
Evaluation



Phase 1 - Social Assessment

- Assessment means...
 - Identify
 - Describe
 - Prioritize
- Phase 1 - seeks to subjectively define the QOL (problems & priorities) of priority population
- Self-assessment of needs & aspirations



Phase 2 - Epidemiological Assessment

- Epidemiology - study of the distribution & determinants of disease
- What are the health problems associated with the desired QOL?
- Not all problems health related; If Phase 2 not applicable, skip and move on to Phase 3.



Phase 2: Epidemiological Assessment

- Epidemiological Data:
 - Mortality
 - Morbidity
 - Disability
 - Fertility
 - Incidence rates
 - Prevalence rates



Phase 2: Epidemiological Assessment

- Creating Priorities:

- Which problem has the greatest impact in terms of death, disease, days lost from work, rehabilitation costs, disability, family disorganization, and costs to communities and agencies for damage repair or loss and cost recovery?



Phase 2: Epidemiological Assessment

- Creating priorities (continued)
 - Which problems are most changeable?
 - Which problem has the greater potential for an attractive yield in improved health status, economic savings and other benefits?

Phase 2: Epidemiological Assessment

■ Creating priorities

- Are certain sub-populations such as teenagers, tourists, elderly, immigrants, at risk?
- Which problem is not being addressed by other agencies in the community?
- Is there a need being neglected?
- Are any of the problems highly ranked as a regional or national priority?



Phase 3: Behavioral Diagnosis

- Focuses on behavioral and non-behavioral causes (personal and environmental factors) which seem to be linked to health problems defined in Phase 2



Behavior of Interest May be...

- Behavior of the people whose health is in question, OR
- Behavior of those who control resources or rewards
 - Community Leaders
 - Legislators
 - Parents
 - Teachers
 - Health Professionals



Environmental or Non-Behavioral Factors

- Genetic Predisposition
- Age
- Gender
- Existing Disease
- Workplace
- Adequacy of Health Care Facilities



Environmental Factors Include

- Determinants outside the person that can be modified to support behavior, health, or quality of life.
 - Physical
 - Social
 - Economic



Phase 3: Behavioral & Environmental Diagnosis

- Health and environmental factors identified are the risk factors or risk conditions that the intervention will be tailored to affect.



Phase 3: Behavioral & Environmental Diagnosis

- Each factor is rated in terms of its **importance** to the health problem
- And rated in terms of its **changeability**

Decision Matrix

More Important Less Important

**More
Changeable**

High Priority for
Program Focus

Low Priority Except
to Demonstrate
Change for Political
Purposes

**Less
Changeable**

Priority for
Innovative
Program;
Evaluation Crucial

No Program



Phase 3: Behavioral & Environmental Diagnosis

- If planners fail at this stage to become rigorous in identifying and ranking these factors and how they influence the outcomes sought, the whole planning process will collapse under its own weight.



Phase 3: Behavioral & Environmental Diagnosis

- Once target behaviors and conditions are identified, behavioral objectives are written
- Specificity is vital




Phase 3: Behavioral & Environmental Diagnosis

- How many will know, believe, or be able to do what by when?
- How much of what resource will be available to whom by when?



Phase 4: Educational & Organizational Diagnosis

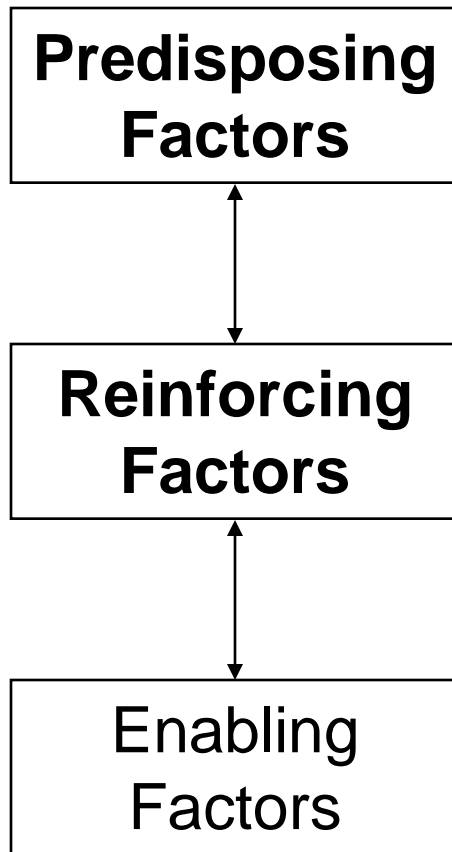
- Identifies **causal** factors that must be changed to initiate and sustain the process of behavioral and environmental change identified in Phase 3



Phase 3 - Behavioral & Environmental Assessment

- Behavior of priority population
- Determining & prioritizing behavioral & environmental risk factors or conditions linked to the health problem
- Environmental factors - determinants outside an individual, that can be modified to support behavior, health, or QOL
- Once identified, must be prioritized

Review of PRECEDE Model



Phase 4 Educational & Ecological Assessment



Predisposing Factors

- Knowledge
- Attitudes
- Values
- Beliefs
- Perceived Needs and Abilities



Enabling Factors

Environmental and Personal

- Resources that impact:
- Accessibility, Availability and
- Affordability
- Programs & Services
- Skills
- Money & Time
- Facilities
- Laws



Reinforcing

Positive or Negative Feedback From:

- Peers
- Family
- Health Care Workers
- Law Enforcement
- The Media
- Others

Phase 4: Educational & Ecological Assessment

- After identifying the three types of influencing factors, assess their relative importance and changeability
- Then related ***learning and organizational objectives*** can be written, and state so that health promotion programs can focus where they will do the most good in facilitating development of or changes in behavior and environment

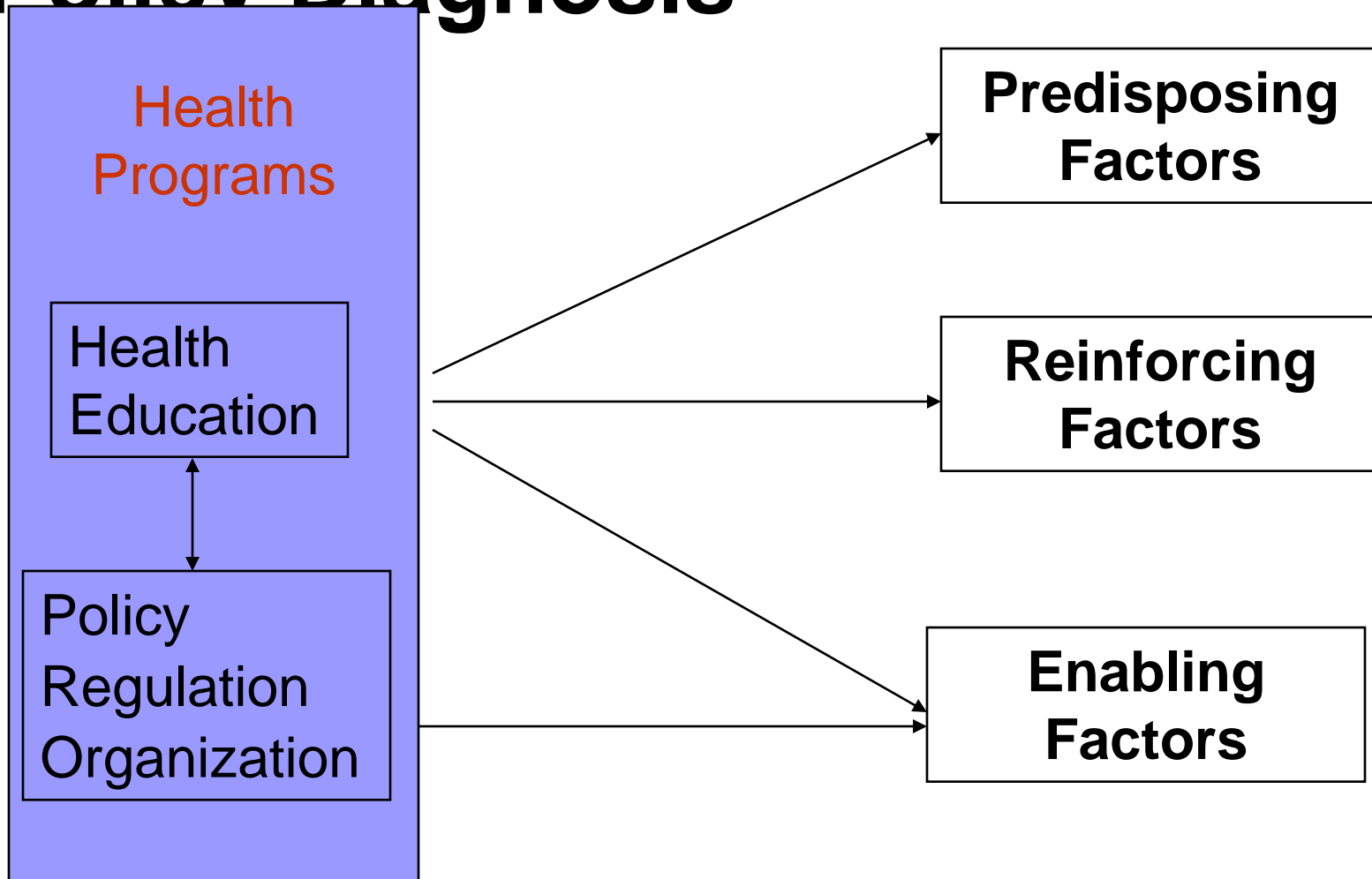


Phase 4: Educational & Ecological Assessment

Theory is applied in this Phase

- Predisposing Individual Factors - Individual Theories
- Enabling Factors – Interpersonal Level Theories
- Reinforcing Factors – Community Level and Systems Theories

Phase 5: Administrative and Policy Diagnosis





Phase 5: Administrative and Policy Diagnosis

- Focuses on administrative and organizational concerns which must be addressed prior to program implementation
- Includes assessment of resources, budget development and allocation, development of implementation timetable, organization and coordination with others



Phase 5: Administrative and Policy Diagnosis

Administrative Diagnosis

- Analysis of policies, resources and circumstances prevailing organizational situations that could hinder or facilitate the development of the health program
- Policy Diagnosis
- Assesses the compatibility of your program goals/objectives with those of the organization and its administration



Phase 5: Administrative and Policy Diagnosis

- Work in this phase is specific to the context of the program and the sponsoring organization(s) and requires political savvy as much as theoretical or empirical knowledge
- Informed by theories, particularly community-level theories



Phase 5: Administrative and Policy Diagnosis

- Assess limitations and constraints
- Select the best combination of methods and strategies
- Development of organizational and resource objectives follows

Design a Comprehensive Intervention



Reducing Drunk and Drugged Driving by New Drivers in Montana





What did you include in your intervention design?

- Which Predisposing, Enabling and Reinforcing Factors did you choose to change? Why?
- What are your impact objectives?

PROCEED Model

Implementation and Evaluation






Phase 6: Implementation

- The act of converting program objectives into actions through policy changes, regulation and organization (Green & Kreuter, 1991, p.432).



Phase 4 - Educational & Ecological Assessment

- Identifies & classifies factors that have potential to influence behavior or change the environment
- Predisposing factors - antecedent; impact motivation; e.g., knowledge, attitudes, beliefs, values
- Enabling factors - antecedent; barriers & vehicles; e.g., access, availability
- Reinforcing factors - subsequent; feedback & rewards; e.g., incentives, disincentives
- Priorities become focus of intervention



Phase 5 - Administrative & Policy Assessment

- Determine if capabilities & resources are available to develop & implement program
- Close to the end of PRECEDE & moving toward PROCEED



Phase 6 - Implementation

- Beginning of PROCEED
- Selection of methods and strategies of the intervention, for example, education &/or other resources
- Program begins



Phases 7, 8, & 9 - Evaluation

- □ Process evaluation - measurements of implementation to control, assure, or improve the quality of the program
- Impact evaluation - immediate observable effects of program
- Outcome evaluation - long-term effects of the program
- Line up with PRECEDE

Predictors of Fat Intake Behavior Differ Between Normal-weight and Obese WIC Mothers

Purpose. To determine whether predictors of fat intake behavior were the same for normal-weight and obese WIC mothers when applying the PRECEDE-PROCEED model and to identify predictors for each group.

Conclusions. Interventions to modify low-income women's fat intake behavior might benefit from targeting behavioral predictors that differ with body size. Messages that emphasize weight control intentions, sensory appeal, and mood are likely to affect both normal-weight and obese women. Information about cost of food, availability of time to prepare food, and accessibility to purchase food is likely to be more effective with obese women.