

Health Education Program Planning Models

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Along with health behavior theories, health program planning models are essential to designing, implementing and evaluating effective health education programs. Two well-developed planning models that can be used to integrate diverse theoretical frameworks are Social Marketing and PRECEDE-PROCEED.

1. Social Marketing Model

Social marketing is defined as the design, implementation and control of programs seeking to increase the acceptability of a social idea or practice in a target group [2]. The principles and techniques of marketing are used to increase the effectiveness of programs designed to produce a social change. It uses concepts of market segmentation, consumer behavior research, concept development, communication, facilitation, incentives, and exchange theory to maximize target audience responses. This process can be used to promote healthy lifestyles or to teach specific changes in health behavior [1]. It is a viable tool in health promotion campaigns such as the National Diabetes Education Program, Diabetes and Flu/Pneumococcal Campaign, or National Poison Prevention Week. When properly designed, these campaigns can influence knowledge, attitudes and behaviors.

Knowledge change is easily achieved through social marketing. Social marketing is also effective in producing an action change such as getting the flu shot. But social marketing is least effective in behavioral change such as modification in food, smoking, exercise or drinking habits or value change.

Social marketing most often is used to accomplish three objectives:

1. Disseminate new data and information on practices to individuals; for example, informing the public about the role of medications in controlling the pain of arthritis.
2. Offset the negative effects of a practice or promotional effort by another organization or group; for example, combating the promotion testimonial-based arthritis treatments such as copper bracelets or collagen pills.
3. Motivate people to move from intention to action; for example, motivating the public to take control of their arthritis.

The marketing process or "mix" can be summarized by the "four Ps" of marketing management: the right **Product** backed by the right **Promotion** and put in the right **Place** at the right **Price**.

- ❖ **Product:** In health education the product is a specific health message promoting knowledge awareness or a specific behavior. To be marketed

successfully, the health message—**product**—must be developed with the needs and interests of the target audience in mind. A stress management program designed for adults will not be appropriate for the needs and interests of teenagers wanting to learn how to manage stress in their lives. Also, there may be a subgroup or segment with particular characteristics or profiles within the target audience such as teens who participate in 4-H clubs, teenage girls who are in a specific age group, or student athletes. The perceived barriers should appear small compared to the perceived benefits. The health message, “Get the Flu Shot Not the Flu!” is an example of addressing benefits and barriers.

- ❖ **Promotion:** The **promotion** component addresses how to make the program visible and attractive. Pretesting the product with a sample of the target audience provides information on the appropriateness of the product's name and customer appeal. Pilot testing increases the likelihood of the products success.
- ❖ **Place:** This relates to the distribution of the product through channels (sites where the target audience frequents) to reach the target audience. For example, channels for promotion or distribution of arthritis education include senior centers, grocery stores, banks, physician offices, churches, malls, work sites, service club meeting sites, and other sites where middle-aged and senior adults frequent. The fourth component, price, relates to the cost of participation in the program.
- ❖ **Price:** The price addresses costs. Price includes both tangible and non-tangible costs to engage in an action or program. These costs may be expressed in many ways, including money, time, level of difficulty or discomfort, fear, or energy. Programs that are received well by the target audience are promoted by using clear statements about the relationship between costs and benefits for the participant.

Media is a major tool in social marketing and includes television, radio, newspapers, newsletters, brochures, billboards, posters, bumper stickers, buttons, t-shirts, etc. Other promotional tools may include:

- ❖ food demonstrations and tasting parties
- ❖ speakers' bureaus
- ❖ health screenings at sites convenient to the target audience such as a flu shot at the pharmacy or grocery store
- ❖ booths and exhibits
- ❖ cooking contests with prizes for recipes that demonstrate health-promoting foods
- ❖ health poster contests for children through their schools

- ❖ health fairs targeting a segment of the population
- ❖ promotion of "disease of the month" campaigns such as National Osteoporosis Month or National High Blood Pressure Month with a multimedia campaign of community activities

The social marketing process consist of seven steps: planning (identification of target audience including segmentation of the target audience, marketing mix, objectives, and resources); selecting channels and materials; developing the program; pretesting effectiveness (formative and process evaluation) - what worked and what didn't and why; implementation (conduct activities); and refinement of the program based on the evaluation results, monitoring and evaluation.

2. The PRECEDE-PROCEED Model

The PRECEDE-PROCEED model provides a comprehensive, systematic planning process which seeks to empower individuals with understanding of motivation and skills and active engagement in community affairs to improve the quality of life [3]. This model recognizes that lasting behavior change is voluntary.

There are nine phases to this model. The first five phases are diagnostic. These phases assess the social, epidemiological, behavioral and environmental, educational and organizational, and, finally, administrative and policy issues relevant to the health education program. The remaining four phases address the implementation and evaluation of the health education program. Table 7 describes the nine phases and shows where health behavior change theory models apply.

Table 7. PRECEDE-PROCEED Planning Model

Phases	Definition	Theory Application
Phase 1 Social Diagnosis	Analysis of self-determined needs, wants, recourses and barriers in the target community	Community Organization Theory
Phase 2 Epidemiological Diagnosis	Assessment of health problems (mortality and morbidity) and their risk factors: sociodemographic, educational and environmental influences	
Phase 3 Behavioral and Environmental Diagnosis	Assessment of specific behavior and environmental factors for the program to address	Stages of Change Model Social Learning Theory Community Organization

Phases	Definition	Theory Application
Phase 4 Educational and Organizational Diagnosis	Analysis of predisposing (knowledge, attitude, cultural beliefs, readiness to change), enabling (resources, supportive policies, assistance and services) and reinforcing (rewards or incentives) conditions which immediately affect behavior	Health Belief Mode Stages of Change Model Consumer Information Processing Social Learning Theory Diffusion of Innovations
Phase 5 Administrative and Policy Diagnosis	Analysis of resources needed and available in the organization including barriers and supports	Diffusion of Innovation
Phase 6 Implementation	Conducting the program	
Phase 7 Process Evaluation	Evaluating the program components, pilot testing to debug problems	
Phase 8 Impact Evaluation	Determining the immediate effect of the program	
Phase 9 Outcome Evaluation	Determining the long-term effect of the program	

The Health Education Program Plan

Regardless of what planning model is used, there are essential elements common to the designing a health education program targeting a specific health problem. The essential components of a program plan include the following:

- ❖ **Establishing a planning group:** This may or may not be needed depending on the program focus. Planning groups can include both internal and external members of the organization. External members may include other health professionals, stakeholders, volunteers, and members of the target audience. The planning group may be a county coalition or health council that has identified a health problem unique to the community and wants to pool county resources to address the problem. The advantage of a planning group is the multi-disciplinary nature, the

variety resources (educational, professional and dollars), different channels to the target audience, and experience with the target audience. The disadvantage to planning groups is that they require extra time to mobilize the group in order to reach consensus in the development of the program plan.

❖ **Stating goals:** These are broad statements that define what the health education program is expected to accomplish. Long and short-term goals need to be recognized. Short-term goals can be accomplished such as protecting the community against the influenza virus through immunization. It is a short-term goal and can be easily stated in behavioral terms. But a goal of improving the health status of a community is a timeless goal and will not be accomplished in a reasonable amount of time. The short-term goals help achieve the long-term goals of a program. The following are examples of long and short-term goals:

- **Long-term goal:** Reduce mortality from cardiovascular diseases by altering the knowledge, attitudes and behaviors among postmenopausal women regarding blood pressure screening and the risk factors for heart disease.
- **Short-term goal:** Reduce sedentary behaviors among post-menopausal women by providing an exercise program.

❖ **Stating objectives:** These are statements that map out the learner's or planner's tasks needed to reach a goal. They may include the direction, magnitude and measurement of change. Objectives state the specific knowledge, attitudes and behavior changes needed to achieve the goal. These objectives should be **specific, measurable, assigned to a specific target audience, realistic, and reflect a specific timeframe (SMART)**. They set the agenda for program evaluation. Tools for writing objectives are included in the Appendix. The following are examples of learner objectives:

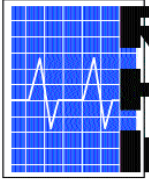
Upon completion of the program (Timeframe)...

- participants (**assigned to a specific target audience**) will describe the relationship between early detection and successful control of high blood pressure. (Knowledge objective that is **specific, measurable and realistic**)
- participants will state the numerical range for normal blood pressure and high blood pressure. (Knowledge)
- participants will list two ways they plan to control their high blood pressure. (Behavior)

- participants will state at least two ways that high blood pressure is treated. (Knowledge)
 - participants will list at least two types of high blood pressure medications. (Knowledge)
 - participants will accurately use a digital blood pressure monitor. (Behavior)
 - participants will appreciate the importance of taking high blood pressure medication as prescribed by helping a loved one take their blood pressure medication. (Attitude)
- ❖ **Identifying methods:** These are the means through which the changes will be made. Methods identify the vehicle for education such as mass media, videos, role playing, community development, case studies, lecture-discussion, self-assessments, and skill development.
- ❖ **Identifying resources and barriers:** Specific resources in the target community may be used for the program to bring about change. Barriers are the forces that are expected to work against the program.
- ❖ **Developing the evaluation plan:** Procedures for determining whether the program performed as planned are defined. Program indicators are defined based on the learner objectives. Indicators are markers of the accomplishments by the learner. The evaluation plan is based on the program objectives and indicators and are designed before the program is implemented.
- ❖ **Implementing the plan:** Procedures for promoting the program, recruiting the target audience, and conducting the program activities are described.
- ❖ **Evaluating the program:** Evaluation can range from simple to complex, from consideration of the most basic elements of the program to abstract implications. The more complex the evaluation, the greater the costs, the level of professional expertise, and time requirements.

References

- [1] Anderson, E.T. and J.M. McFarlane. (2000). *Community as Partner*, Lippincott.
- [2] Anderson, R.I. and I. Carter. *Human Behavior in a Social Environment*, Aldine Publishing Co., 199#.
- [3] Connor, D. *Understanding Your Community*.



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