

A Framework for Planning and Evaluation: PRECEDE-PROCEED

Evolution and Application of the Model

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10^{es} ans journées de sante publique
Montreal, Quebec

October 25, 2006

PRECEDE-PROCEED Model

- Predisposing,
- Reinforcing, &
- Enabling
- Constructs in
- Educational/Ecological
- Diagnosis &
- Evaluation
- Policy,
- Regulatory &
- Organizational
- Constructs in
- Educational &
- Environmental
- Development

Green & Kreuter, *Health Program Planning, 4th ed.*, NY, London: McGraw-Hill, 2005.

Cette présentation a été effectuée le 25 octobre 2006, au cours du Symposium "La Charte d'Ottawa pour la promotion de la santé est-elle toujours utile pour la pratique de la santé publique d'aujourd'hui ?" dans le cadre des Journées annuelles de santé publique (JASP) 2006. L'ensemble des présentations est disponible sur le site Web des JASP, à l'adresse <http://www.inspq.qc.ca/jasp>.

Some Challenges of Planning and Evaluation in Public Health

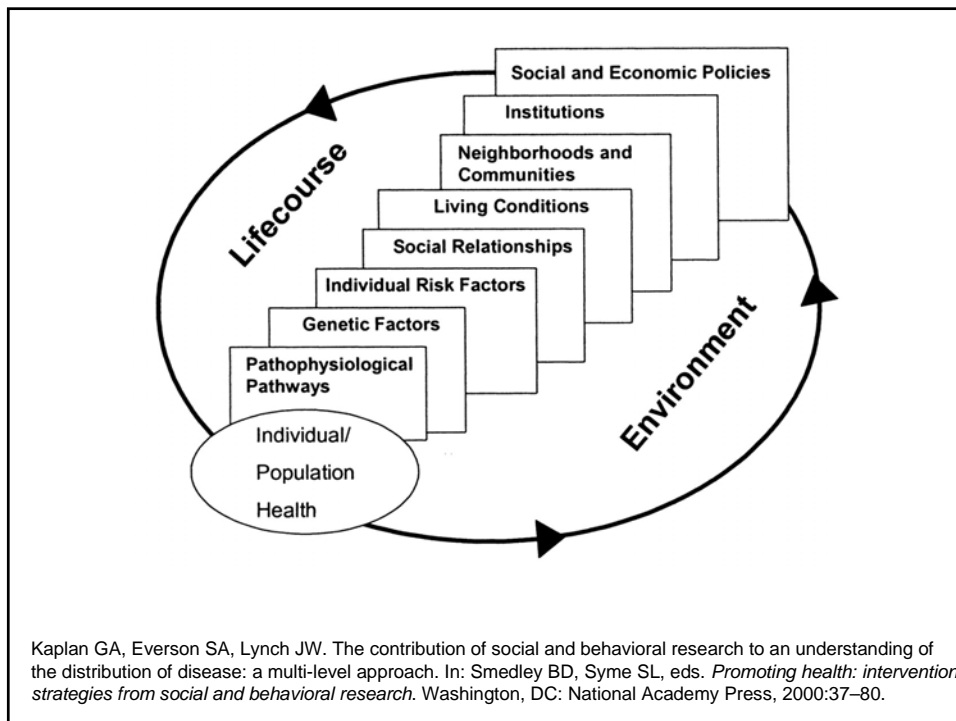
- Health behavior is driven by more than knowledge, beliefs, and attitudes (motivation)
 - Must be enabled, as well as predisposed
- Health behavior usually must be sustained over long periods to achieve health benefits
 - Must be reinforced, as well as enabled
- Communications must be supported by policies and programs, regulations and organization
- Must adapt programs to different populations and settings, with sensitivity to their differences.
- In summary: the challenges require more than merely imparting information, knowledge, or even wisdom...



Social-Ecological Model: Reciprocal Influences for Change*

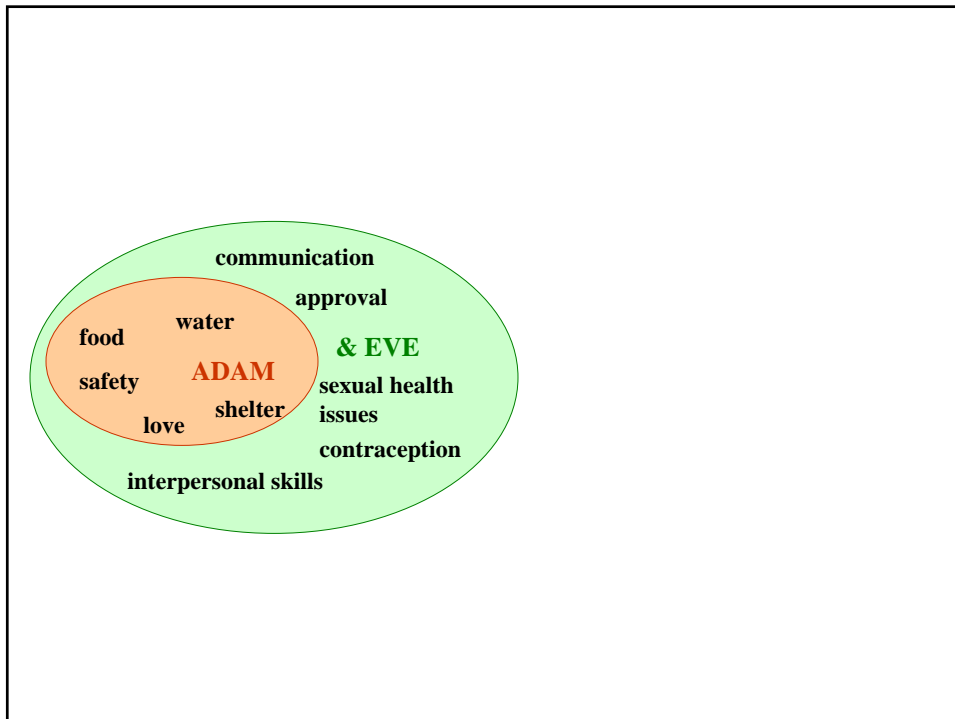
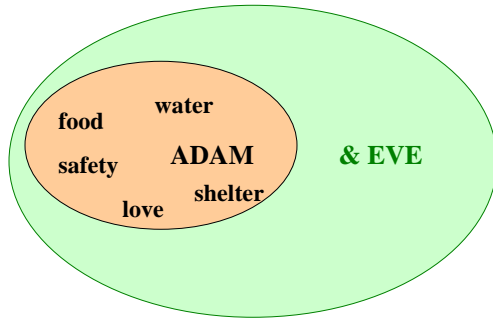


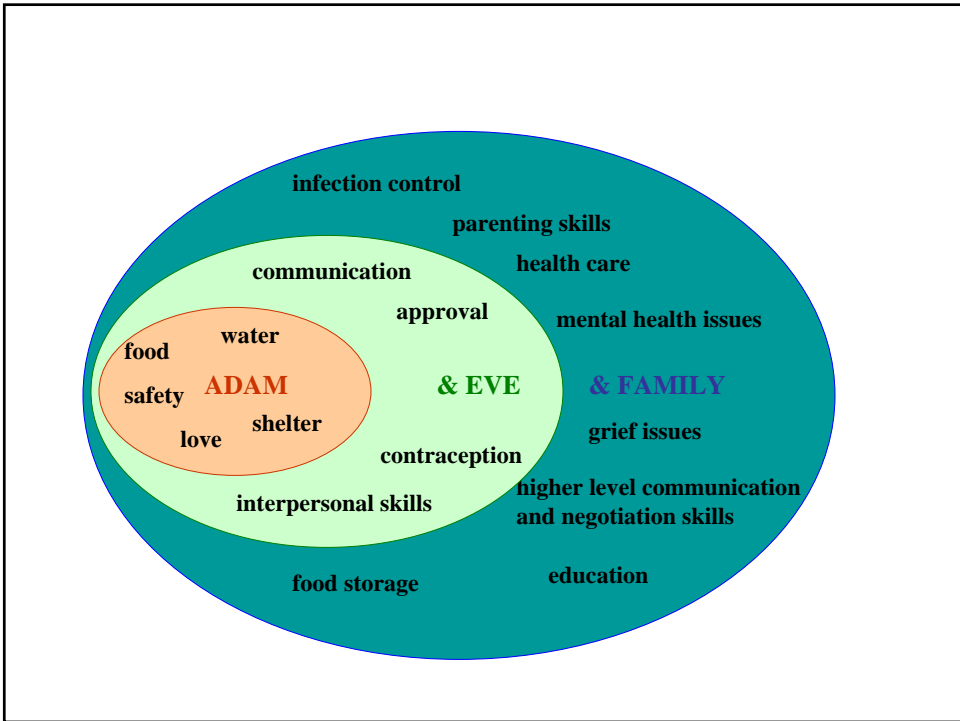
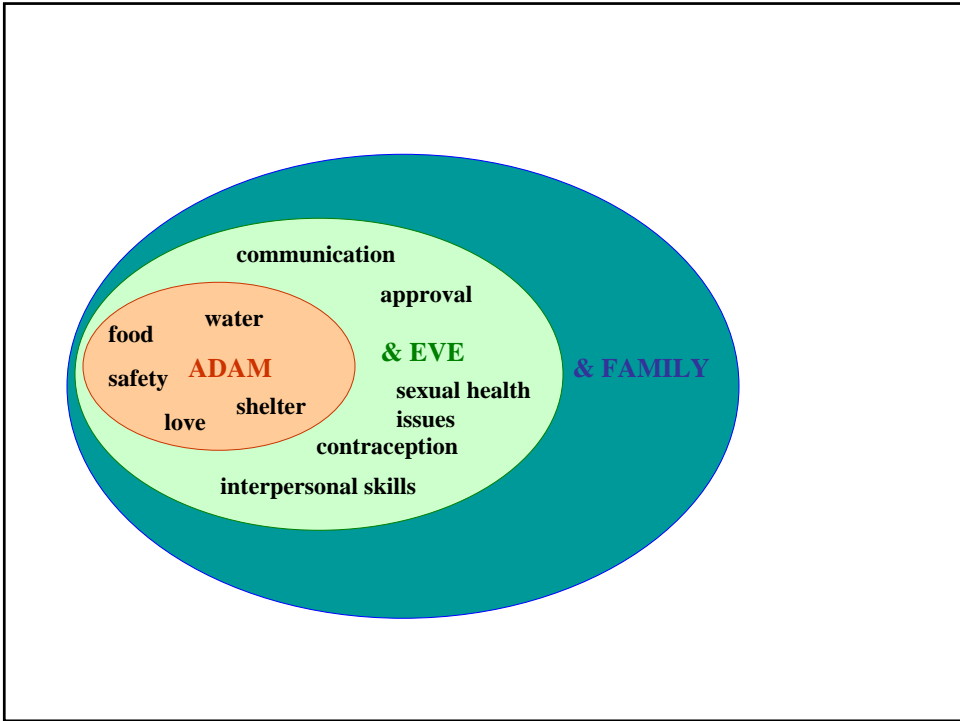
*As depicted by Division of Nutrition & Physical Activity, Centers for Disease Control and Prevention

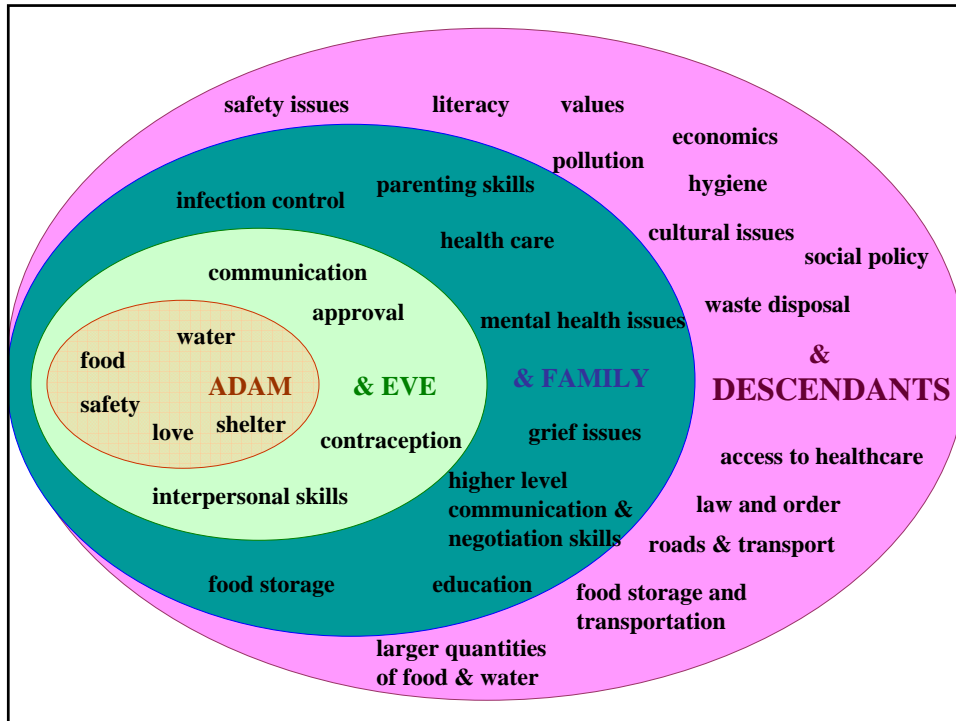


Kaplan GA, Everson SA, Lynch JW. The contribution of social and behavioral research to an understanding of the distribution of disease: a multi-level approach. In: Smedley BD, Syme SL, eds. *Promoting health: intervention strategies from social and behavioral research*. Washington, DC: National Academy Press, 2000:37-80.

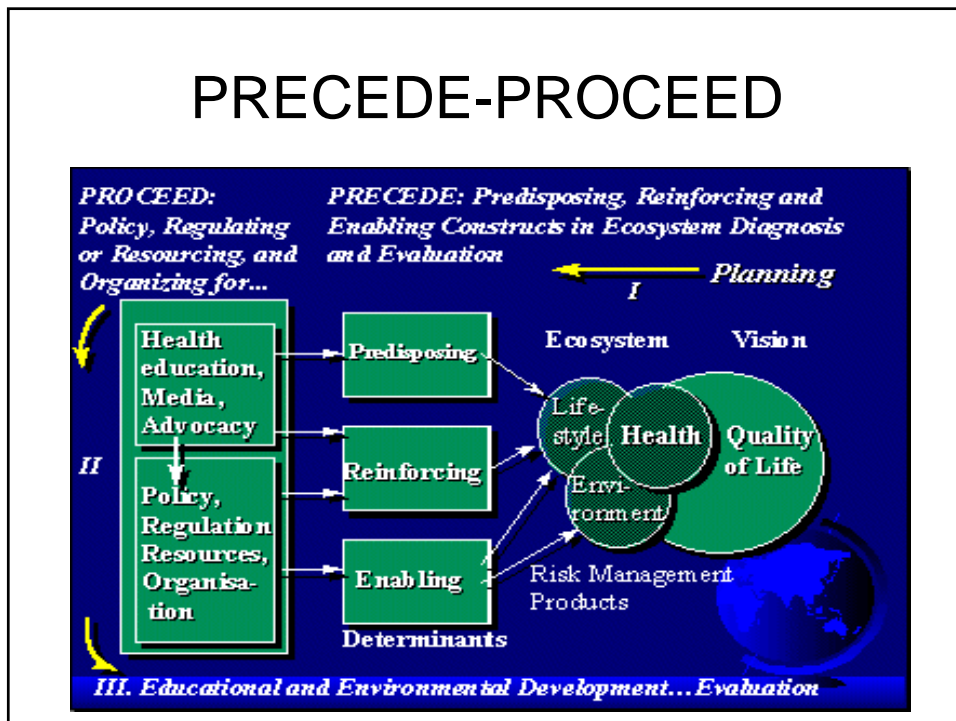
Another way to view the growing complexity of natural history (Adam), social history (Adam and Eve) and their increasingly complex world of health-related concerns with additional layers of relationships.







PRECEDE-PROCEED



The Precede-Proceed model as it appeared in the previous Edition of the book, with phases 2 & 3 as separate phases, now combined.

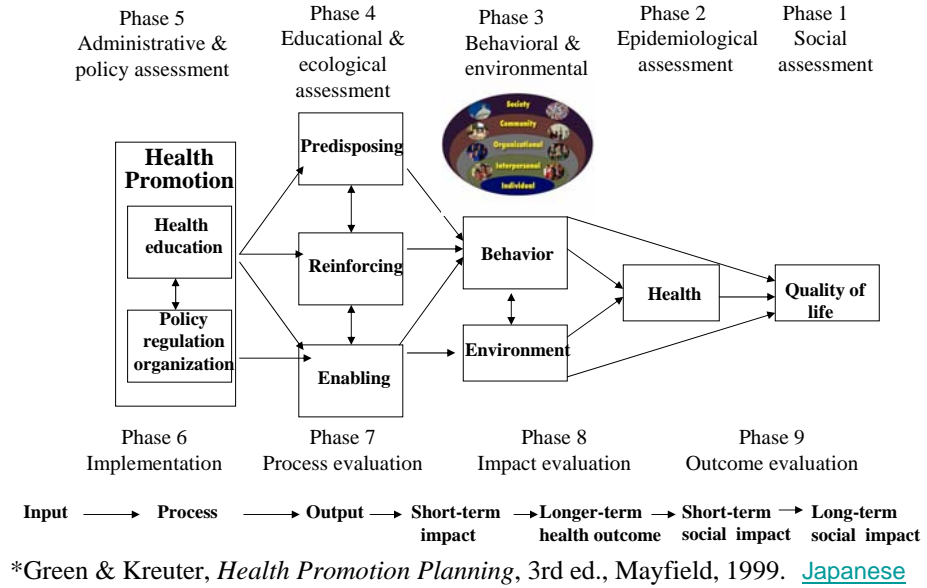


Figure 1-2. The generic representation of the new version of PRECED-PROCEED, with new elements highlighted in blue. Phases 4-5 can be viewed as one or two phases, both covered in Chapter 5.

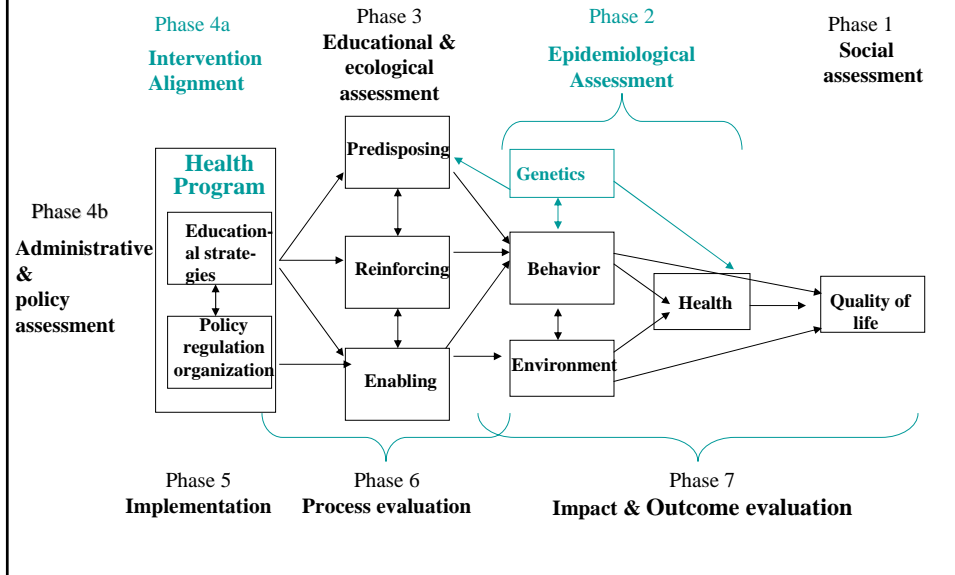
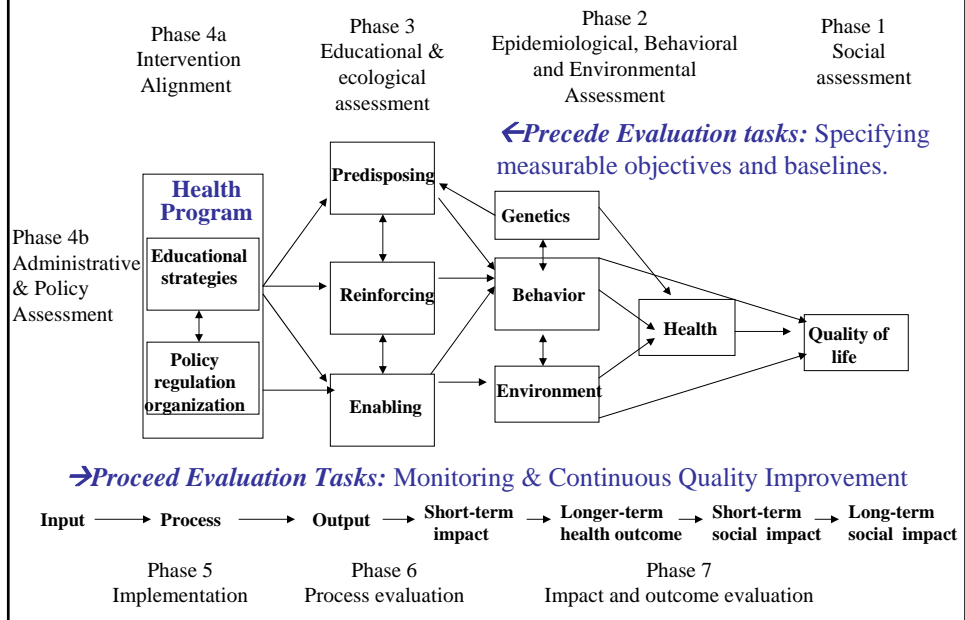


Figure 1-5. Evaluation tasks begin at Phase 1, and continue through as many diagnostic, implementation, and follow-up evaluation phases as required.



Phases 3-4 of PRECEDE.

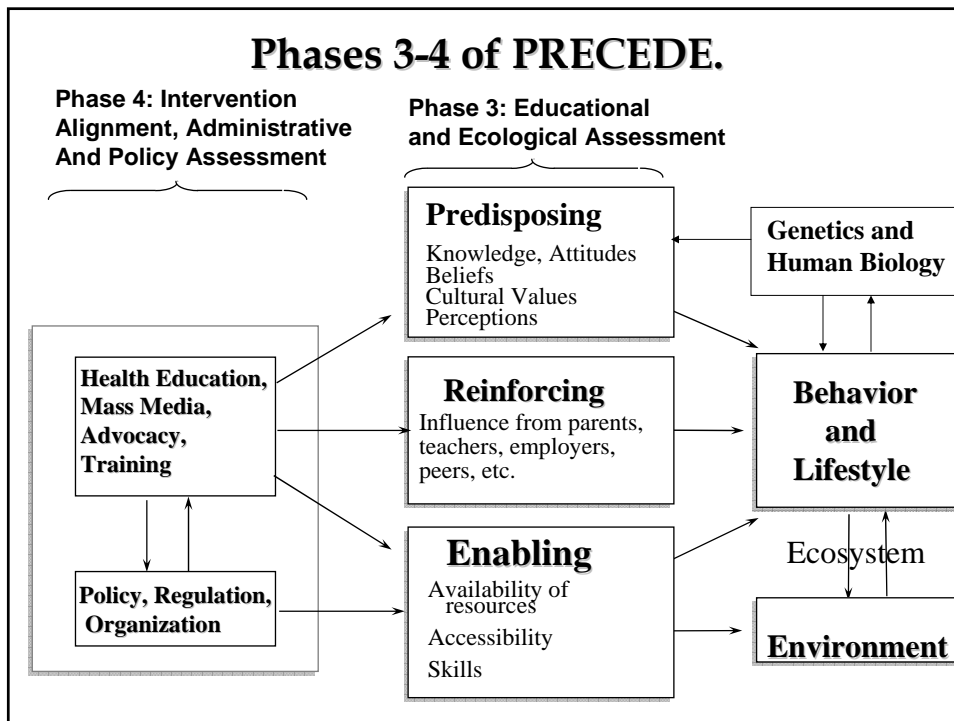
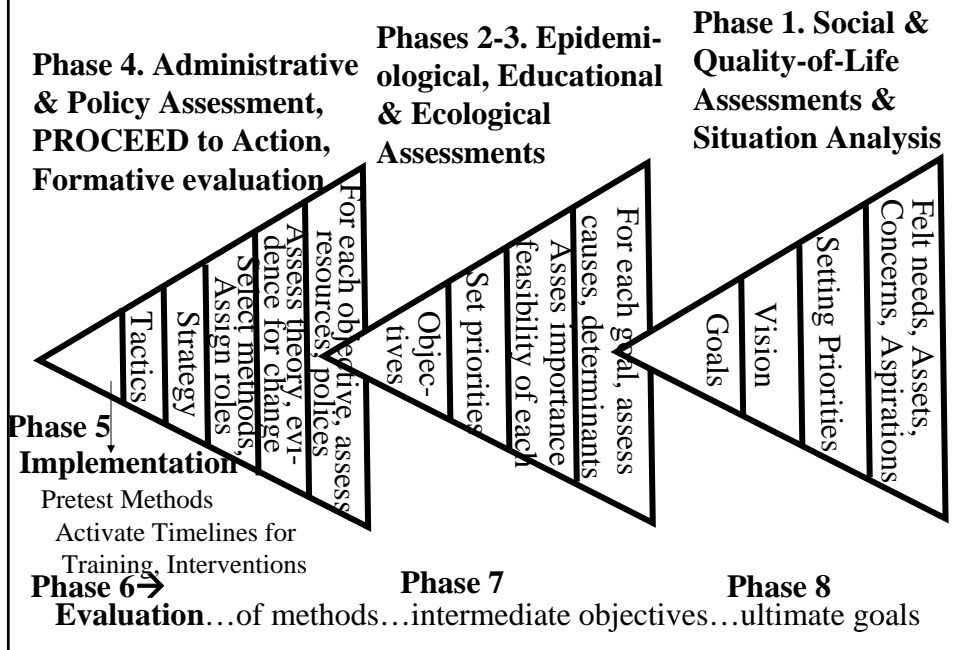


Figure 2-6. Summary of the Phases of PRECEDE-PROCEED



Hallmarks of the Precede-Proceed Model

- Flexible, Comprehensive, and Scaleable
- Evidence-based and “Evaluable”
- Participatory Process
- Platform for Evidence-Based Practice, via Practice-based Evidence and Best Process

Hallmark: Participation

- Stakeholders
- Community as Center of Gravity
- Health as a Social Issue
- Social Capital or Community Capacity
- Transdisciplinary Collaboration

Hallmark: Flexible and Scaleable

- **Global applications** (*e.g., Global Eradication of Guinea Worm Disease*)
- **National applications to local** (*e.g., PATCH, ALA and ACS*)
- **Over 960 published applications in all settings** (see www.lgreen.net)
- **Multiple health issues/concerns**
- **Tailored, individual approaches scalable to population-based approaches**
- **Multiple points of intervention**

Hallmark: Evidence-based and Evaluable

- Start with Outcomes
- Continuous Assessment
- Measurable Objectives
- Ongoing Feedback/Learning System
- Minimizes “Unanticipated Effects”

Hallmark: A Platform for “Best Practice”

- Evidence-based
- Acknowledges Indigenous Practitioner Wisdom and Contextual Knowledge
- Tailors Strategies to Meet Unique Needs, Assets, and Circumstances
- A Generalizable Process, Not a Generalizable Plan!

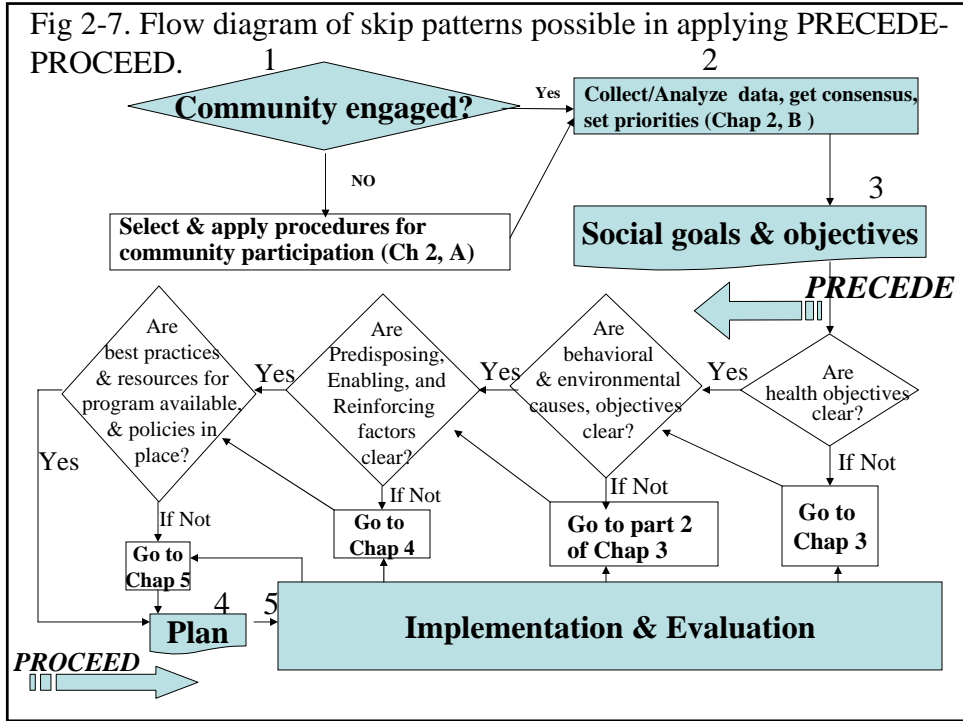
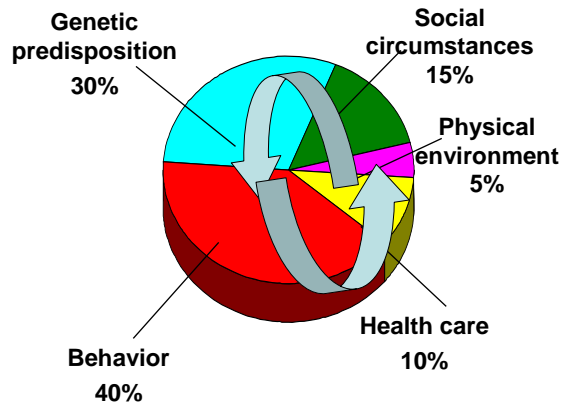
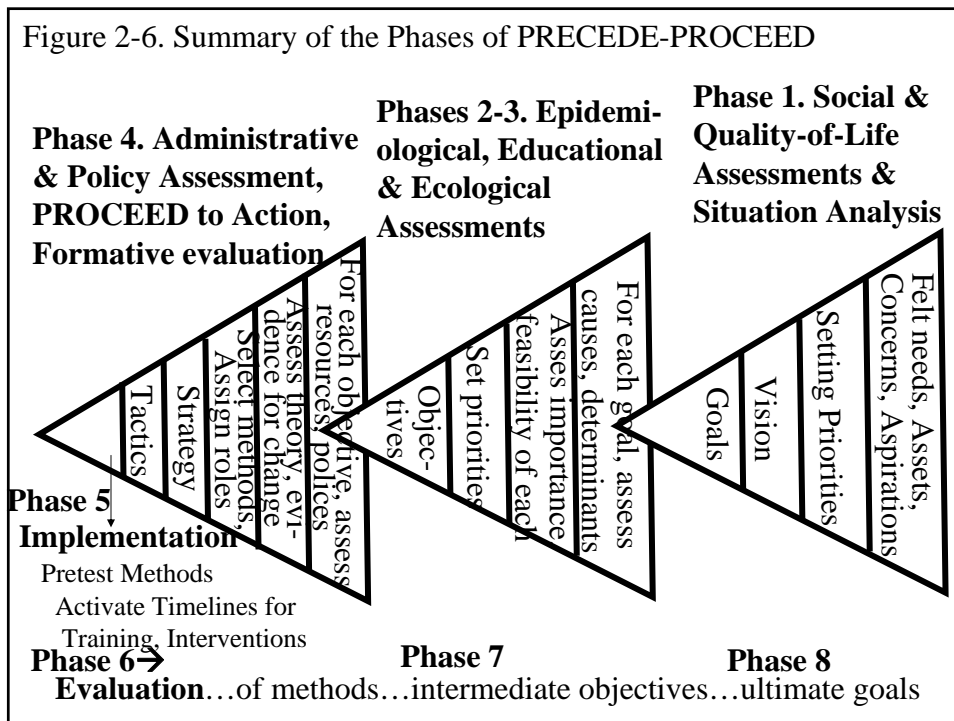
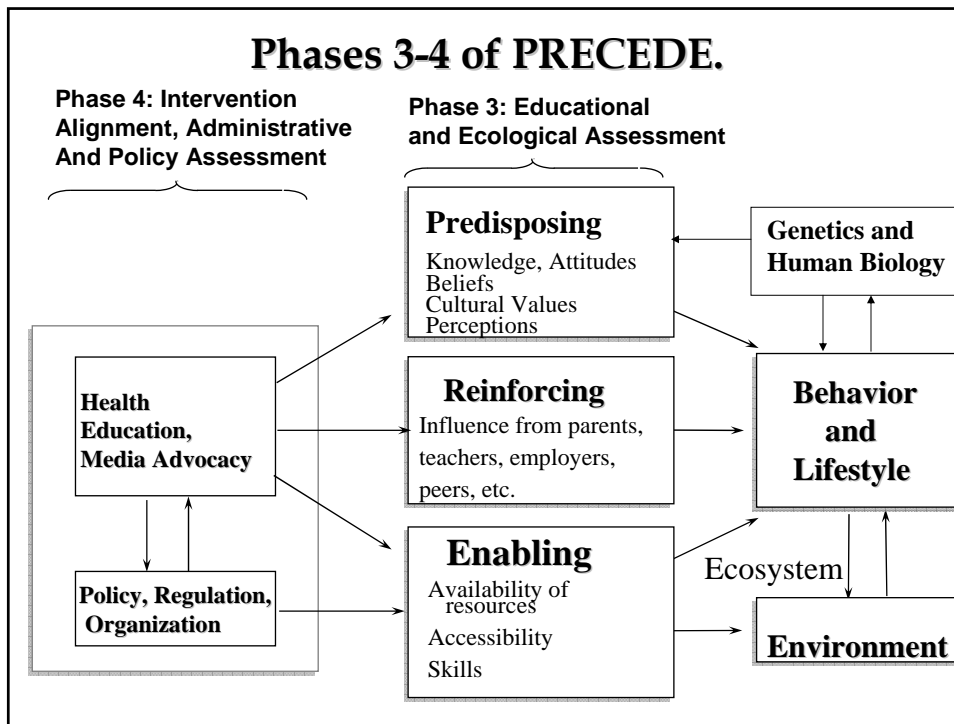
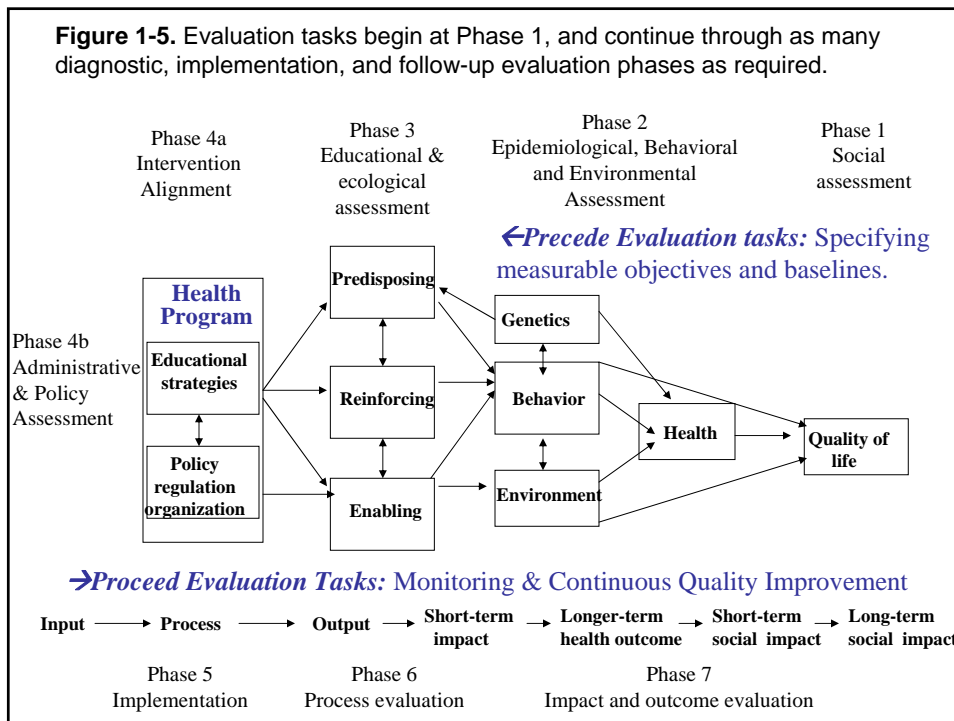
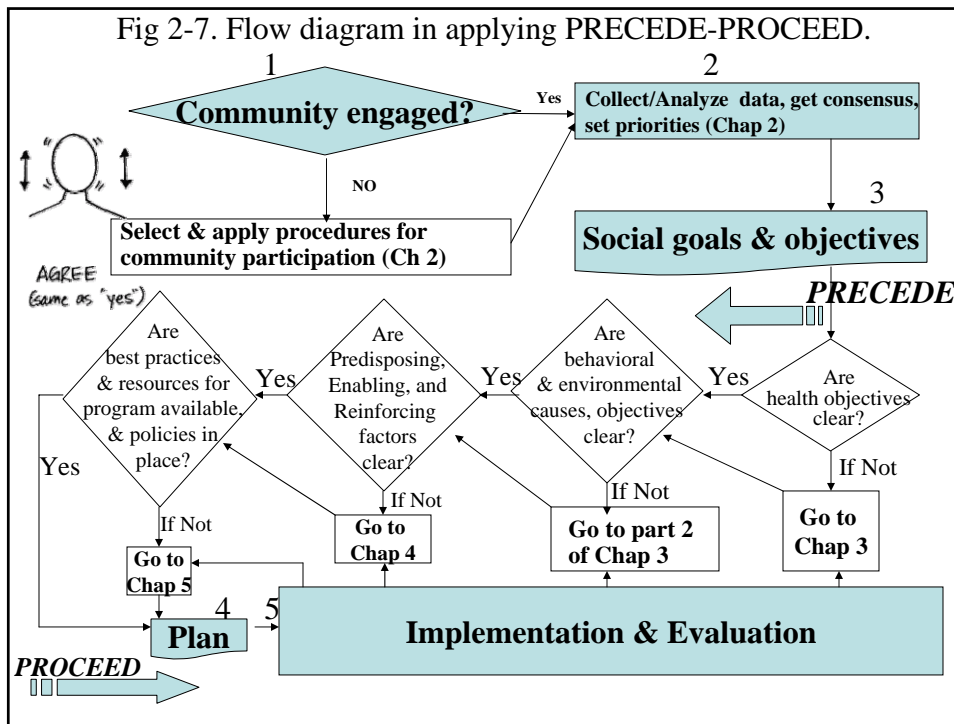


Figure 1-3a. Proportions of premature mortality attributable to genetic predisposition, behavior, and environment (social, physical, and health care).

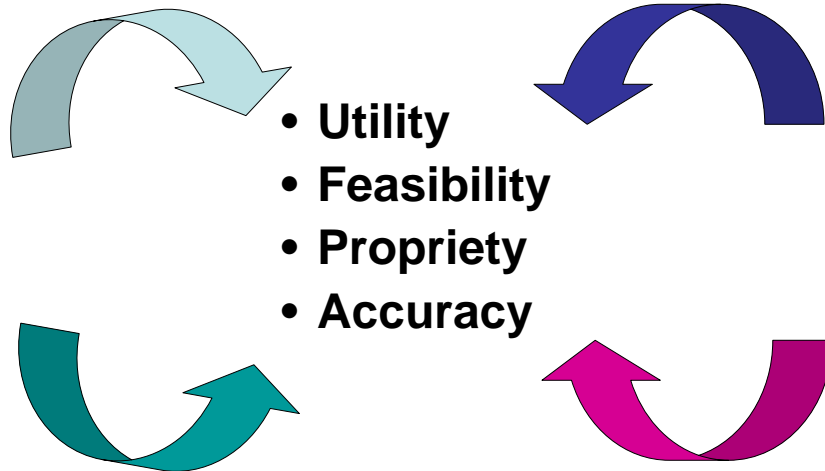


Source: McGinnis JM, Russo PG, Knickman, JR. *Health Affairs*, 21(2), April 2002.





Standards of Program Evaluation



Utility Standards

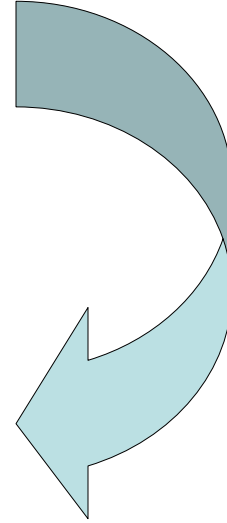
The utility standards are intended to ensure that an evaluation will serve the information needs of intended users



Feasibility Standards

The feasibility standards are intended to ensure that an evaluation will be realistic, prudent, diplomatic, and frugal

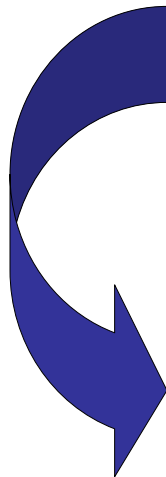
- Practical procedures
- Political viability
- Cost effectiveness



Propriety Standards

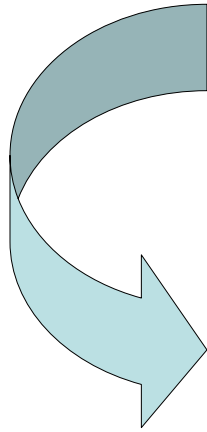
The propriety standards are intended to ensure that an evaluation will be conducted legally, ethically, and with due regard for the welfare of those involved in the evaluation, as well as those affected by its results

- Service orientation
- Formal agreements
- Rights of human subjects
- Human interactions
- Complete and fair assessment
- Disclosure of findings
- Conflict of interest
- Fiscal responsibility



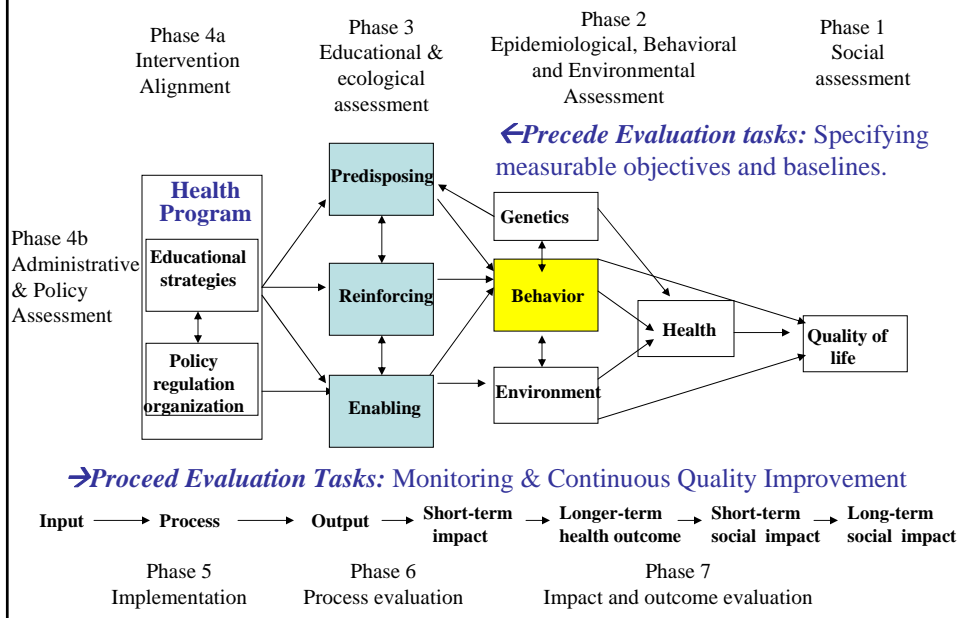
Accuracy Standards

The accuracy standards are intended to ensure that an evaluation will reveal and convey technically adequate information about the features that determine the worth or merit of the program being evaluated.



- **Program documentation**
- **Context analysis**
- **Describe purposes and procedures**
- **Defensible information sources**
- **Valid information**
- **Reliable information**
- **Systematic information**
- **Analysis of quantitative information**
- **Analysis of qualitative information**
- **Justified conclusions**
- **Impartial reporting**
- **Metaevaluation**

Figure 1-5. Evaluation tasks begin at Phase 1, and continue through as many diagnostic, implementation, and follow-up evaluation phases as required.



Application Session

- Identify one post-conference behavior in which you/participant might engage, e.g. conduct a training program, use P/P to plan a program, apply new idea from conference
- What would predispose, enable, and reinforce the selected behavior? (brainstorm)
- Select a priority in each category (prioritize)
- What would be a useful, feasible, accurate, and proprietary way to collect data on these criteria? (methodology)