Physical activity programmes and interventions IV

Health education models for
exercise promotion programs

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Health education models

Model is an hypothetical description of a complex entity or process

- **Principles are similar**
- Important differences in sequence, emphasis, and conceptualization of major components that make **certain models more appealing than others** to individual practitioners.
- There are no perfect planning models, we **must adapt them to fit the needs** of the planning situation, cultural characteristics of the population, setting and health problem.
- Necessary to **combine parts of different models** to meet specific needs and situations

Criteria for selecting a model

1. The **preferences** of the stakeholders (decision makers, partners, consumers)
2. How much **time** is available for planning purposes
3. How many **resources** are available for data collection and analysis
4. The degree to which clients are actually **involved as partners** in the planning process or the degree to which your planning efforts will be consumer – oriented
5. **Preferences** of the funding agency

Generalized model for program planning

- Understanding and engaging
- Assessing needs
- Setting goals and objectives
- Developing an intervention
- Implementing the intervention
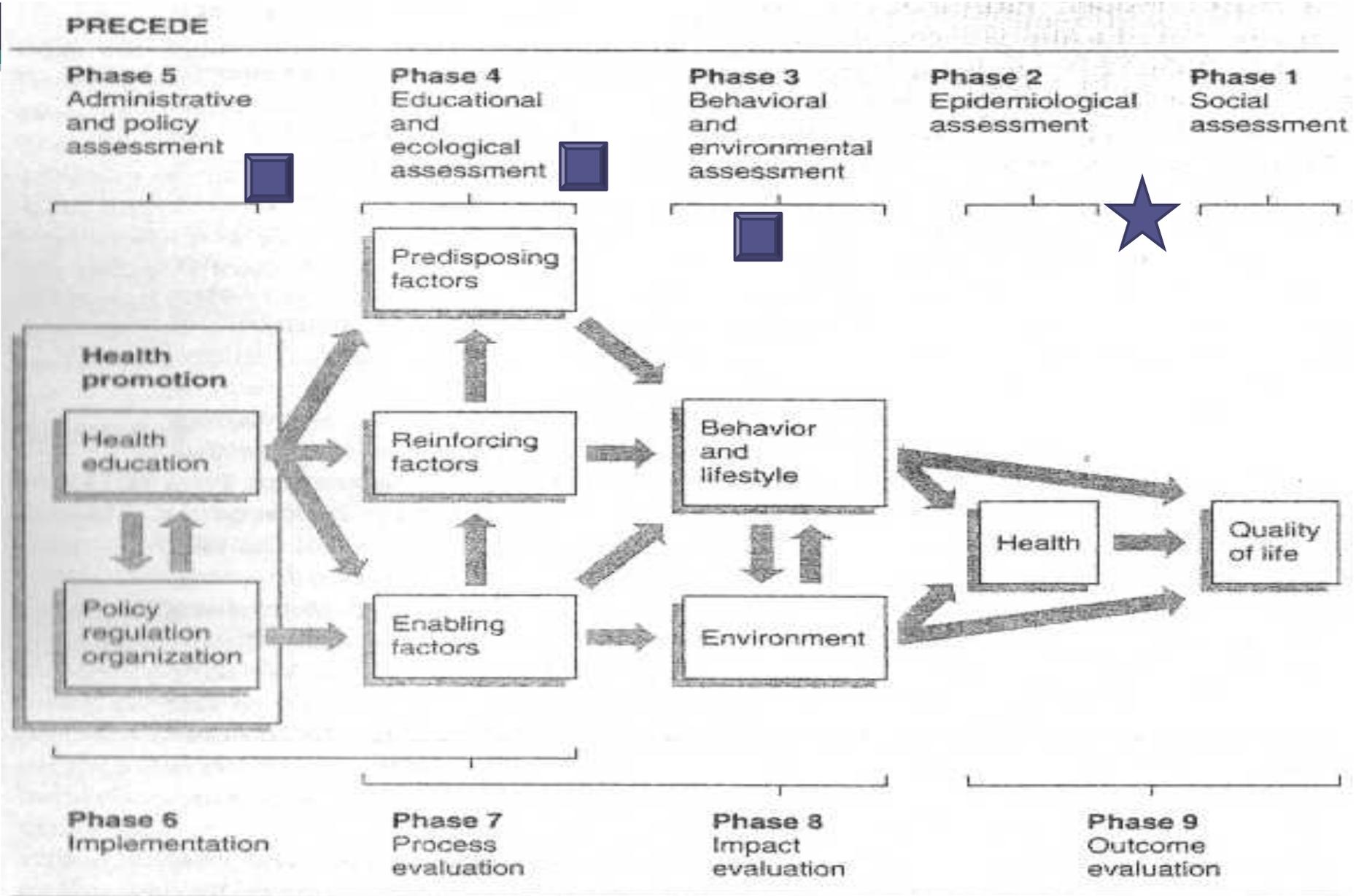- Evaluating the results

Most used models

- PROCEDE-PROCEED
- MATCH
- CDCYNERGY
- SMART

PROCEDE-PROCEED

- Green (1975) – Green & Kreuter (1999)
- Most used – theoretically grounded
- **Projects at a National Level**
- 9 Phases

Figure 2.2 The PRECEDE-PROCEED model for health promotion planning and evaluation

Source: From *Health Promotion Planning: An Educational and Ecological Approach, Third Edition* by Lawrence W. Green and Marshall W. Kreuter. Copyright © 1999 by Mayfield Publishing Compa-

1. Social assessment

- Define quality of life problem (e.g: diseases, discrimination, unemployment, welfare, etc.)

2. Epidemiological assessment

- Data to indentify and rank the health goals or problems that contribute to the needs of phase 1. (e.g.: fitness, habits, disability, mortality)
- Rank the health problems

3. Behavioral and environmental assessment

- Determine and prioritize the behavioral and environmental risks factors or determinants that might be linked to the health problems of phase 2.
- Behavioral: consumption patterns, preventive actions, coping, selfcare..
- Environmental: economic, physical, services, social....(access, affordability, equity)
- Prioritize ..

4. Educational and ecological assessment

- Identifies and classifies the many factors that have the potential to influence a given behavior into 3 categories:
  - Predisposing: knowledge, & affective traits (attitudes, values, beliefs, perceptions)
  - Enabling: access to health care, availability, appropriate providers, development of skills, laws-rules
  - Reinforcing: feedback and rewards after behavior change (encourage-discourage)

5. Administrative and policy assessment

- Planners determine if the capabilities and resources are available to develop and implement the program
- 6. Implementation
- 7, 8, & 9. Based on the earlier phases.
- Evaluation of the objectives of prior phases
- Process – impact – outcome evaluation

MATCH

- Multilevel Approach to Community Health (Simons-Morton et al., 1988).
- Intervention handbooks of Centers of Disease Control and Prevention
- **<u>Ecological planning perspective</u>**: approaches can and should be aimed at a variety of objectives and individuals
- **<u>Emphasis on program implementation</u>**
- Applying when **<u>behavioral and environmental risk and protective factors for disease or injury are known</u>** and when general priorities for action have been determined – development of effective programs.

Box 2.1 MATCH Phases and Steps

Phase 1: Goals Selection

    Step 1: Select health-status goals
    Step 2: Select high-priority population(s)
    Step 3: Identify health behavior goals
    Step 4: Identify environmental factor goals

Phase 2: Intervention Planning

    Step 1: Identify the targets of the intervention
    Step 2: Select intervention objectives
    Step 3: Identify mediators of the intervention objectives
    Step 4: Select intervention approaches

Phase 3: Program Development

    Step 1: Create program units or components
    Step 2: Select or develop curricula and create intervention guides
    Step 3: Develop session plans
    Step 4: Create or acquire instructional materials, products, and resources

Phase 4: Implementation Preparations

    Step 1: Facilitate adoption, implementation, and maintenance
    Step 2: Select and train implementors

Phase 5: Evaluation

    Step 1: Conduct process evaluation
    Step 2: Measure impact
    Step 3: Monitor outcomes

CDCYNERGY + SMART

- **Consumer based planning**
- **Health communication**
- Consumers are involved in the planning process
- Wants, needs and preferences
- Intervention and **communication strategies**
- "health communication is **rarely sufficient to change behavior ..it can influence attitudes perceptions awareness knowledge and social norms** (precursors for behavior change)...mass media without proper program support is insufficient.
- **Internet and digital technology – health revolution**...

CDCYNERGY + SMART

- Social marketing is a program planning process designed to influence the voluntary behavior of a specific audience to achieve a social than a financial objective
- Use persuasion to influence intention to act favorably
- Immunizations, family planning, nutrition (AIDS, cardiovascular disease, low-fat eating, drug use, breast cancer etc)

CDCYNERGY

- Theoretically based **health communication planning model**
- **CD-ROM tool**
- **Useful in community, worksite, school and health care settings**

CDCYNERGY
Phase 1: Describe Problem

- Identify and define health problems that may be addressed by your program interventions.
- Examine and/or conduct necessary research to describe the problems.
- Assess factors and variables that can affect the project's direction, including strengths, weaknesses, opportunities, and threats (SWOT).

CDCYNERGY
Phase 2:   Analyze Problem

- List causes of each problem you plan to address.
- Develop goals for each problem.
- Consider strengths, weaknesses, opportunities, threats, and ethics of health
  1) engineering,
  2) communication/education,
  3) policy/enforcement, and
  4) community service intervention options.
- Select the types of intervention(s) that should be used to address the problem(s).

CDCYNERGY
Phase 3: Plan Intervention

- Decide whether communication is needed as a dominant intervention and/or as support for other intervention(s).
  - If communication is used as a dominant intervention, list possible audiences.
  - If communication is to be used to support Community Sen/ices, Engineering, and/or Policy/Enforcement interventions, list possible audiences to be reached in support of each selected intervention.
- Conduct necessary audience research to segment intended audiences.
- Select audience segment(s) and write communication objectives for each audience segment.
- Write a creative brief to provide guidance in selecting appropriate concepts/ messages, settings, activities, and materials.

CDCYNERGY
Phase 4: Develop Intervention

Develop and test concepts, messages, settings, channel-specific activities, and materials with intended audiences.

- Finalize and briefly summarize a communication implementation plan.

CDCYNERGY
Phase 5: Plan Evaluation

- Determine stakeholder information needs.
  - Decide which types of evaluation (e.g., implementation, reach, effects) are needed to satisfy stakeholder information needs.
  - Identify sources of information and select data collection methods.
  - Formulate an evaluation design that illustrates how methods will be applied to gather credible information,
  - Develop a data analysis and reporting plan.
    - Finalize and briefly summarize an evaluation implementation plan. The plan should include:
      - Stakeholder questions
      - Intervention Standards
      - Evaluation methods and design
      - Data analysis and reporting
      - Tasks and timeline (including persons responsible for each task, date for completion of each task, resources required to deliver each task, and points at which progress will be checked)
      - Internal and external communication plan
      - Budget

CDCYNERGY
Phase 6:   Implement Plan

- Integrate, execute, and manage communication and evaluation plans.
- Document feedback and lessons learned.
- Modify program components based on feedback.
- Disseminate lessons learned and evaluation findings.

Source: Centers for Disease Control and Prevention (2003).
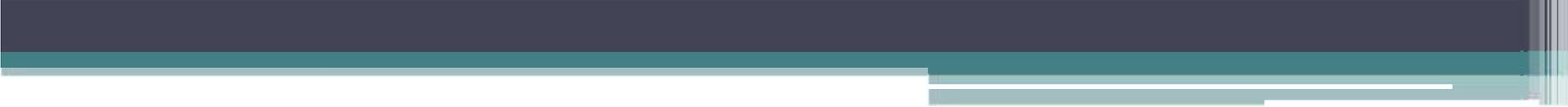
SMART

- **<u>Consumer based planning</u>**
- Social Marketing Assessment and Response Tool (Walsh, et al., 1993)
- Central focus on consumers – requires a deep understanding of the recipients

SMART
# Phase 1: Preliminary Planning

- Identify a health problem and name it in terms of behaviour.
- Develop general goals.
- Outline preliminary plans for evaluation.
- Project program costs.

SMART
Phase 2: Consumer Analysis

- Segment and identify the priority population.
- Identify formative research methods.
- Identify consumer wants, needs, and preferences.
- Develop preliminary ideas for preferred interventions and communication strategies.
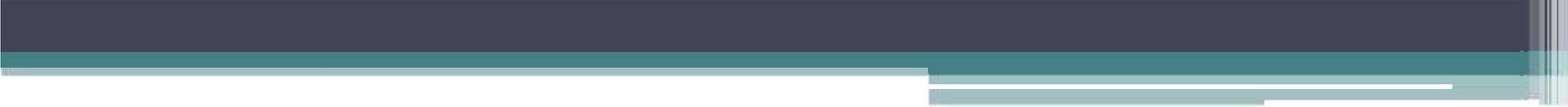
SMART
Phase 3: market analysis

- Establish and define the market mix (4P's: product-price-place-promotion)
- Assess the market to identify competitors (behaviors, messages, programs), allies (support systems, resources) and partners.

SMART
Phase 4: channel analysis

- Identify appropriate communication channels
- Assess options for program distribution – determine how channels should be used
- Identify communication roles for program partners

SMART
Phase 5: Develop interventions, materials, and pretest

- Develop program interventions and materials using information collected in consumer, market and channel analysis
- Interpret the marketing mix into a strategy that represents exchange and societal good
- Pretest and refine the program

SMART
Phase 6: Implementation

- Communicate with partners and clarify involvement
- Activate communication and distribution strategies
- Document procedures and compare progress to time lines
- Refine the program

SMART
Phase 7: Evaluation

- Assess the degree to which the priority population is receiving the program
- Assess the immediate impact on the priority population and refine the program as necessary
- Ensure that program delivery is consistent with established protocol
- Analyze changes in the priority population
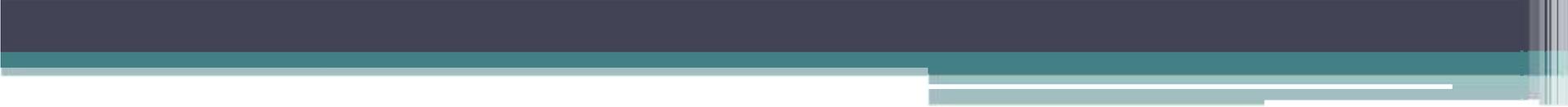
Group work

Which model is closer to your projects' aims?

Thank you