A Framework for Planning and Evaluation: PRECEDE-PROCEED
Evolution and Application of the Model

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PRECEDE-PROCEED Model

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


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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…

“Eat fewer calories than your body burns.”
Social-Ecological Model: Reciprocal Influences for Change*

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

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.
infection control parenting skills health care grief issues education higher level communication & negotiation skills mental health issues & FAMILY & DESCENDANTS

ADAM food safety water love & EVE shelter contraception interpersonal skills health care higher level communication & negotiation skills education lower level communication & negotiation skills food storage larger quantities of food & water

depth / width: 6 / 3

PRECEDE-PROCEED

PRECEDE: Predisposing, Reinforcing and Enabling Constructs in Ecosystem Diagnosis and Evaluation

PROCEED: Policy, Regulating or Resourcing, and Organizing for...

I. Planning

Health education, Media, Advocacy
Policy, Regulation, Resources, Organisation

II. Implementation

Predisposing
Reinforcing
Enabling

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

![Diagram of the Precede-Proceed model]

Japanese

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

![Diagram of the new version of PRECEDE-PROCEED]

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

Phase 1
Social assessment

Phase 2
Epidemiological, Behavioral and Environmental Assessment

Phase 3
Educational and Ecological Assessment

Phase 4a
Intervention Alignment

Phase 4b
Administrative & Policy Assessment

Phase 5
Implementation

Phase 6
Process evaluation

Phase 7
Impact and outcome evaluation

**→Precede Evaluation tasks:** Specifying measurable objectives and baselines.

**→Proceed Evaluation Tasks:** Monitoring & Continuous Quality Improvement

Phases 3-4 of PRECEDE.

Phase 4: Intervention Alignment, Administrative And Policy Assessment

Phase 3: Educational and Ecological Assessment

Predisposing
Knowledge, Attitudes Beliefs Cultural Values Perceptions

Reinforcing
Influence from parents, teachers, employers, peers, etc.

Enabling
Availability of resources Accessibility Skills

Genetics and Human Biology

Behavior and Lifestyle

Ecosystem

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

Phase 1. Social & Quality-of-Life Assessments & Situation Analysis

Phases 2-3. Epidemiological, Educational & Ecological Assessments

Phase 4. Administrative & Policy Assessment, PROCEED to Action, Formative evaluation

Phase 5. Implementation

Pretest Methods
Activate Timelines for Training, Interventions

Phase 6. Evaluation...of methods...intermediate objectives...ultimate goals

Phase 7

Phase 8

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!
Social goals & objectives

Community engaged?

NO

Yes

Select & apply procedures for community participation (Ch 2, A)

Collect/Analyze data, get consensus, set priorities (Ch 2, B)

Are health objectives clear?

Go to Chap 3

Are behavioral & environmental causes, objectives clear?

Go to part 2 of Chap 3

Are health objectives clear?

Go to Chap 3

Are predisposing, enabling, and reinforcing factors clear?

Go to Chap 4

Are best practices & resources for program available & policies in place?

If Not

Go to Chap 5

Plan

Implementation & Evaluation

PRECEDE

PROCEED

Fig 2-7. Flow diagram of skip patterns possible in applying PRECEDE-PROCEED.

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

Genetic predisposition

30%

Social circumstances

15%

Behavior

40%

Physical environment

5%

Health care

10%

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Phase 4. Administrative
& Policy Assessment, PROCEED to Action, Formative evaluation

Phase 5. Implementation
Pretest Methods
Activate Timelines for Training, Interventions

Phase 6. Evaluation
...of methods...intermediate objectives...ultimate goals

Phases 2-3. Epidemiological, Educational & Ecological Assessments

For each goal, assess causes, determinants
Assess importance
Feasibility of each
Set priorities
Objectives

Phase 7

Goals
Vision
Setting Priorities

Phase 8

Felt needs, Assets, Concerns, Aspirations

Phase 1. Social & Quality-of-Life Assessments & Situation Analysis

For each objective, assess resources, policies
Assess theory, evidence for change
Select methods
Assign roles

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

Phases 3-4 of PRECEDE.

Phase 4: Intervention Alignment, Administrative And Policy Assessment

Phase 3: Educational and Ecological Assessment

Predisposing
Knowledge, Attitudes
Beliefs
Cultural Values
Perceptions

Behavior and Lifestyle
Genetics and Human Biology

Reinforcing
Influence from parents,
teachers, employers,
peers, etc.

Enabling
Availability of resources
Accessibility
Skills

Environment
Ecosystem

Health Education, Media Advocacy

Policy, Regulation, Organization

Phases 1. Social & Quality-of-Life Assessments & Situation Analysis

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Goals
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Phase 8

Felt needs, Assets, Concerns, Aspirations
Fig 2-7. Flow diagram in applying PRECEDE-PROCEED.

1. **Community engaged?**
   - Yes
   - Collect/Analyze data, get consensus, set priorities (Chap 2)

2. **Social goals & objectives**
   - Yes
   - Select & apply procedures for community participation (Ch 2)

3. **Are health objectives clear?**
   - Yes
   - Go to Chap 3
   - No
   - Go to part 2 of Chap 3

4. **Are behavioral & environmental causes, objectives clear?**
   - Yes
   - Go to Chap 4
   - No
   - Go to Chap 5

5. **Are health objectives clear?**
   - Yes
   - Are best practices & resources for program available & policies in place?
     - Yes
     - Go to Chap 5
     - No
     - Go to Chap 4

6. **Are Predisposing, Enabling, and Reinforcing factors clear?**
   - Yes
   - Are behavioral & environmental causes, objectives clear?
     - Yes
     - Are health objectives clear?
       - Yes
       - Select & apply procedures for community participation (Ch 2)
       - No
       - Collect/Analyze data, get consensus, set priorities (Chap 2)

**Implementation & Evaluation**

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

**PRECEDE Evaluation tasks:** Specifying measurable objectives and baselines.

**Proceed Evaluation Tasks:** Monitoring & Continuous Quality Improvement

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Standards of Program Evaluation

- Utility
- Feasibility
- Propriety
- Accuracy

Utility Standards

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

- Stakeholder identification
- Evaluator credibility
- Information scope and selection
- Values identification
- Report clarity
- Timeliness and dissemination
- Evaluation impact
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

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**Precede Evaluation tasks:** Specifying measurable objectives and baselines.

**Proceed Evaluation Tasks:** Monitoring & Continuous Quality Improvement

Phase 1 Social assessment
Phase 2 Epidemiological, Behavioral and Environmental Assessment
Phase 3 Educational & ecological assessment
Phase 4a Intervention Alignment
Phase 4b Administrative & Policy Assessment
Phase 5 Implementation
Phase 6 Process evaluation
Phase 7 Impact and outcome evaluation
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)