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

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.”
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.
ADAM & EVE

Food safety
Love
Shelter
Interpersonal skills

Communication
Approval
Sexual health issues
Contraception

Family

Infection control
Parenting skills
Health care
Mental health issues
Grief issues
Higher level communication and negotiation skills
Education

Food storage
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.

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

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

Phases 3-4 of PRECEDE.

**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

**Phase 4: Intervention Alignment, Administrative And Policy Assessment**

- **Health Education, Mass Media, Advocacy, Training**
- **Policy, Regulation, Organization**

**Phase 4b Administrative & Policy Assessment**

- **Phase 2**
  - Epidemiological, Behavioral and Environmental Assessment

**Phase 5**

- **Implementation**

**Phase 6**

- **Process evaluation**

**Phase 7**

- **Impact and outcome evaluation**
Figure 2-6. Summary of the Phases of PRECEDE-PROCEED

- **Phase 1. Social & Quality-of-Life Assessments & Situation Analysis**
- **Phase 2-3. Epidemiological, Educational & Ecological Assessments**
- **Phase 4. Administrative & Policy Assessment, PROCEED to Action, Formative evaluation**
- **Phase 5. Implementation**
- **Phase 6. Evaluation**
- **Phase 7. Goals**
- **Phase 8. Setting Priorities**

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

**Yes**
- Collect/Analyze data, get consensus, set priorities (Chap 2, B)

**Are health objectives clear?**
- Go to Chap 3

**Yes**
- Are behavioral & environmental causes, objectives clear?
- Are predisposing, enabling, and reinforcing factors clear?
- Are best practices & resources for program available, & policies in place?

**Plan**
- Go to Chap 4

**Implementation & Evaluation**

**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).**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genetic predisposition</td>
<td>30%</td>
</tr>
<tr>
<td>Social circumstances</td>
<td>15%</td>
</tr>
<tr>
<td>Physical environment</td>
<td>5%</td>
</tr>
<tr>
<td>Behavior</td>
<td>40%</td>
</tr>
<tr>
<td>Health care</td>
<td>10%</td>
</tr>
</tbody>
</table>

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

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

Phases 2-3. Epidemiological, Educational & Ecological Assessments

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

Phase 5
Implementation
Pretest Methods
Activate Timelines for Training, Interventions

Phase 6
Evaluation
For each objective, assess resources, policies, evidence for change, assess feasibility of each, select methods, assign roles

Phase 7
For each goal, assess causes, determinants, assess importance, set priorities

Phase 8
Goals, Vision, Setting Priorities, Felt needs, Assets, Concerns, Aspirations

...of methods...intermediate objectives...ultimate goals
Fig 2-7. Flow diagram in applying PRECEDE-PROCEED.

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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
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

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

Phase 4a Intervention Alignment
Phase 3 Educational & ecological assessment
Phase 2 Epidemiological, Behavioral and Environmental Assessment
Phase 1 Social assessment

Health Program
- Educational strategies
- Policy regulation organization

Predisposing
- Genetics

Reinforcing
- Behavior

Enabling
- Environment

Outcome Longer-term health outcome
- Short-term social impact
- Long-term social impact

Input → Process → Output → Short-term impact → Longer-term health outcome → Short-term social impact → Long-term social impact
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 PIP 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)