1. **Explain how the PPM model was used to address planning and intervention characteristics in the Cole & Horacek (2010) article.**

According to the Cole & Horacek (2010) article; the Precede- Proceed Model (PPM) addressed planning and intervention characteristics with an objective to increase the success of behavior modification in relation to weight management by discontinuing the dieting mentality and adopting an intuitive-eating-concept. The Precede phase was designed into 5 phases and the Proceed phase into 4 phases. The 5 Precede design phases includes:

The social diagnosis phase identified the increasing prevalence of obesity and the difficulty military spouses experience with managing their weight. The epidemiological phase identified stressors like over eating foods with poor nutritional quality, fast foods, stress eating and inadequate physical activity which promote obesity. The behavioral and environmental phase linked overconsumption of food with poor nutritional quality, stress eating and inadequate physical activity to obesity. It also identified daily life stressors, emotional and environmental stimuli experienced in military service to the difficulty military spouses experience in weight management (Cole & Horacek, 2010). The educational and organizational phase identified and categorized the value attached to physical activity, feeling about choice of food, self-image, emotional eating, dieting thoughts, hunger/fullness cues, ability to make healthy choices and the need for incentives as predisposing, reinforcing and enabling factors which influence difficulty in weight management. The administrative and policy phase took the focus off quick weight loss, focused on improving health and developed intuitive eating as an alternative to dieting (Cole & Horacek, 2010).
The 4 Proceed design phases are described below.

The implementation phase recruited ninety-one female participants of which sixty-one completed collection of baseline data a week before program commenced. The sixty-one participants were randomized into control and intervention groups. The “my body knows when program” was attended by the intervention group weekly for ten weeks where the intuitive-eating principles were discussed. The pretest, posttest and 6-months follow-up data were completed by both the intervention and control groups. The process evaluation phase surveyed the program biweekly, at posttest, and 6-months follow-up to assess its effectiveness, detect early enough implementation concerns and desires of the participants. The impact evaluation phase identified the immediate effect “my body knows when” intuitive eating program had on healthy lifestyle behaviors and its impact on environmental factors. The outcome evaluation assessed the quality of life and epidemiological indicators identified in the precede phase (Cole & Horacek, 2010).

2. Determine and explain if the use of the model made sense based on the description of the model in the appropriate textbook chapter and supplemental materials.

Based on the description of the model in the textbook chapter and supplemental materials the use of the model in article authored by Cole & Horacek (2010) made sense. Although, the textbook and supplemental materials described the Precede and Proceed phases in 4 phases each; the Cole & Horacek (2010) article described the Precede phase in 5 phases and the Proceed phase in 4 phases. The authors divided the epidemiological, behavioral and environmental assessment phase into 2 phases; an epidemiological assessment phase and a behavioral and environmental assessment phase. The authors were guided by the dictates of each of the phases of the PPM. The planning of “my body knows when” intuitive eating pilot program started at phase 1 of the precede phase and continued through proceed implementation phase and
stopped at the outcome evaluation phase. The actions of each of the Proceed phases were affected by each other.

3. **In review of your chosen secondary articles, how did the application of the model differ between the interventions? In your opinion, is one application a better use of the model than the other? Explain.**

The Howat, Jones, Hall, Cross & Stevenson (1997) article compressed the PPM model into 6 phases by changing the name of the phases of the PPM and applied it as a framework for planning a 3 year intervention trial which aims at preventing child pedestrian injury in school children aged 5 – 9 years.

The authors designed the Precede phase into 4 phases and the Proceed phase into 2 phases. The Precede phases are the social, epidemiological, behavioral and contributory factors phases (Howat, Jones, Hall, Cross & Stevenson, 1997). The authors divided the epidemiological, behavioral and environmental assessment phase into 2 phases; an epidemiological assessment phase and a behavioral and environmental assessment phase. The educational, ecological assessment phase and the administrative, policy assessments and intervention alignment phases was combined into the contributory factors phase.

The Precede phases are the intervention strategy selection and the evaluation phase (Howat et al, 1997). The authors renamed the implementation phase an intervention strategy selection phase. The authors combined the process, impact and outcome evaluation phases and named it the evaluation phase.

According to Howat et al (1997); the child pedestrian injury prevention project (CIPPP) commenced from the epidemiological factors phase. The social factor phase was conducted after identifying pedestrian injury involving 5-9year old children a priority problem in the society.

The Ying, Jia, Hui, Daikun & Yang (2009) article used the PPM to conduct a community needs assessment.
Though the authors used only the Precede (specific planning phases) phase in 5 phases for the article, they followed the dictates of the Precede phases of the PPM.

The Proceed (specific monitoring and implementation phases) phase was not used. The authors conducted the social assessment phase in 2 phases and named it prior health problems phase. The authors renamed the epidemiological, behavioral and environmental phase the behavioral and environmental risk factors phase and conducted it as the third phase. The educational and ecological assessment phase was conducted as the fourth phase and renamed the educational diagnosis phase. The administrative, policy assessment and intervention alignment phase was conducted as the fifth phase and renamed resources phase.

In my opinion no application is a better use of the model. The authors of the different articles adapted the application to suit the article’s objectives and their different circumstances. The authors of the Ying, Jia, Hui, Daikun & Yang (2009) article in the future will probably conduct another study and implement the Proceed phase of the PPM with the results of this article.
References


