1

Planning campaigns

Planning is essential to ensure success in health campaigns. This chapter will highlight the role of planning in the design of health campaigns and consider why planning is integral to success. This chapter will identify four planning models: (1) the nine-step model; (2) the Total Process Planning Model; (3) PRECEDE-PROCEED; and (4) Intervention Mapping. These are taken from various disciples connected to health and can be applied to health campaigns. This chapter will evaluate these models and consider how they can work in a practical context.

This chapter aims to:

- explore the rationale for using planning models in campaign planning and design
- identify a selection of planning models that can be used in the design of campaigns
- apply theoretical aspects of planning models to health communication practice

PLANNING

Planning can contribute to a health campaign by helping to:

- identify the main problem and solution;
- identify the correct approach;
- ensure effective resource use and allocation;
- avoid unwanted outcomes.

Practitioners need to ensure that, in any campaign, both the main problem and its solution are identified. Russell et al. (2003) suggest that if the problem is not described accurately, then factors including the inability to identify an alternative solution may not be possible. Tones and Green (2004: 109) suggest that 'the overall purpose of systematic planning is to identify goals and the most effective means of achieving them'. Planning therefore can ensure success. Godin et al. (2007), in their review of the planning process in STI and HIV campaigns, emphasize that planned campaigns are more likely to be successful. Planning not only helps to organize theories and ideas, but also ensures correct identification of a problem and a solution.

Approaches vary between campaigns. Planning assists the selection of the most appropriate approach. For example, an accident prevention campaign aimed at young children will use a different approach to a campaign that aims to increase knowledge in adults of an infectious disease. There is not single general campaign that can be applied to all health issues or all target groups. There can be considerable differences between campaigns, especially in relation to applicability and transferability of theory into practice (Wang et al. 2005; Corcoran 2007b; see also Chapter 2). Evidence from research in one campaign may not translate well into practice in another campaign.

Planning also helps to ensure that resources are used effectively. Douglas et al. (2007) indicate that failure to demonstrate a planned approach can mean there is a risk that your topic will not be given priority, and thus funding or resources may be allocated elsewhere. They also note that systematic planning can ensure resources are used effectively. From the budget-holders' or stakeholders' perspectives, planning ensures value for money and minimizes misdirected time, spending and resources. Planning is essential in ensuring any problems identified are addressed in the preliminary phases to try and eliminate factors such as misdirected messages, or administration failures.

One of the problems of campaigns is the risk of unexpected or unintended consequences, for example, a campaign may run out of resources. Moreover, there is some evidence to suggest that campaigns may have a boomerang effect (for an example, see the section on fear appeals in Chapter 6). In addition, some authors suggest campaigns can have unintentional, negative, impacts. Lee (2007) indicates that some sexual *health promotion* misses its audience with men who have sex with men, possibly in part due to the advertising imagery used having unintended consequences. Effective planning may help to reduce this risk, especially through the application of planning models.

Activity 1.1:   Unplanned outcomes

You have been working on a campaign to reduce high dietary fat intake in a group of overweight young teenagers. The main messages link appearance and feeling good with eating less fat.

1   What possible positive effects could this campaign have and what possible negative effects could this campaign have on the target group?

PLANNING MODELS

Planning need not be static, rigid or fixed. It does, however, need to be systematic (Douglas et al. 2007). Health *communication* is generally based on systematic planning models drawn from health promotion and *public health* practice. It can be argued that working to a planning model may restrict creativity and imagination in the campaign process, but on the contrary, planning models help ensure that the imaginative and creative process is developed as appropriately as possible. Horst et al. (2009) indicate the importance of adapting campaign planning to prevailing conditions. For example, their project changed elements of the original project in response to new information regarding drug toxicity, decreases of workload, and the changing realities of HIV care. A practitioner therefore needs to view planning as an adaptable process that is flexible enough to change to meeting the changing realities of day-to-day health practice.

Effective planning may be based on a variety of models. 'Models are the means by which structure and organization are given to the planning process' (McKenzie et al. 2005: 15). This is not to say that a planning model is rigid and inflexible, but is more a framework that ensures everything you want to happen actually does happen. Although campaigns can take place without a planning model to guide them, the risk of the campaign not meeting outcomes, going over budget or not anticipating avoidable factors is then much higher.

Activity 1.2:   Stages in the planning process

1   If you were going to pre-plan a health communication campaign to promote the wearing of a seatbelt in a car, what key planning steps would you need to include? Think broadly from the conception of the campaign to the very end of the campaign.

Planning models typically follow a series of steps in a logical order. These sequential steps vary somewhat between different planning models. McKenzie et al. (2005) propose that these steps are: understanding and engaging, assessing needs, setting goals and objectives, developing a campaign, implementing the campaign and evaluating the campaign. Other common steps in a planning model include examining the evidence base, identifying budget and resources and identifying methods. The steps included in planning models are usually represented in diagrammatic forms – usually circular or linear – to enable the health practitioner to work towards their desired outcomes.

CHOOSING A MODEL

In small-scale campaigns a basic planning model will suffice. Practitioners can then choose to add other planning tools (see Chapters 2 and 3) to their own

campaign plans. Larger-scale projects, especially if they involve more than a small group of people and have larger budgets, stakeholders or target groups, may find that the more complex planning models provide scope for this level of attention to detail. Generally, the bigger the project, the more factors that need to be accounted for and therefore the more pre-planning is required.

Selection of a planning model is not merely a matter of personal preference. McKenzie et al. (2005) highlight a number of reasons for the choice of a planning model including the preference of stakeholders and the time available for the planning process. A wide range of planning models are used in health promotion and public health practice. The further reading at the end of this chapter indicates where you can find information about additional models not covered this textbook. In this chapter we consider four planning models that can be used for health communication campaigns. They are:

1   The nine-step planning model.
2   Total Process Planning Model (National Social Marketing Council 2006b).
3   PRECEDE–PROCEED (Green and Kreuter 2005).
4   Intervention Mapping (Bartholomew et al. 2006).

The first two of these are sequential planning models incorporating basic stage/step models of planning. They are less complex than some other planning models as they follow a logical sequence and allow room for additional variables to be included as necessary.

The more complex planning models considered in this chapter are the *PRECEDE-PROCEED* model and *Intervention Mapping* (IM). These models are more rigid and prescriptive in nature. While there are a number of other planning models available to practitioners (some of which use computer-based software), these two models are commonly used in health and have demonstrated their use in a range of health promotion and public health-based work, showing adaptability to health campaigns.

THE NINE-STEP MODEL

The nine-step model is cyclical in form. It is based on the idea that feedback from one campaign can contribute to the development of the next. The steps in the nine-step model (see Figure 1.1) are (1) Rationale, needs and priorities (2) Aims and objectives (3) Selection of theoretical model (4) Method and design of method (5) Resources/budget (6) Evaluation (7) Action plan (8) Implementation and (9) Feedback and future. Each step will be described in turn.

Step 1:   Rationale: the rationale is written, including the evidence base to identify the main reasons for the campaign. Needs and priorities are also decided.
Step 2:   Aims and objectives: this is where aims and objectives are set.
Step 3:   Selection of theoretical model: a theoretical model is selected to provide the basis for the campaign.
Step 4:   Method and design of method: the method and how the method will be designed are formulated here. The method is *what* will be done, and the design is *how* this will be done.
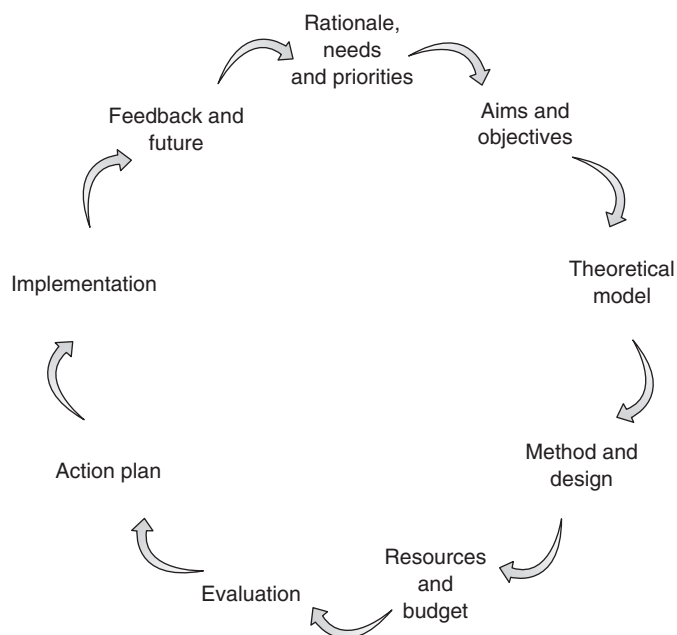
Figure 1.1　Nine-step planning model

Step 5:　Resources and budget: this is a list of resources, and a matching list of how much these resources will cost, including manpower, practical resources and other factors that might involve financial or resource issues.

Step 6:　Evaluation: this indicates the evaluation method and how this will be conducted.

Step 7:　Action plan: this is a full action plan detailing what will happen and when.

Step 8:　Implementation: This stage is devoted to the full implementation of the campaign.

Step 9:　Feedback. This is the feedback of evaluation results and campaign developments. This also includes recommendations that can be used for future evidence-based practice.

As a straightforward model, the nine-step model is suitable for most small-scale campaigns. This includes those campaigns that are running on a small budget or a limited time scale.

Activity 1.3:　Planning using the nine-step model

You are designing a campaign to promote oral hygiene in the under-fives in your local area, and you want to develop an oral health pack for parents/carers. Your overall aim is 'to increase the number of parents who brush their children's teeth correctly for three minutes at least once a day'. You have £1000 to help you run your campaign.

1　Using the nine-step model, plan a campaign based on this topic that is within this budget. Remember that you will need to formulate objectives, identify all the resources you will need, and think about how you will evaluate your work.

TOTAL PROCESS PLANNING

Social marketing can be used to help the campaign planning process. Social marketing applied to health involves 'the systematic application of marketing concepts and techniques to achieve specific behaviour goals relevant to improving health and reducing health *inequalities*' (NSMC 2006b). The frameworks and principles that social marketing embodies have been found to be useful in a variety of health contexts, and therefore can be fully integrated into a range of health-related communication campaigns (Corcoran 2008). Social marketing follows a clear framework and this makes it easier to identify the factors that influence behaviour (Corcoran 2007a). Social marketing has been used recently in a number of health areas including physical activity (Dearing et al. 2006; Gordon et al. 2006) and HIV/AIDS (Lombardo and Leger 2007).

The National Social Marketing Council (NSMC) (2006a) argues that the planning process should be systematic. In particular, it advocates that attention should be given to 'scoping and development'. The NSMC recommend a model entitled 'the Total Process Planning' model (TPP). This five-step model is illustrated in Figure 1.2. The five steps (or phases) in the model are: (1) scope; (2) develop; (3) implement; (4) evaluate; and (5) follow-up.

The five steps

1 Scope

The scoping phase examines and defines the key issue(s) of the campaign. This includes clarifying aims, segmenting the audience, identifying the behavioural focus and engaging stakeholders. Therefore the main focus in this section is examining and defining the issues (with stakeholders), reviewing the focus of the audience, focusing attention on the specific targeted behaviours and establishing goals. Finally, development of the proposition (similar to the main messages) will be completed at this stage.
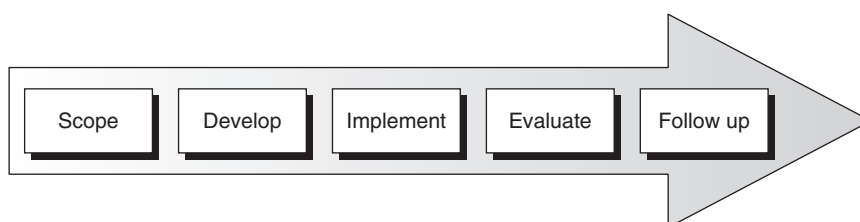

Figure 1.2   Total Planning Process model

Source: Adapted from National Social Marketing Council (2006a)

Case study 1.1:   Collecting data in the scoping phase

Duyn et al. (2007) indicates there are two ways to ensure that evidence is sufficient to inform a social marketing campaign. The first way is to segment the target audience and then examine what appeals to that audience. The second is to use 'gate-keepers' (those people who influence the target population) to learn about aspects of the target group, for example, traditionally held example beliefs. This might involve focus groups, surveys, questionnaires, examining popular media or literature or other methods.

2 Develop

In the development phase, the campaign proposition is tested and a plan for action is developed. Activities include selecting the appropriate social marketing activities, pre-testing materials, and defining appropriate indicators for evaluation. Pre-testing and re-testing the proposition will take place here also so that the campaign is ready for the next phase.

This phase employs a well-known concept concept called the 'marketing mix'. This consists of what have become known as 'the four Ps', namely:

- Product
- Price
- Place
- Promotion/positioning.

'Product' refers to the characteristics of the product itself. Price is the cost (not just actual costs, but imagined costs too). Place is where the product (or behaviour) is available, e.g. community centres. Promotion/positioning is the way in which the product is sold. This includes the publicity and message design associated with the 'product'.

The 'price' of campaign does not always refer to actual price in money: it may include psychological or social prices. For example, buying a packet of condoms is generally regarded as a monetary price. However, the secondary behaviour (using the condoms) is actually what may elicit higher costs, as negotiating safer sex may actually come at a high price. This may include embarrassment or being seen as promiscuous, for suggesting condoms are used. In a marital relationship there may also be different 'costs' in asking for a condom, such as being labelled as unfaithful.

Activity 1.4:   Designing campaigns using the 4 Ps

You are undertaking a campaign to encourage girls aged 11–13 to become more physically active after school. After focus groups with groups of 11–13-year-olds you find two main areas of interest. First, girls do not want to spend 'pocket' money on

(*Continued*)

(*Continued*)

physical activities, and, second, they say they do not have time in their school week to exercise due to extra-curricula groups, homework and socializing. You have been allocated some money for resources, and are planning to promote different ways to be active in the local park promoted through a small fold-out booklet.

1 Based on the information above what is your: Product? Price? Place? and Promotion?

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3 Implement

The implementation phase involves the commencement and management of the actual campaign.

4 Evaluate

In this phase the campaign processes, the outcomes of the campaign, and its cost effectiveness are evaluated. The actual impact on the goals therefore should be identified through this process.

5 Follow up

The follow-up phase consists of capitalizing on the successes of campaign, constructing a review, and recording information for future reference, for example in subsequent campaigns. The model emphasizes the strong involvement of stakeholders throughout the planning process.

The social marketing approach has been subject to a number of criticisms (see Corcoran 2007a). In relation to its use as a planning model, however, Lombardo and Leger (2007) note that in their review of two HIV/AIDS campaign that used social marketing principles, behavioural models of health were not included in the social marketing campaigns. This may be a problematic area of social marketing as it does not explicitly include a section to incorporate relevant behavioural change theories, unlike the other planning models discussed. In addition, the other criticisms of social marketing in general, such as ignoring wider structural barriers to change by putting emphasis on individuals (Lombardo and Leger 2007), may also apply to the use of social marketing as a planning model. More information on the use of social marketing in health communication is given in Chapter 5.

PRECEDE–PROCEED MODEL

The PRECEDE–PROCEED model (Green and Kreuter 2005) is widely known. As shown in Figure 1.3, it comprises nine steps. 'PRECEDE' stands for 'Predisposing, Reinforcing and Enabling Constructs in Educational/Ecological Diagnosis and Evaluation' (Green and Kreuter 2005). The model 'provides a
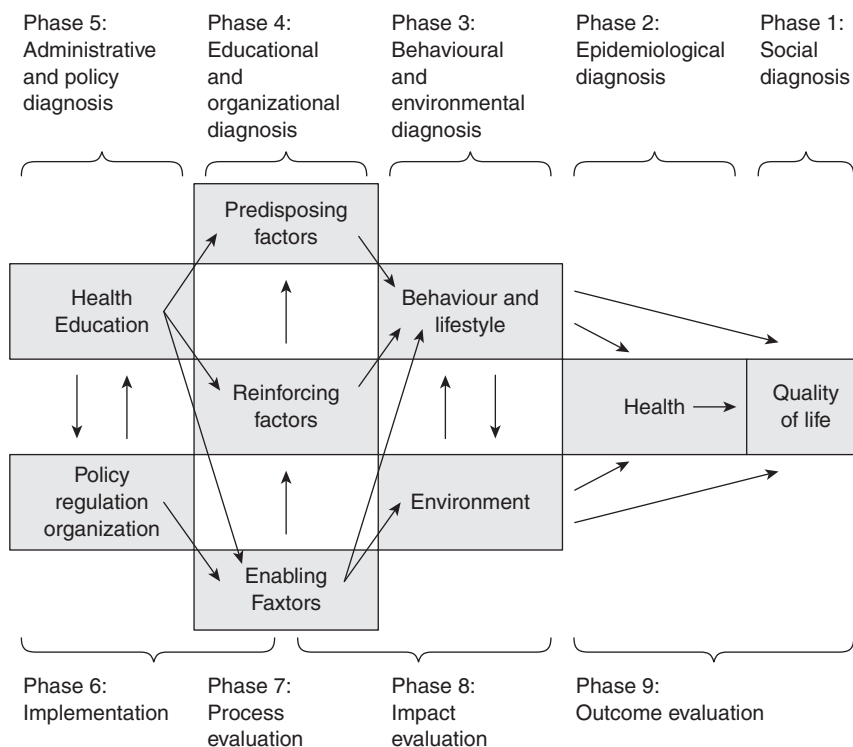
Figure 1.3   PRECEDE–PROCEED planning model

Source: Adapted from Green and Kreuter (1999).

clear systematic process for planning, delivering, and evaluating health promotion campaigns for defined populations' (Meador and Linnan 2006: 187). The model has been widely used in health promotion and health education and is grounded theory, as well as providing a comprehensive planning model (McKenzie et al. 2005). It has been developed and adapted over time with the addition recently of 'PROCEED' to the framework. PROCEED stands for 'Policy, Regulatory and Organizational Constructs in Educational and Environmental Development'.

Many campaigns have utilized the PRECEDE model. Most recently these include planning campaigns concerning men's health (Meador and Linnan 2006), mental health promotion (Mo and Mak 2008), early psychosis (Yeo et al. 2007), and cardiovascular disease (Ramey et al. 2008).

Although this model may look complicated, it is actually one of the most straightforward planning models. PRECEDE starts with the desired outcome and then works backwards systematically to complete a campaign plan. Generally the premise of the model is that the PRECEDE phase uses data and information from the early stages to create an educational and ecological assessment of the problem (Ramey et al. 2008). The PROCEED phase then guides the

evaluation process. PRECEDE can be used without the PROCEED elements, and practitioners may wish either to use the two elements together, or to choose only the first, depending on campaign design.

The stages

1 Social assessment
This stage involves the identification of the target population's concerns, needs and quality of life, problems and priorities. This section could compose of focus groups, interviews, surveys and systematic searching of the wider issues connected with the proposed target group.

2 Epidemiological assessment
In this stage, data is used to prioritize the problems identified in Stage 1. This is generally a case of ranking the health issues from most to least important. Data may include morbidity and mortality, alongside markers such as prevalence rates.

3 Behavioural and environmental assessment
In this stage the key behavioural and environmental factors associated with the health problem(s) identified in Stage 2 are established. Behavioural factors therefore may include preventative behaviours, fitness levels, etc. Environmental factors will include the wider environment, for example, accessible services or affordability.

Activity 1.5:   What factors are important in Stage 3?

Wasilewski et al. (2008) examined the prevention of work-related musculoskeletal disorders in supermarket cashiers. They list a number of behavioural and environmental determinants that could contribute to musculoskeletal disorders. They also include a third factor. This is 'Rehabilitation factors' such as biomechanical and functional status as they contribute to work-related injuries. The rehabilitation factors specific to the supermarket cashier group included decreased muscular endurance (from inactivity), and repetitive movement (from scanning).

1 If you were conducting the same study on supermarket cashiers, which behavioural and environmental determinants (part of the Stage 3 assessment) do you think contribute to musculoskeletal disorders such as back pain? Use the stage explanations to help you.
2 Based on your answer to the above, what sort of messages might you include in a campaign to address these determinants?

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4 Educational and ecological assessment
In this stage, the factors that may influence behaviour are identified. These are split into pre-disposing, enabling and reinforcing factors. *Predisposing factors*

include a person's *attitudes*, *beliefs* and *values*. *Enabling factors* include resources available and the skills necessary for change. *Reinforcing factors* denote feedback received by significant others, friends, peers, family that may act as barriers to change or support benefits.

5 Administrative and policy assessment

In this stage we determine the capabilities and resources available to develop and implement the campaign. This includes, for example, organizational capacity, or current policies. Yeo et al. (2007) describe an early diagnosis psychosis public education campaign where they identify that open-referral policies from the wider community (for example, educational establishments or friends) are better for facilitating early diagnosis than those that rely on referrals purely from the medical profession, highlighting how policies may be influential in campaign development.

Stages 6 to 9

With Stage 6 we shift from the PRECEDE model to the PROCEED model.

Stage 6: Implementation.

Stages 7 to 9: Process, impact and outcome evaluation.

These variables are considered in more detail in subsequent chapters.

Case Study 1.2: Predisposing, Enabling and Reinforcing in mental health promotion

Mo and Mak (2008) undertook a study using PRECEDE to help understand mental health-promoting behaviours in Hong Kong. They highlight the role of predisposing, enabling and reinforcing factors as antecedents to behaviour change. Mo and Mak explain that *Predisposing factors* are individual characteristics (i.e. attitudes, beliefs). *Enabling factors* are objective aspects linked to the individual that are objective, i.e. skills, wider environment. *Reinforcing factors* are the perceived benefits, barriers, rewards, or punishments as a consequence of performing that behaviour. In relation to mental health, *'sense of coherence'* was seen as a predisposing factor, 'daily hassles' as an enabling factor, and '*social support*' as a reinforcing factor. They proposed that these factors would act as antecedents to mental health-promoting behaviours. Their study found that all of these were significantly linked to mental health-promoting behaviours. This illustrates the importance of identifying predisposing, enabling and reinforcing factors in Stage 4 which could provide a basis for campaign messages.

INTERVENTION MAPPING (IM)

IM is 'a stepwise approach for theory and evidence based development and implementation of campaigns' (Wolfers et al. 2007: 142). It can be used to aid

campaign planners to make appropriate decisions during the development of a campaign (Reinaerts et al. 2008). The IM model provides a 'common creative framework' (Aarø et al. 2006: 152) which allows health practitioners to include key aspects of the planning process in their work, ensure their work is evidence-based, and include both participants and other stakeholders in the planning process. Thus, IM proposes a path to follow from the identification of a problem to the proposal of a solution (Kok et al. 2004).

IM offers several benefits. Not only does it ensure that the evidence base is used, but also that clear objectives are set and theoretical models incorporated into health-related campaigns. The IM also offers a perspective that includes the wider factors that influence health, often referred to as the ecological approach. This approach recognises that behaviour is influenced by factors such as intrapersonal, cultural factors and the wider physical environment (Reinaerts et al. 2008). Thus, the model acknowledges that health is linked both to individuals and their environment (Aarø et al. 2006), and distinguishes between individual and environmental determinants (Brug et al. 2005). The model has not just been used for new campaigns, but also in the adaptation of existing campaigns to practice (Tortolero et al. 2005).

IM has been used in the health field in a wide range of areas. In recent years IM has been applied to areas such as sexual health (Wolfers et al. 2007; Aarø et al. 2006), healthy lifestyles (Heinen et al. 2006), worksite physical activity (McEachan et al. 2008), behaviour nutrition and physical activity (Brug et al. 2005), and fruit and vegetable consumption (Reinaerts et al. 2008).

Initially IM comprised five stages (Bartholomew et al. 2001). This was later extended to six to include the needs assessment stage considered important to the planning process (Bartholomew et al. 2006). The six stages are shown in Figure 1.4.

The stages

1 Needs assessment
This stage involves identification of the problem on which the campaign will focus and examination of the factors that contribute to the problem. There are generally two phases in the needs assessment. First, consultation with the target group via questionnaires, focus groups, interview or other methods can assist in determining aspects of the problem. This also includes identifying key behavioural and environmental determinants, for example, attitudes, beliefs, *values*, barriers and benefits.

Second, a scoping exercise to identify the scale and breadth of the issue might be used alongside analysis of the evidence base which assists in the development of a systematic review of the literature. Areas such as behavioural factors and environmental determinants are also investigated and determined alongside the main health issues connected with the problem. This process may see the emergence of themes that the campaign will centre on, and at the end of this section overall campaign outcomes based on the information from this step (see Case Study 1.4).

Figure 1.4   Intervention Mapping planning mode

Source: Adapted from Bartholomew et al. (2006).

Case study 1.3:   IM and step 1 – needs assessment

McEachan et al. (2008) used IM to develop a worksite intervention. They used focus groups in their needs assessment section, and part of the information from the focus group was used to split information into barriers and facilitators of engaging in physical activity.

Two of the most frequently cited barriers were 'I don't have any time', and 'I am too tired by the time I finish work'. Two of the most frequently cited facilitators were 'doing things with other people' and 'having access to gym at work'. These barriers/facilitators were then used in the writing of outcomes and objectives that informed the development of the intervention.

2 Matrices

In this stage we identify who and what will change as the result of the planned campaign. This is where further clarification of the objectives is made, and the outcomes are broken down into smaller objectives called performance objectives. The determinants of behaviour that are the most important are included here.

The matrices themselves fall outside the coverage of this textbook as they are extensive. See Bartholomew et al. (2006) for more information on the matrices.

3 Theory-based methods and practical strategies

In this stage the most appropriate theoretical model is selected. This could be any of the behavioural change models (see Chapter 3), or other theoretical models that link to aspects of behavioural change. This is an important stage as theories are essential to effective campaigns (Kok et al. 2004). The practical strategies include identifying the method, strategy and materials needed. This might also include producing and pilot testing materials and defining campaign structures. Chapter 5 has more information on the design of materials.

Case study 1.4:   Choosing appropriate theories and models

Choosing a model, therefore, is based on a series of factors, and the theoretical model will vary depending on the behaviour that is highlighted.

For example Aarø et al. (2006) in their examination of the promotion of sexual and reproductive health in South Africa and Tanzania in 12–14-year-olds relied on two theoretical models: The *Theory of Planned Behaviour* (Ajzen 1991) and *Social Cognitive Theory* (Bandura 1988) – the rationale being that they both contain variables that have been linked to sexual health in a variety of studies, especially the promotion of condom use. Factors such as behavioural intentions were seen as important predictors of behaviour based on the theoretical models selected.

Hou et al. (2004), in their study of the development of a cervical cancer educational campaign for Chinese women, chose different variables from a selection of theoretical models. These included knowledge, pros and cons from the *Transtheoretical* model (Prochaska and Diclemente 1983) and perceived susceptibility and cues to action from the *Health Belief Model* (Becker 1974).

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4 Campaign

In this stage the actual campaign is designed. This includes the schedule or timetable of events, staff and stakeholder roles, how aspects of the campaign are delivered, and so on.

Activity 1.6:   Methods, strategies and materials

You are working to encourage adherence to healthy lifestyles in a group of leg ulcer patients. This group say that they believe physical activity will be uncomfortable, costly and difficult to access. This means that beliefs about physical activity are a strong determinant in this group.

1   What methods, strategies, and materials might you use to address this determinant? Remember, your method is what you will do and your strategies are how you will deliver the method. The materials are what you will need to help you deliver the strategy.

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5 Adoption and implementation plan
In this stage plans for adoption and implementation are developed.

6 Evaluation plan
In this stage the plan for evaluation is developed. Ideally each campaign outcome and the performance objectives are evaluated to see if they were successfully achieved. This can be through process, impact, outcome evaluation, or cost effectiveness evaluations (see Chapter 7).

There have been some criticisms of the IM process. These include reference to the protocol being time-consuming as there is a requirement for lengthy attention to each section, particularly the matrices which can result in a huge amount of data (McEachan et al. 2008). In addition, the complexity of this model may mean that health practitioners who are not specifically trained in planning models may find the stages difficult without additional training and guidance. In addition, there is a possibility that the rigid nature of this model may allow less room for more creative communication strategies.

PRINCIPLES AND VALUES

The main criticism of the current planning models is that they exclude traditional health promotion principles and values. This is of particular concern to those practitioners who feel that values and principles are an important part of the planning process. Gregg and O'Hara (2007) note that planning models used in health are often technical in nature as their focus follows systematic steps in the planning process. The notion of the values and the principles that underlie action are not explicitly included. Gregg and O'Hara therefore propose an alternative planning model–titled the 'red lotus' health promotion model, which includes the basic planning steps in 'petal layers', while ensuring sustainability, values and principles through the 'roots and leaves' of the model.

Another model that also includes values, goals and ethics is the IDM (Interactive Domain Approach model) (Kahan and Goodstadt 2002). Although both of these models are not widely used in published research at present, they both have potential for campaigns that require a more sensitive focus, or that have a strong principles and values framework underlying the main health issue.

CHAPTER REVIEW

Planning is integral to successful campaigns. It can ensure that problems are resolved, approaches, resources and outcomes are achieved as practitioners intended and that time, money and resources are utilized effectively. There are a number of planning models available that can assist in the planning of campaigns drawn from existing health promotion and public health disciplines. Practitioners usually have only one opportunity to implement a campaign and by

spending time planning first, they can ensure that this opportunity is used as effectively as possible.

This chapter has:

- explored the role of planning to ensure that campaigns have a higher success rate and limit error;
- identified a selection of planning models and considered their application to a variety of campaigns;
- examined the criticisms of these planning models and provided possible solutions or alternatives to these.

FURTHER READING

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