

Health Promotion

Activity 4.1.4. Designing a prevention program for a client who already tried the obvious

Eight real clients with eight real problems. Every one of them has already tried pamphlets, public service announcements and posters, and every one of them got limited results. Your job is to design something people will actually take part in.

WORTH 5 POINTS

DOES NOT HELP ON THE WEBXAM

PAPER AND A PITCH

ABOUT 75 MINUTES

What this is and why it is worth doing

Most of medicine treats what has already happened. Preventive medicine tries to stop it happening, in individuals, communities and whole populations. The Preventive Medicine Lab at Innovation, Inc. designs those programs.

THE CONSTRAINT THAT MAKES THIS INTERESTING

Every client on the list has already run pamphlets, public service announcements and posters, and all of them got limited results. So a poster is not an answer here. The clients want something creative enough that people get excited and commit to taking part. That constraint is the assignment.

DOES THIS HELP ON THE WEBXAM? NO

WebXam 072110 weighs handling, preparation, storage and disposal, and biotechnology research and experiments. There is no laboratory or experimental component in this activity at all. It will not move your exam score.

It is worth doing because designing something people will voluntarily participate in is harder than it looks, and because prevention is where most of the actual health gain in a population comes from.

How long it takes and what you need first

- **About 75 minutes**, plus whatever you spend making the presentation look good.
- **Chart paper and sticky notes** for the sorting exercise, or a whiteboard, or three sheets of ordinary paper labelled Primary, Secondary and Tertiary.
- **Something to build a short presentation in.** Slides, poster board, or a video. A recording device is optional.
- A team is better and the activity assumes one. Alone is allowed. Say which.
- No safety equipment.

The two ideas you need

THE THREE LEVELS OF PREVENTION

LEVEL	WHAT IT DOES	LUNG CANCER EXAMPLE
Primary	Stops the injury, illness or disease from happening at all.	Not smoking, or stopping smoking.
Secondary	Early detection, diagnosis and prompt treatment, to stop something worse.	Lung function tests and CT scans.
Tertiary	Supports and rehabilitates people who already have a serious illness.	Physical therapy, and advanced screening for complications or for metastasis, which is the spread of cancer.

MODIFIABLE AND NON-MODIFIABLE RISK FACTORS

A **risk factor** is an attribute that raises your chance of getting a disease, and more risk factors means higher chance. Some can be changed and some cannot. For someone with prehypertension, diet and exercise are modifiable. A family history of hypertension and heart disease is not.

THE QUESTION WORTH THINKING HARDEST ABOUT

When does a risk factor that is usually called modifiable stop being modifiable, because of something outside the person's control? Think about stress, workplace safety, and type 2 diabetes. A program that treats a non-modifiable factor as a choice will fail, and it will blame the people it failed. Getting this right is most of what separates a program that works from one that gets quietly cancelled.

The eight clients

CLIENT	ISSUE OR NEED	HOW MANY PEOPLE
Retirement community	Increase exercise among residents of three apartment buildings sitting on two acres with sidewalks	600 residents
County health department	Increase dental hygiene and emphasise the connection between dental and cardiovascular health	10,000 community members of all ages
University athletic department	Decrease knee and ankle injuries across its sports teams	200 student athletes
High school	Increase healthy lunch choices in the student population, starting with the freshman class	100 ninth graders
Factory	Increase the number of workers wearing safety equipment that is recommended but not required, goggles and gloves	300 employees
Physical and occupational therapy hospital	Increase the number of patients doing at-home exercises after a hip or knee replacement	150 patients
Property developer	Encourage overall wellness among residents of a new residential area and open-air shopping complex	1,000 residents
Amusement park	Decrease the risk of spreading infectious disease among guests	1,000,000 guests per year

READ THE NUMBERS COLUMN BEFORE YOU PICK

Those population sizes are not decoration. A program for 100 ninth graders in one building can be personal and hands-on. A program for a million amusement park guests a year has to work without anybody explaining it, on people who did not come there to think about health, and in whatever language they speak. Same assignment, completely different design problem. Pick knowing which one you picked.

The steps

- 1 Discuss and write down what treatment and prevention look like, how they differ, and an example of each. Then answer: which is more important, prevention or cure?

Done when: a written answer exists that takes a position.

- 2 Label three areas Primary, Secondary and Tertiary. On sticky notes, one action per note, write specific actions that fit each level. Get as many as you can.

Done when: each of the three has at least five actions on it.

- 3 Go back through your notes and challenge them. Is each one really preventive, and is it at the right level? Move the ones that are wrong and note why you moved them.

Done when: at least one note has been moved or removed with a written reason.

- 4 Write notes on the three levels with a few examples of each, then answer: why is education useful at all three levels, and how does education look different at each one?

Done when: both questions have written answers.

- 5 Choose your client from the eight. Write down why you picked that one.

Done when: a client is chosen and the reason is written.

- 6 **On your own first**, brainstorm program ideas for a few minutes before talking to anybody. Individual thinking before group thinking is in the procedure on purpose: it stops the first idea spoken aloud from becoming the only idea considered.

Done when: your own list exists before the group discussion starts.

- 7 As a team, share ideas by taking turns calling them out and building on each other. Record everything. More prevention built in is better.

Done when: a combined list exists that is longer than any individual list was.

- 8 Narrow to one coherent program that meets every item on the checklist below. Research as needed using reliable sources.

Done when: one program exists and you can point to where it satisfies each of the five checklist items.

- 9 Build a three to four minute presentation pitching the program to the client. Include supporting visuals.

Done when: the presentation runs between three and four minutes when you time it out loud.

- 10 Deliver it, then write your Cheer, Challenge and Change: one thing that went well, one thing that was hard, one thing you would change.

THE PROGRAM CHECKLIST. ALL FIVE ARE REQUIRED

- A comprehensive approach that considers **all levels of prevention** appropriate to the issue.
- A **health education** element focused on the **modifiable** risk factors for that specific client.
- A **unique approach** that motivates people to take part.
- A **way to evaluate the program** and determine whether it worked.
- **Sketches and visuals**, including charts or graphs, that illustrate the idea and tell the story.

WORKED EXAMPLE OF THE FORMAT. AN INVENTED NINTH CLIENT, SO IT DOES NOT DO YOUR WORK FOR YOU

Client. A public library system, 12 branches, wanting to reduce falls among older patrons. Chosen because falls are one of the few problems where the modifiable factors are genuinely modifiable and the setting already has the people in the building.

Levels covered. Primary: a weekly balance and strength half hour in the community room, run at the same time as an existing programme older patrons already come to, so it costs them no extra trip. Secondary: a two minute balance self-check card at the circulation desk, with a referral slip for anyone whose result is poor. Tertiary: a home reading delivery service for patrons recovering from a fall, so a recovery does not end in months of isolation.

Education on modifiable factors. Footwear, home lighting, medication timing and dehydration. All four are changeable. We deliberately did not build the program around age or previous fracture history, because neither can be changed and a program aimed at them reads as blame.

What makes it unique. Nobody is asked to attend a health event. The intervention is attached to something they already do, which is the single biggest predictor of whether people keep coming.

How we would evaluate it. Three measures, all collectable without new staff. Attendance at the balance sessions, counted weekly. Number of self-check cards completed and number of referral slips issued, counted monthly. And a one question survey at six months asking whether the patron has fallen since starting. We would call it working if attendance holds above 15 per branch at three months and referral slips lead to at least 20 clinic visits system wide in the first year.

What could go wrong. Self-report on falls is unreliable, because people under-report falls they were embarrassed by. So our headline measure is a soft one and we said so rather than presenting it as hard evidence.

WHAT THAT EXAMPLE DOES THAT YOU SHOULD COPY

- All three levels are present and each one is a specific thing, not a category name.
- The education targets *modifiable* factors and says out loud which non-modifiable ones were deliberately left alone, and why.
- The unique element is a design decision with a reason, not a gimmick.
- **The evaluation has numbers and a threshold.** Most people write *we would survey people* and stop. Say what you would measure, how often, and what result would count as success.
- It names a weakness in its own evaluation.

What finished looks like

1. Your treatment versus prevention answer.
2. Your sorted actions across the three levels, including at least one you moved and why.
3. Your notes on the three levels and the education questions.
4. Your client choice with a reason.

5. Your brainstorm, individual list and combined list, including rejected ideas.
6. The program itself, satisfying all five checklist items, with sketches and visuals.
7. The three to four minute pitch, delivered or recorded.
8. Your Cheer, Challenge and Change.
9. Two conclusion answers: modifiable and non-modifiable risk factors for a condition you met earlier in the course, and why prevention matters both to an individual and to the system.

Where people get stuck

Designing a poster campaign.

Every client already tried posters and got limited results. It is written into the brief. A poster is the one answer that is ruled out before you start.

Covering one level of prevention and calling it comprehensive.

The checklist says all levels appropriate to the issue. Most programs are all primary. Ask what your program does for someone who already has the problem.

Skipping the evaluation.

It is a checklist item and it is the one most often missing. A program with no way to tell whether it worked is not a proposal, it is a wish.

An evaluation with no numbers.

"We would see if people are healthier" is not a measure. Name the thing counted, the frequency, and the threshold that counts as success.

Targeting non-modifiable risk factors.

A program aimed at age, family history or genetics cannot succeed and lands as blame. Aim at what can actually change.

Ignoring the population size.

A design for 150 hospital patients and a design for a million park guests a year are different problems. Your program has to be deliverable at the scale in the table.

A pitch that runs long.

Three to four minutes. Time it out loud. Reading it silently always underestimates.

Doing the group brainstorm before the individual one.

The procedure puts individual thinking first on purpose. Once one idea is said out loud a group tends to keep circling it.

How to submit and how it is credited

THIS ITEM IS WORTH 5 POINTS

Nine deliverables, mostly short, plus one pitch. Remember the 20 point per semester cap across all extra credit.

- **Where it goes.** The same place as everything else. Your class form on the portal, or handed to Mr. Mendoza in person. Nothing about extra credit needs a different route.
- **What to hand in.** Photographs of your work where the handout asks for them, plus your written pages. Photographs of handwritten pages are fine. A photograph you cannot read is not.
- **Put your name and period on every page and every photograph filename.** Unlabelled work cannot be credited and it is the single most common way points get lost.
- **When.** Any day after the pack opens, right up to the last week of the semester. There is no deadline inside that window and no penalty for going slowly.
- **Feedback.** You get it back with a note. If a piece is short of full credit you may fix the named thing and resubmit once.

Words this activity uses

Preventive medicine

The field that protects health and prevents disease, disorder and injury in individuals, communities and defined populations.

Primary prevention

Stopping injury, illness or disease from occurring.

Secondary prevention

Early detection, diagnosis and prompt treatment to prevent something more severe developing.

Tertiary prevention

Supporting and rehabilitating people who already have a serious illness.

Risk factor

An attribute that increases the chance of getting a disease. More risk factors means higher chance.

Modifiable risk factor

One that can be changed.

Non-modifiable risk factor

One that cannot be changed, such as age or family history.

Metastasis

The spread of cancer from where it started to somewhere else in the body.

Epidemiology

The study of how disease is distributed in populations and what determines that distribution.

Preventive medicine specialist

A licensed medical doctor or doctor of osteopathy specialising in prevention. The role needs epidemiology, clinical experience, the ability to plan and manage health services, an understanding of the social sciences, and strong interpersonal skills.