

COMMENTARY ON CROSBY AND NOAR

Planning models are critical for facilitating the development, implementation, and evaluation of dental health promotion interventions

Ralph J. DiClemente, PhD

Rollins School of Public Health Atlanta, GA, USA

Correspondence

Dr. Ralph J. DiClemente, Department of Behavioral Sciences & Health Education, Rollins School of Public Health, 1518 Clifton Road NE, Room 554, Atlanta, GA 30322. E-mail: rdiclem@emory.edu.

doi: 10.1111/j.1752-7325.2011.00218.x

Dental health promotion, while fundamental to an individual's overall health and well-being, remains an understudied area in the broader field of public health. Health promotion programs, designed to motivate use of preventative practices (i.e., daily flossing, regularly scheduled dental examinations) as well as impact broader society-level factors (i.e., availability of sugar abundant soft drinks in schools, access to affordable dental health insurance), have the potential to substantially contribute to the dental health of the United States. To optimize dental health promotion programs requires using all the tools in the proverbial health promotion "toolbox" to develop, implement, and evaluate these programs. One indispensable tool is a planning model.

Planning models are broadly parameterized organizing frameworks, comprised of interoperable, multi-component, time-phased, and time-sequenced activities that serve as a "blueprint," systematically guiding program developers. While critical, understanding planning models and, as important, how best to utilize them in dental health promotion programming, can be challenging for researchers and practitioners alike. In this respect, the article by Crosby and Noar in this issue of the journal is of great service to the field.

Crosby and Noar are to be commended for their succinct, yet thorough presentation of the major planning model in health promotion, the Precede-Proceed Planning Model (PPM) (1). The authors provide a well-articulated and carefully calibrated step-by-step explanation of the PPM, its underlying logic, and activities in each component of the model. Also, as important, they offer concrete applications of the PPM for enhancing dental health promotion. A key conceptualization of the PPM, highlighted by Crosby and Noar, is that it is fundamentally a socio-ecological approach to health promotion. This warrants further consideration.

The PPM assumes that individuals' health behaviors, even seemingly simple health behaviors, are complex, multi-determined, and result from interactions between the individual and their social and physical environment. Thus, in addition to an individual's cognitions and skills, societal-level factors (i.e., health policy, laws), community-level factors (i.e., social networks, social norms), family-level factors (parental monitoring), organizational-level factors (i.e., schools, worksites), and health system-level factors (i.e., health care, insurance) affect dental behavior and are viable intervention targets. Case in point is the promotion of dental health among youth. Myriad factors affect youths' dental health, including excessive use of sugar-abundant soft drinks. Reducing use of sugar-abundant soft drinks requires a multi-pronged intervention strategy that may include: countering corporate advertising and changing norms about using soft drinks through pro-social media, changing access to soft drinks in the environment where youth spend much of their time by banning soft drink vending machines on school grounds and eliminating soft drinks from school cafeteria menus, tailoring programs directly to youth through health education classes, community programs (i.e., Boys & Girls Clubs), and social media (i.e., Twitter), and enhancing parents' awareness of the role of soft drinks in promoting dental caries and encouraging closer monitoring of children's diet through well-positioned public service announcements and dentist-parent conversations. Thus, the PPM as an organizing health promotion framework facilitates understanding the interplay between myriad determinants and informs potential solutions. Although Green and Kreuter (1) will be invaluable for practitioners and researchers, the article by Crosby and Noar is an exemplary primer.

Conflict of interest

The author declares no conflict of interest.

Reference

1. Green L, Kreuter MK. *Health program planning: An educational and ecological approach*. 4th ed. New York: McGraw Hill; 2005.

Copyright of Journal of Public Health Dentistry is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.