

# HEALTH PROMOTION PLANNING

LEARNING FROM THE ACCOUNTS OF  
PUBLIC HEALTH PRACTITIONERS

JEAN MARIE S. PLACE • JONEL THALLER • SCOTT S. HALL



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*To my mentors, for introducing me to  
a profession I am passionate about.  
To my Muncie community, for teaching me.  
To Obed, Allie, and Ava, for your  
incredible love.*

*Jean Marie S. Place*





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# NOTE TO INSTRUCTORS

This book includes multiple stories of how a community addresses the opioid crisis. The stories are based on interviews that we, the authors, conducted. We spoke with many public health practitioners, seeking to learn more about the programs they manage, wanting to understand how these programs work to mitigate the opioid epidemic. We include true stories in this book for the purpose of providing instructional examples, but we do not reveal the county where this work takes place, and we use pseudonyms to protect the practitioners who shared their stories with us. In some stories, small elements in the storyline or sequencing of events have been fictionalized.

In this book, we approach program planning through the lens of a specific health problem so that students can see how multiple programs work together to affect a public health issue. Although we recognize that many public health issues are interconnected, we chose to take a closer look at substance use – and specifically opioid use disorder – to explore how public health practitioners are implementing programs to address this devastating social problem. The opioid crisis is an especially salient societal challenge of which students and instructors are likely to have some basic knowledge or interest. Considering the wide range of this issue, they may even have a personal connection. Consequently, we chose to highlight key principles of program planning by describing programmatic efforts related to addressing substance use and opioid-related problems. In this way, students can learn more about program planning while, at the same time, learning more about substance use.

Our emphasis on the real-life accounts of public health professionals is intended to help students see and discuss program planning principles in action. As you will see, public health professionals can include social workers, case managers, therapists, program evaluators, program administrators, and medical specialists, among others. Ultimately, we want students to feel like the people they meet in this text are relatable and the projects they discuss are achievable, thus furthering an investment in becoming public health professionals themselves. We hope, foremost, that students come away with a better understanding of the principles and processes of building health promotion programs, especially for

## X Note to Instructors

substance use prevention, treatment, and recovery. A deeper knowledge of the opioid epidemic is an added, beneficial outcome.

This textbook does not necessarily depict comprehensive program planning, nor does it detail in-depth explanations of the opioid epidemic, but it does provide honest, real-world information from the frontlines to help bring these topics to life. You might find it useful to supplement its content with select articles or other textbooks such as Green and Kreuter's (2005) *Health Program Planning: An Educational and Ecological Approach* or McKenzie, Neiger, and Thackeray's (2017) *Planning, Implementing, and Evaluating Health Promotion Programs*. In our book, program planning concepts emerge in the course of accounts – or stories – revolving around a person or organization in a given context; the information is driven primarily by the organizations and events we were able to witness and investigate further and, thus, they may lack some elements of inclusivity.

Each chapter will end with discussion questions and activities that can be used by an instructor to spark conversations among students about principles of health promotion planning. These resources can also be used as individual or group assignments, as adapted by instructors. We hope that you will find these tools helpful as you embark on your learning journey.

# FOREWORD

Prescription painkillers – ostensibly harmless, even helpful, tablets offered by physicians and stored in medicine cabinets above our bathroom sinks – hit our unsuspecting synapses with the pleasure-packed thrill of leaping out of an airplane. Many intravenous heroin users can trace their addiction back to misusing painkillers, in some cases legitimately prescribed. These pills, and their opioid-derived counterparts such as heroin, fentanyl, and carfentanyl, kill approximately 130 Americans per day, driving down our nation’s average life expectancy and mercilessly bringing people who were previously at the prime of their lives into an early grave.

The undergraduate students I teach in my public health course knew nothing about these statistics. Many were not familiar with the word “opioid,” although Schedule II narcotics are responsible for the biggest public health crisis of our time. It was staggering to realize that what my students knew about opioids might be limited to Percocet prescriptions for wisdom teeth or a handful of pills pharmed out at parties.

As I came into my own awareness of this community crisis, I did an about-face in my syllabus design, reexamining whether definition-heavy textbooks with piecemeal examples from a range of A to Z topics were packing the punch necessary to help students learn about the public health issues that plague us. As an experiment, I tried teaching a semester-long, health promotion planning course through an in-depth examination of *one* relevant, pressing area – opioid misuse. Didactically, the question was whether a high-resolution lens focused intensely on one issue could reveal more to my students about public health principles than a series of quick, cursory glances across the landscape.

In this class, we turned the camera to opioids. The master syllabus remained the same – I still had to teach about the major components of planning, implementing, and evaluating health promotion programs – but as we zeroed in on the opioid epidemic, paradoxically, we began to see a more panoramic view. We talked details about medication-assisted treatment (MAT), post-incarceration support, prescription monitoring, syringe exchanges, and supervised consumption spaces. Like individual trees in the proverbial forest, these successful health promotion programs marked the path to a vista where we could see a wide-angle view. We talked more broadly about concepts like health promotion planning models, theories, and strategies. These concepts emerged organically and in context, tied as they were to the programs

we discussed. My students began to see the myriad of ways that public health concepts interact when mitigating a specific threat to public health. They saw the forest for the trees.

That semester my students and I walked away with a bargain. We understood the principles and processes of building health promotion programs *and* had a deeper knowledge of the opioid epidemic. I knew I wanted to teach this way again. I began envisioning a book that could accompany this “high resolution” way of teaching. It should provide definitions and descriptions of program planning, but also anchor them to one specific public health topic and embed them in a story.

The vision has come to fruition in this collection of accounts – or real-world stories of public health professionals. Our goal is to facilitate practical understanding and application of these concepts by sharing stories of real people in a real community using concepts and models from health promotion planning. Our job was to draw lessons from what our local public health practitioners shared with us, pointing out the principles of health promotion planning behind the outcomes. We hope that familiar people, places, and events will come to mind as you read these stories, providing a visual illustration of concepts that we sometimes only talk about in a detached and overly simplistic way. We hope this book will be beneficial to instructors and students because it is both readable and relevant.

Thank you for joining us in this journey,

Jean Marie S. Place, PhD, MPH, MSW  
June 22, 2023

# ACKNOWLEDGMENTS

We want to thank the many public health practitioners who shared their stories with us, invited us into their organizations, and revealed the ups and downs of program planning. Thank you!





# INTRODUCTION

## WHY TALK ABOUT SUBSTANCE USE?

*Before you begin this section, ask yourself if you believe substance misuse is a public health problem. If you affirmed that substance misuse is a public health problem, can you describe why you believe so? In this introduction, we want to encourage you to think broadly about substance misuse – specifically opioid misuse – and how it has affected individuals, families, and communities. Consider how program planning principles can help public health practitioners address serious issues, such as the opioid epidemic.*

Substance misuse (including addiction) is one of the major health challenges of our day. Societal-wide problems have accelerated swiftly and savagely – the result of a storm of social, economic, and political forces that contributed to the easy availability of opioids and other illicit substances in the United States. Public health professionals have spent countless hours planning and implementing programs to battle the effects of this major challenge.

How big of a problem are we talking about? In 2022, nearly 110,000 American lives were lost to drug overdose. Drug deaths had steadily increased over 2020 and 2021, with a 17% and 30% increase, respectively (Centers for Disease Control [CDC], 2023). Most of these deaths are attributed to opioids (Scholl et al., 2019), with synthetic opioids like fentanyl contributing to roughly 75% of the deaths. On any given day, roughly 130 Americans die because of the misuse of an opioid (National Center for Drug Abuse Statistics, 2023).<sup>1</sup>

The US Department of Health and Human Services declared a national public health emergency in 2017 due to unprecedented,

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<sup>1</sup> There is a difference between “opioid” and “opiate.” An opiate is all natural, coming from the poppy plant (opium, codeine, morphine) with an analgesic effect, meaning it relieves pain. An opioid is synthetic or partly synthetic. The term opioid is often used to refer to both natural and synthetic forms because many natural forms of the molecule will go through a synthetic process before hitting the market. For example, heroin uses opium molecules but is created synthetically.

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nationwide opioid abuse. Former director of the Centers for Disease Control Robert Redfield called it “the public health issue of our time.” What does that mean for you as an aspiring professional? How might the challenges of addiction affect those you interact with in your career? How might your career be shaped by the challenging, urgent threat of substance misuse, specifically opioid misuse, even if you do not directly work with a population that uses these substances?

Before we discuss the wide array of programmatic efforts aimed at addressing something like opioid misuse, we want to provide context on opioids to firmly establish the substance use epidemic as a matter of public health. The information provided below is intended to make clear how the opioid epidemic affects the public, and why students who are trained to develop prevention and treatment programs for an individual, family, or community unit are a vital workforce. Take a look at this brief overview on how opioid use disorder (OUD) fits the criteria for being a public health problem.

### **IS THE PROBLEM PREVENTABLE?**

- Substance misuse, including misuse of opioids, is a preventable problem. Much of what puts people at risk for substance misuse can be minimized – and efforts to prevent opioid misuse and overdose can save and improve many lives. For example, the CDC (2021) offered several methods for reducing opioid overdose deaths. First, medical professionals can improve how and when opioids are prescribed to patients. Overall exposure to opioids can be reduced when medical professionals and other practitioners promote alternative pain treatment, including emotional and cognitive pain management skills. Further, education and public awareness of opioid misuse and its consequences can be improved and expanded, and best practices of treating those with OUD can be made more abundant and accessible. Other approaches may become more apparent as you continue reading about the causes and effects of opioid-related problems.

### **WHAT IS THE MAGNITUDE OF THE PROBLEM?**

- As is apparent in the statistics already mentioned, the magnitude of substance-misuse-related deaths is staggering. Furthermore, upwards of 930,000 people in the United States died of a drug overdose from 1999 to 2020, with opioid-related deaths increasing more than eight times in the past two decades (National Center for Health Statistics, 2021). More than two out of every three drug overdoses involve opioids (Hedegaard et al., 2021). Aside from overdoses, close

to one million people received medication-assisted treatments to manage their OUD in the past year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). Moreover, nearly 5 million individuals ages 12 and older reported having misused prescription pain relievers (SAMHSA, 2022). Consider how many lives are affected by this problem when including those who love, care for, and depend on people struggling with substance use disorder.

- The opioid misuse problem has gotten worse over time. While data from 2022 suggests that a staggering increase in overdose deaths has begun to level off, in earlier years the United States faced an astronomical rise in such deaths. From 2019 to 2020, there was an age-adjusted 31% increase in overdose deaths, with some states seeing upwards of a 50% increase in overdose deaths within one year (CDC, 2021). From 2013 to 2017, the average annual increase of drug overdose deaths due to synthetic opioids was 75% per year, slowing but still increasing 9% per year from 2017 through 2019 (Hedegaard et al., 2020). In recent years, opioids accounted for over 68,000 deaths in 2020 – a dramatic increase from just under 48,000 such deaths in 2017 (CDC, 2022).

## **WHAT ARE THE COSTS ASSOCIATED WITH THE PROBLEM?**

- Financially, the total economic burden of the opioid epidemic in the United States is estimated to be about \$1,021 billion each year, including costs of OUD at \$471 billion and costs associated with fatal opioid overdose estimated at \$550 billion (Luo et al., 2021). This economic burden includes costs from healthcare, lost productivity, addiction treatment, and criminal justice involvement. On the flipside, for every person that does not develop an OUD, significant financial value is generated. For every person that does not develop an OUD, \$2.2 million is generated from a societal perspective, \$325,125 from a taxpayer perspective, and \$244,030 from a health-care sector perspective (Murphy, 2021).
- Other costs of opioid-related problems are more physical in nature. For example, infants born with opioids in their blood suffer withdrawal from the dissipation of the substance, known as neonatal abstinence syndrome (Hirai et al., 2021). Opioid misuse can also contribute to the spread of infectious diseases like HIV and Hepatitis C through contaminated needles used to inject the substance (CDC, 2021). Incarceration rates also increase with greater misuse of opioids, separating those who struggle with OUD even farther from much-needed prosocial interaction and support (Scott et al., 2021).

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Estimates suggest that OUD has cost US taxpayers around \$93 billion. Such costs include nearly \$30 billion for criminal justice system expenses and \$63 billion in excessive healthcare expenses. The additional loss of productivity in the workforce due to premature deaths is estimated to be about \$65 billion (Murphy, 2021).

This sampling of facts and figures begins to give us an idea of how OUD is considered a public health problem. Finding solutions to this problem can be especially difficult. By the time a person reaches a state of active opioid addiction they have, by definition, become dependent on the substance and can experience extremely painful, and sometimes dangerous, withdrawal symptoms if they quit using. Moreover, in active addiction, the brain has developed an increased tolerance to the drug, needing a progressively higher dose of it to avoid these withdrawal symptoms. Many public health professionals push for preventing misuse before it starts, for example, by working to help people avoid adverse childhood experiences (ACEs) that tend to predict substance use in later life (Leza et al., 2021; Rogers et al., 2022).

Despite the overwhelming nature of this work, addressing public health problems like opioid misuse is essential for the welfare of society. As you will see in the next section, families can play a major role in substance-related problems. We suspect that many people can relate in some way to the positive and negative impact families can have on an individual's growth and development, and we invite you to consider the importance of incorporating families into planning and implementing solutions to public health problems.

We will now take a deeper dive into how OUD creates a burden for families.

### **WHAT DO WE KNOW ABOUT OPIOIDS AND FAMILIES?**

Many of us love someone, or know someone who loves someone, who is struggling with addiction. So powerful is the pull of addiction that our loved ones often become unrecognizable to us. In recent years, over 500,000 children were living with an adult with OUD, an increase of 30% since 2002 (Bullinger & Wing, 2019). Children raised in homes with drug abuse are at elevated risks for neglect, abuse, unsanitary living conditions, witnessing domestic violence, and having limited resources (Barnard & McKeganey, 2004; Taplin & Mattick, 2015). Studies show that children who live in a home where there is opioid misuse generally experience psychological distress and reduced family cohesion (Ashrafioun et al., 2011). Adults who misuse opioids often report that

they were mistreated as children, and research suggests that opioids are preferred by such adults due to the numbing effects of the substance (Maté, 2010). Opioid prescriptions given to family members increase the likelihood that individuals without opioid prescriptions overdose on opioids, meaning family members can be a key source of access to opioids (Khan et al., 2019).

Parents who have substance use disorder may adversely impact their children in a variety of ways, notwithstanding the love they have for their children. Opioid use during pregnancy increases the risk of fetal underdevelopment and babies born suffering from withdrawal symptoms, such as tremors, poor sleep, irritability, and feeding difficulties (Schiff & Patrick, 2017; Wexelblatt et al., 2018). Moreover, sometimes pregnant women with an OUD avoid proper prenatal care due to stigma or fear of child protective services involvement (Schempf & Strobino, 2009). Infants and toddlers may struggle to form healthy attachments to parents who are in active addiction and struggling with OUD, which makes children more vulnerable to stress and emotion dysregulation (Cook et al., 2017).

Parents with OUD can become preoccupied with drug seeking and may engage less often with their young children (Young & Martin, 2012). Opioid dependence can alter a parent's brain, replacing the natural pleasure-inducing experience of relationships with drug cravings (Mitsi & Zachariou, 2016). As children age, they continue to be at risk for inadequate parenting. Parents who struggle with OUD frequently engage in more negative parenting behaviors and fewer positive parenting behaviors (Peisch et al., 2018). They have also been found to use harsher and more humiliating punishment (Peisch et al., 2018).

In general, parental substance misuse contributes to less parental monitoring and supervision and less parental warmth and support, putting children of any age at risk for developmental and behavioral problems (Barnes et al., 2000). Children are also at risk for becoming parentified – meaning, they are expected to take on the role of a caregiver to a needy parent, which puts excessive pressure on children to behave beyond their capacities (Godsall et al., 2004). Ultimately, parents with OUD are at risk of losing their children to the foster care system, and research suggests that children remain in the system longer and are less likely to be reunited with their parents when opioids are involved, compared to other substances (Grella et al., 2009; Mirick & Steenrod, 2016). This may be due to such mothers having a stronger addiction and especially low financial and housing stability (Grella et al., 2009). Moreover, parents who lose custody of their children are less likely to recover from OUD (Comiskey, 2013).

In some families, children are the opioid users. In recent years, between roughly 12% and 14% of high schoolers in the United States admitted to having misused prescription opioids in the past (CDC, 2021). Adolescents are at risk for poorer judgment due to the neurological gap