

Target Audience

For the purpose of this Initiative, the target audience is the primary care provider. Primary care providers work at the frontline of our health care system and need to be able to identify a possible pesticide exposure. It is recommended that all primary care providers possess basic knowledge and skills related to pesticide exposures. A primary care provider, for the purpose of this Initiative, is defined as:

A physician, nurse, nurse practitioner, physician assistant, nurse midwife, or community health worker specializing in one of the following areas: family medicine, internal medicine, pediatrics, obstetrics/gynecology, emergency medicine, preventive medicine, or public health.

Specialists in occupational and environmental medicine, and medical toxicology are not the primary target of this Initiative. They are seen as resource professionals for the primary care providers.

Emergency medical technicians (EMTs) can play a vital role in assessing and immediately treating patients with pesticide-related conditions, particularly in the case of extreme poisoning. Their education and training, however, is out of the purview of this Implementation Plan and varies significantly from those of the target audiences in the Implementation Plan. Both EMTs and other emergency response professionals must be addressed separately.

Primary care providers work in a variety of settings. Table 5 summarizes the target audience, types of populations served, and the range of practice settings commonly encountered. In

Table 5: Targets, Populations Served, Practice Settings

Targets	Populations Served	Practice Settings
Nurses	susceptible populations (elderly, frail elderly, kids)	hospitals and emergency departments
Nurse Practitioners	urban	community clinics
Physicians	non-urban	medical centers
Physician Assistants	tribal communities	independent practices
Nurse Midwives	agricultural	industry, workplaces
Community Health Workers	migrant farmworkers	alternative points of care
	underserved populations (environmental justice)	public health departments
	pesticide handlers	poison control centers
		schools

addition to these primary care providers, the target audience also includes key decision-making bodies in the health professions. A decision-making body, for purposes of this Implementation Plan, refers to any organization, institution, or individual leader that is vested with decision-making authority for the education and practice of health care providers in the United States. This includes, but is not limited to, curriculum committees, residency review committees, exam development bodies, accrediting institutions, organizations representing academic institutions, faculty, and administrators, and institutions governing health care practice and requirements. The engagement of, and endorsement by, such bodies is the only way to ensure success of this Implementation Plan and the larger Initiative.

Understanding the Target Audience

Consulting the available literature on how health professionals learn is an important first step in determining the most effective approaches. One of the models explored in the development of this Implementation Plan is the “Stages of Change model” (Prochaska et al, 1995) that looks at behavior change as a process rather than an event, and describes varying levels of motivation, or readiness to change. Reaching primary care providers who are at different stages of change requires different types of interventions and resources. The model outlines a continuum of behavior change that can be used to help understand where the target audience is on the continuum, and to effectively reach the audience (through targeted messages, strategies, and programs) to ensure behavior change. Table 6 outlines the model.

Table 6: Stages of Change Model

Concept	Definition	Application
Pre-contemplation	Unaware of problem; has not thought through behavior	Increase awareness of need for change, personalize information and risks and benefits
Contemplation	Thinking about change in the near future	Motivate, encourage to make specific plans
Decision/Determination	Making a plan to change	Assist in developing concrete action plans, setting gradual goals
Action	Implementation of specific action plans	Assist with feedback, problem solving, social support, reinforcement
Maintenance	Continuation of desirable actions, or repeating periodic recommended step(s)	Assist in coping, reminders, finding alternatives, avoiding steps/relapses (as applies)

Source: Prochaska et al, 1995.

Applying the stages of change model to the current Initiative, the concepts can be consolidated into three categories or stages of change:

- **Stage 1: Building awareness and motivation** – At this stage, the goal is to increase awareness and motivation by making an effective case, and increasing the motivation to change.
- **Stage 2: Readiness to make changes** – To turn readiness into actual change, the goal at this stage should be to build on knowledge and skills, for example, by creating new resources and disseminating them effectively.
- **Stage 3: Maintenance, “champions”** – For those who have already made a change, the goal is to maintain support for the change activity and nurture “champions” who will advocate for change.

When it comes to understanding and dealing with pesticide-related health conditions, many primary care providers may fall currently in the first category (Stage 1), particularly those working in urban areas. Nevertheless, resources should still be created and made available for all three categories, allowing primary care providers to “self-select” into whichever category fits their needs. Figure 3 shows how the components of this Implementation Plan cover all three stages of change in the target audience.

Figure 3: Stages of Change and Implementation Plan Components



