

Health Promotion in the Context of Health Protection Workshop

Thursday, May 31, 2012

Final Report

Acknowledgements

The workshop *Health Promotion in the Context of Health Protection, Thursday, May 31, 2012*, in British Columbia was a project of the National Collaborating Centre for Environmental Health (NCCEH). NCCEH gratefully acknowledges the contribution of the Planning Committee that informed this process.

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Executive Summary

Limited research is available that shows the range of health promotion practices conducted by public health inspectors. Health Promotion is a recognized approach to address issues but has not been embedded into Health Protection practice. In addition, the research identified barriers to health promotion practice and recommendations to reduce barriers were provided. The workshop used the recent paper published in the Canadian Journal of Public Health as a discussion document, shared successful practices between participants, and provided a springboard to enhance practice in the future. In May 2012, a workshop hosted by the National Collaborating Centre for Environmental Health brought together environmental public health inspectors (PHIs) and managers working at the community, regional, and provincial level; environmental health educators; and health promotion professionals to help advance health promotion initiatives within health protection programs across Canada.

In this workshop, the World Health Organization's Ottawa Charter for Health Promotion definition of Health Promotion was used. A variety of health protection activities was highlighted to exemplify the range of health promotion approaches being undertaken across the country. Afterwards, participants outlined a list of barriers to incorporating health promotion into day-to-day health protection practice. These barriers agreed with the earlier research and recognized that the barriers appeared to be common across Canada, regardless of the structure in which that health protection may be housed.

Participants also listed a variety of solutions to incorporating health promotion into day-to-day health protection practice. Solutions fell into five major themes:

1. a practical definition of Health Promotion in the context of Health Protection;
2. education tools and training;
3. engagement of external organizations;
4. engagement of internal organizations; and
5. planning and resource allocation.

Suggested steps and potential partners to address the solutions were provided. Participants felt that investment in incorporating more health promotion would benefit health protection practitioners.

Introduction

Research undertaken by Campbell, A. et al. (2011), [Health promotion \(HP\) as practiced by public health inspectors: the BC experience](#). Canadian Journal of Public Health, 102(6): 432-436, showed a range of health promotion practices conducted by public health inspectors. In addition, barriers to health promotion practice and recommendations to reduce barriers were provided. The workshop used the paper as a discussion document, shared successful practices between participants, and provided a springboard to enhance practice in the future. In this workshop, the National Collaborating Centre for Environmental Health brought together environmental public health inspectors (PHIs) and managers working at the community, regional, and provincial level; environmental health educators; and health promotion professionals to help advance health promotion initiatives within health protection programs across Canada.

The Planning Committee decided to use the World Health Organization and Ottawa Charter definition of Health Promotion for the purpose of the workshop:

Health Promotion is the process of enabling people to increase control over and improve their health.^{1,2} Health promotion involves actions directed at strengthening the skills and capabilities of individuals, as well as changing social, environmental and economic conditions to alleviate their negative impacts on public and individual health.¹ There are a range of activities under the umbrella of health promotion, including policy initiatives, environmental strategies, community development, as well as the more traditional lifestyle and public education initiatives.³ The Ottawa Charter for Health Promotion (1986) identifies five key strategies for health promotion: building healthy public policy; creating supportive environments; strengthening community actions; developing personal skills; and reorienting health services.

¹ World Health Organization. Health Promotion Glossary. Available at http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

² World Health Organization: Ottawa Charter for Health Promotion. Ottawa, ON: WHO, Health Canada, CPHA, 1986, Available at http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

³ Centre for Addiction and mental health. Health Promotion Resources. Available at http://www.camh.net/About_CAMH/Health_Promotion/Health_Promotion_Resources/index.html

The Workshop

(Refer to Workshop Planning: Appendix A; Workshop Agenda: Appendix G.)

Opening Presentation – Audrey Campbell

Audrey C. Campbell, MD, MHSC, opened the workshop by providing a brief overview of her published research, key findings, and recommendations. Planning Committee members felt that the document would provide participants with a comparison to health promotion practices and challenges in their jurisdiction. This workshop would provide examples of health promotion approaches undertaken by practitioners, means to further health promotion practice and means to integrate a health promotion approach in day-to-day activities. After the presentation, informally, participants agreed that the findings appeared similar across Canada. Health promotion practice ranged from a primary focus on health protection activities to a changing organizational structure that was now exploring how departments undertook health promotion, outlining roles and responsibilities and needed training.

Case Study #1 – Wayne Fletcher

The 30-minute presentation by Wayne Fletcher, Public Health Inspector, on [“A Collaborative Health Promotion Approach for Bed Bug Control”](#) in Toronto, involved many partners outside Public Health, including the NCCEH, was developed by a frontline PHI and had been presented at a Canadian Public Health Association conference. The project resulted in policy changes within the City of Toronto. As a successful project initiated by a PHI, it is an encouraging demonstration of the benefits for undertaking a health promotion approach by frontline staff. The PowerPoint presentation included an amateur but effective video clip of the extent of bed bug infestation for two residents and the subsequent resolution. It also demonstrated that using simple tools like hand-held video could effectively convey the issue and need for action. The presentation also illustrated an equity issue as vulnerable populations are more likely to experience bed bug infestations and have limited resources to address the problem. Wayne also described the stigma and health problems suffered by the residents with the infestation. The presentation listed success factors, unexpected benefits, challenges, and recommendations. Working in partnerships had many advantages such as the benefits of existing relationships; for example, public health nurses working with a client would introduce the PHI and facilitate the relationship building for the PHI. While this is a highly successful approach to bed bug control, funding will end this summer. A discussion arose regarding the difficulty of obtaining health promotion funding on an ongoing basis, rather than on a project-by-project basis, or funding health promotion strategies for vulnerable populations. Committees that were formed and are successful have the capacity to address other health issues, which points to a potential cost-benefit in future work. A further comment included that a more integrated approach with other departments and organizations would be needed if this approach were to address a health equity issue.

Promising Practices

Three fifteen-minute presentations were provided. The first was by Nelson Fok: [“The Role of Health Protection in a Safe Housing Program,”](#) in Edmonton, Alberta. This health promotion approach pointed to a unique collaboration between bylaw officers and public health inspectors. Together, they were able to compel landlords to repair unsafe housing using legislated authority and an education campaign. At

this point, PHIs are seen as consultants but there is future potential to work with municipalities on other issues including zoning and subdivisions.

The second fifteen-minute presentation was by Paula Tait: "[A Northern Health – Public Health Protection’s Role in Promoting Local Foods in the North](#)," in the Northern Health Authority, British Columbia. The goal was to support local food security by facilitating a process to support local producers to supply food establishments and stores with local produce. Forums were presented by both the Ministry of Agriculture Staff and PHIs to focus on BC’s Good Agriculture Practices Guide, MarketSafe, and Safe Water for Small Systems. Multiple benefits included new areas of food security to pursue better utilization of partners’ resources and improved communications with stakeholders.

The third fifteen-minute presentation was by Terry Battcock: "[What Does It Take to Get Smoke-free Taxicabs? Lessons learned](#)," in St. John’s Newfoundland. Smoking in taxicabs has been prohibited in Newfoundland since 1998, but compliance has been difficult. Terry outlined the challenges and training required for PHIs. Media helped profile the issue and raised further awareness of the problem. Terry raised further challenges such as the balance needed between education and enforcement; investment of resources in a situation where societal norms are changing around attitudes to smoking; and the appropriateness for PHIs to work with media when organizational expectations are that the PHI role is enforcement.

Other Examples from Practice

Additional two-minute-long presentations were solicited for voluntary presentation. These were self-identified presentations and a suggested presentation format, Appendix D, was provided to participants. These would provide additional health promotion examples – a means of celebrating work across the country – and would allow participants to share further resources created. All PowerPoint presentations and two-minute summaries are posted on the NCCEH website as examples of Health Promotion activities across Canada. Go to:

http://www.ncceh.ca/en/professional_development/ncceh_workshops/health_promotion.

- Steven Eng – Social Marketing Used to Promote Behavioural Change for Using Thermometers to Measure Safe Food Temperatures in the Fraser Health Authority, BC;
- Sabrina Dosanjh – Role of PHIs in Implementing Food Share (a food recovery program) in Kitimat, BC;
- Paula Tait – Involvement of PHIs in Healthy Community Planning and the importance of tracking and maintaining relationships with stakeholders in Prince George, BC;
- Robert Mancini – Successful utilization of a hands-on food safety training program in partnership with Manitoba Agriculture for Folklorama vendors;
- Jennifer Reid – Role of PHIs in Encouraging Uptake of Community Grants and PHIs Seen Outside of Their Enforcement Role;
- Glen Embree – Described Roll Out for a “Food Safety During Pregnancy” Campaign Focusing on Prevention of Listeriosis.

Identifying Education Needs and Tools to Support a Health Promotion Approach

A World Café format was used with two rounds of twenty minutes each to discuss two questions. Participants switched to a different table after the first round to enable them to interact with a different group of table participants.

What Are the Barriers to Undertaking or Using a Health Promotion (HP) Approach in Your Work?

Individual (bolded items were voiced multiple times by participants)

- Variability in HP **understanding**, interest, capacity, and skill level (i.e., partnership development, collaboration, social marketing, social media) of individual PHIs to undertake HP;
- Individual PHIs who want to undertake HP are not supported to do so or not “invited” to do so. How can PHIs be identified as needing to be involved?;
- Inertia or hesitation to risk undertaking HP without proven benefits;
- Uncertainty as to what other departments are doing and thus potentially duplicating efforts;
- Competing priorities, too busy with enforcement duties or crisis management, **lack of time**, trade offs to undertake HP;
- **Perception that PHIs** were only enforcement officers, likened to “police,” as a barrier to doing health promotion by the public, and/or within the health authority, and/or within the EHO/PHI group themselves. However, some participants did not necessarily have the same opinion;
- Lack of familiarity with stakeholders.

Organizational

- Culture of the organization, i.e., **management** or supervisor who does not support HP;
- “Progressive Enforcement” language needs to be **reframed**. It can sometimes be interpreted as not including HP or moving to enforcement too quickly. Can HP be explicitly included in the Progressive Enforcement model?;
- HP seen as project-based rather than embedded into daily practice or as an approach/strategy for PHIs. No implementation of HP into day-to-day practice;
- Community Engagement personnel in Fraser Health Authority are project-based and not seen as a relevant resource to PHIs;
- HP is seen to be undertaken by other departments as their area of expertise not necessarily the area for PHIs, even though some PHIs do HP;
- Loss of experienced PHIs who have been successful in HP;
- Limited number of role models within PHIs who practice HP;
- **Funding** and **human resource** allocation is limited, time sensitive or is reallocated when problem seems to have been addressed or another issue becomes the new focus;
- Lack of buy in, “**Nice to do**, or softer approach” versus “Necessary to do”;
- Organizations provide few incentives to undertake HP, i.e., no recognition, **limited funding**, not included in performance reviews;

- No clear **legislated mandate**;
- Variable structures between health authorities or organizations. For example, in an area like population health, is this embedded across the organization or it is assigned to a specific department?;
- Decreased integration with other departments;
- Lack of collaboration.

Educational

- Theory and examples in programs not real enough;
- HP is covered but exemplified mostly by campaign or education activities for skill building of individuals rather than the other components as outlined by the definition provided.

Evaluation and monitoring

- Lack of **clear definition** or framework of what is Health Promotion in the context of Health Protection. Lack of what activities are acceptable and what are not acceptable as HP activities. Sometimes the same words used mean something else or the intent is meant to be the same but different words are used;
- Current measurement of outcomes is based on enforcement. **Need new validated measurements and outcomes for HP work done**, which in turn affects budget allocation.

Other

- Literacy and language barrier with clients;
- Amount of time to undertake HP is long;
- Not many ways of knowing what is happening out in the field or what other departments are doing;
- Current tools available are too generic;
- Community size makes a difference to the approach. Small communities have PH staff that know one another well, but community resources are limited. Large communities have larger PH departments, and it may be more difficult to know which PH staff to work with, but more resources exist to take action;
- Perception of defensiveness of operators, i.e., tobacco compliance;
- Unfamiliar use of or inadequate resources to use new technology.

What Learnings, Education, Tools, Strategies Have Been Useful and What Would You Like to See in the Future in Your Health Region?

Individual

- Willingness to **partner** with others and take risks to do HP;
- Be able to **assess** situations and determine what type of HP activity to undertake;
- Collect more **stories** of successes and make sure management hears stories, so the **benefits** of HP are seen;

- Develop a **relationship** with leaders, e.g., Jamaican, Northern Health, and interactions with Aboriginal communities exemplified;
- Even during an enforcement situation, it is important to maintain lines of **communication** and provide ongoing information;
- Use **clients' needs** as a basis to assess HP approach to use, i.e., Food Safety training in Winnipeg for Folklorama. Identify benefits or motivators for clients;
- Question assumptions.

Organizational

- **Reframe** Progressive Enforcement;
- Create ways of preserving the **knowledge of PHIs** who are experienced in undertaking HP;
- Identify **role models** or **mentors**, or dedicated staff that are needed;
- **Shift** paradigm. If PHIs undertake HP, then the work needed on the enforcement side may actually go down;
- Support the increase of **partnerships** within and across departments and with communities (i.e., Municipalities, organizations). Create a team approach;
- Support access to other departments like Public Health Nurses or community engagement departments. Facilitate an understanding of different **departments' abilities and skills**. Further to this comment, access and **collaboration** with other services outside of PH, such as Social Services, Mental Health and wider community. Someone suggested "Work Units" as helpful to build into programs;
- BC Ministry wants **engagement** of planners, public, other sectors but has provided no resources such as funding or tools to guide them. Important to ascertain what is needed to be accomplished, outline roles and responsibilities;
- Identify who are the **partners** through an environmental **scan** when looking at particular areas. Who is already involved? This could be achieved through regular **interdepartmental** meetings;
- Utilize a **Train-the-Trainer** approach;
- Identify the **scope** of health promotion work to be undertaken at **different levels** of the organization, from day-to-day service provision to a larger system level where stakeholders are connected to one another;
- Use a **structured approach** that identifies clear priorities, resources, collaboration, and time allotment;
- Keep the student focus on the field, the new outcomes that the field provides, and be positive;
- Change structure with increased resources (cited need for camera or video equipment) i.e., mandated role for HP;
- Acknowledge HP in **workplans**. Create excitement around PHI doing HP;
- Separate health promotion from health education. Is HP a primary or secondary role?

Educational

- Create practical and simple **tools** to use that are easy and free to access;
- **Illustrate with case studies** and examples, especially from frontline in-person presentations, e.g., ON has had a longer history of being involved in HP; what worked and what did not work;
- **Change image** from enforcer to enabler;
- Provide **“How to Guides,”** e.g., how to effectively partner, collaborate, communicate to achieve goals and manage projects; use social marketing; train on new technologies such as social media, refer to Northern Health’s EHO focused pages;
- BCIT is developing a course on health promotion. At PHABC Summer School in 2011, there was a presentation on **community engagement** strategies. Could this presentation be linked to NCCEH site?;
- Need consistency and delivery of the **same messages**, especially around training. Need to meet the **expectation of the employer** group, so that the way health promotion is being taught fits with what is happening in the field. Is there an opportunity to link with **curriculum reviews?** CIPHI **core competencies?**;
- Develop **tools and training** (look to UK; Minneapolis air quality mentioned) that are targeted to health officers; need to put high-level concepts into real life examples;
- Host provincial and regional workshops and other opportunities to **network**, discuss and **learn from others**. Attending events where PHIs report back validates HP;
- Use online training, e.g., topics on how to overcome language barriers, consistent use of HP language, stakeholder engagement training, project management, behavior change.

Evaluation and monitoring

- Create **practical and simple definition** of Health Promotion. A framework for health promotion that can guide planning;
- Create common **indicators and outcomes to monitor** HP when PHIs undertake HP activities that are recognized as being credible. Use of a **consistent approach**;
- List of what is acceptable and what is not acceptable as HP activities;
- Research by Campbell et al., useful for PHIs to describe the various HP activities undertaken and validation for the importance of undertaking HP.

Other

- Use the communities and organization one works with to continue to undertake HP after funding is over. Build capacity in them with guidance and support from PHIs. Or build on what is already happening and join the community. Cultivate a willingness to share responsibility for similar tasks;
- As the number of female PHIs rises, there needs to be a balance between developing relationships which are essential to HP and the enforcement component of their work. But will they be seen as authority figures when the time arises?;

- Recommend HP in CIPHI and NCCEH events regularly; this topic could easily be much longer (e.g., summer school topic of Public Health Association of BC, provincial or national conferences);
- A way of networking and communicating successes in HP amongst PHIs is needed;
- **Consult with public** to identify gaps and how to address;
- Reduce language barriers, i.e., translation of inspection and education material. Respect cultural experiences.

Where Do We Go from Here?

The Planning Committee reviewed the comments and used affinity groups (as highlighted with key words in bold print above) to developed five themes for the Open Space session following to discuss ways to move forward in addressing barriers to undertake health promotion:

1. Education, Tools, and Training, facilitated by Nelson Fok
2. Engaging External Organizations, facilitated by Sylvanus Thomson
3. Engaging Internal Organization Partners, facilitated by Rose Soneff
4. Defining Health Promotion in the Context of Health Protection, facilitated by Mona Shum
5. Planning and Resource Allocation, facilitated by Lesley Dyck

Theme: Education, Tools and Training

What Kind of Training and Tools Would You Like to See?

- Suggest format for workshops and training, e.g., web cast, distance learning, modules, formal courses, YouTube, interactive web cast, CIPHI branch conference;
- Invite academics to CIPHI conferences to provide information on what HP is about and how to apply HP. The knowledge passed on to PHIs attending conferences would be applied back to their practice at their respective health units to develop HP programs;
- Create a Centre of Excellence where a HP specialist in each province could act as a consultant on HP activities and as a resource for PHIs who may be interested in doing more HP work;
- Include HP projects for students, e.g., BC students have HP projects. Ask HU counterparts for potential projects;
- Write Knowledge Transfer into policies.

Who Are the Partners – Internal/External?

- NCCEH could approach the Public Health Agency of Canada to identify this topic as a gap;
- NCCEH could translate non-environmental protection HP information into a form EH practitioners can understand;
- Need CIPHI approval of HP as educational credits;
- CIPHI or NCCEH act as a warehouse and distribution point for information;
- Collaborate and communicate with other partners, e.g., nurses.

What are the first steps?

- Identify best practices. Create baseline knowledge through case studies and an inventory of HP activities;
- Prepare inventory of issues. At this time, partners may be unaware of what each other is doing.

Theme: Engaging External Organizational Partners

(There were no participants involved on this topic in the Open Space Section. Planning Committee members theorized, while this is an important topic, other themes are foundational to address before approaching this area for action.)

Theme: Engaging Internal Organizational Partners

How to Engage?

Provide examples of how organizational engagement occurred or suggest ways to engage the organization:

- Had a mandate to work in the area of built environment internally, e.g., there are community engagement specialists. They have different or large networks. These positions are new and need to define roles between groups;
- Ask if there are common goals; if so, highlight these. What are the resources that could be shared? E.g., PHN as a group may have common goals, or agriculture specialists are also interested in reducing food-borne illness and outbreaks;
- Need to assess the situation first, then identify the partners. As a new partnership, create a charter, define roles, and scan what exists. Set out scope of response and boundaries;
- In vertical engagement. Justification may be needed and provided through decision briefs, meet needs, gather evidence, find or develop sympathetic leadership, e.g., Food Safe Program in Interior Health;

- Build relationships, unique challenges when engaging partners not in geographic area, e.g., rural staff;
- Create a structure within an organization to bring stakeholders together to potentially coordinate activities;
- Caution to balance collaborative efforts. There is a potential to be overloaded. Garner staffing support from management.

Who to Engage?

- Buy-in from within department is needed before expanding to other departments. Ask if a mandate exists for engagement;
- Engagement with other departments may reduce silos when working in isolation from one another;
- Vertical engagement;
- The issue determines whom one engages with, e.g., Food Safety may engage with Building or Bylaws department, or a hoarding issue may engage Mental Health;
- Communication Department crosses departmental boundaries to get information in or out.

First Steps

- Develop policies and procedures that would specify the inclusion of partners, which in turn strengthens the mandate for engagement;
- Have the ability to “share” information. The caveat is that boundaries are needed around “sensitive” information so that information does not go public inadvertently;
- Access communications departments as a means to find partners within an organization;
- Be aware of political sensitivities;
- Use “Making the Case” tool?

Theme: Defining Health Promotion in the Context of Health Protection

Who to involve?

Regional Health Authorities;

Department of Health, Ministry of Health;

Field staff on ground;

Medical Health Officers;

People in Health Promotion;

Healthcare sector – to tell us what is the burden? What should we be tackling in terms of cost?

- Make definition simple and as measurable as possible;
- Difficult to satisfy everyone;

- Want a definition to help dedicate resources – an accepted definition palatable enough to get into budget allocation;
- Which approach would be more effective? Do we embrace health promotion as continuing to be secondary and just elevate its value or worth where everyone does health promotion? Or suggest that HP be a primary thing that only some EHOs are dedicated to health promotion?

Do others have definitions?

- In NL, education is considered health promotion as well as media activities;
- The BC Northern Health Authority uses the Ottawa Charter, but it would be beneficial to get a refresher. Need examples of what is included as health promotion as outlined in the paper by Campbell et al.

What would be their roles?

- Need to clarify HP roles of PHN and EHO. For example, in food security, what is the role of food safety? This would reduce potential disagreement and foster understanding between departments with the same goal;
- NCCEH role – facilitate by providing guidance in coming up with definition, getting players together, bringing CIPHI into the discussions and planning.

If you look at spectrum of health protection, how will the definition help inform practice?

Finding a definition would help define the scope of their work.

Theme: Planning and Resource Allocation

- The group raised the issue of resource allocation for HP. Health promotion is planned, but later HP gets cut when budget gets reduced. Currently, health promotion is a lower priority;
- How can HP become a higher priority?;
- In some cases, EH program feels like they do not have a mandate to create a health promotion plan because HP is perceived to be the jurisdiction of another department;
- Sometimes programs get developed, but later we find out someone else is already doing it, which duplicates effort. Cultivate better relationships and communication;
- Other departments or organizations can also “deliver” EH messages, which reduces workload and benefits EH;
- Health promotion can be integrated at two levels in EH programs:
 - Through existing service delivery to achieve program outcomes, and possibly build relationships in the short term;
 - Through development of specific health promotion programs.

Making the Case

This capacity building component used the tool “Making the Case.” The capacity building activity involved participants identifying a situation where they would like to take a health promotion approach and start completing the tool. Participants worked in pairs, each completing the tool separately then turning to one another after 20 minutes to discuss their planned approach with their partners. The listener provided feedback and suggestions. After the activity, participants were asked about the usefulness of the tool and recommendations for changes. Suggestions included use of simple language, add a category of “Others” to the section “What Evidence” to cover other sources of evidence and stories, and create an explanatory guide to accompany the document. NCCEH would follow up with participants at a later date to ask if participants used the tool further.

Evaluation

Was this workshop effective in reaching objectives?

The following objectives for the workshop were determined:

1. To define and provide evidence for health promotion (HP) within the context of health protection.
2. To identify education needs and tools for HP for PHIs and to conduct HP training.

Seventeen evaluations were collected that indicated the two objectives were met. Most acknowledged that Health Promotion had a role within Health Protection practice. The ability to network and share case studies provided inspiring examples from across the country were deemed the most worthwhile.

There was a desire for a clear definition of Health Promotion, practical tools, and engaging partners to undertake HP. There was a moderate to high likelihood participants would apply information learned from this workshop to their practice. The format chosen for the day kept participants engaged and interacting with one another. Further refinement of the “Making the Case” tool, an accompanying guide, and more direction during the paired exercise would have improved this activity.

Workshop Limitations

Many recommendations proffered at the workshop involved organizational, educational, and national input to affect changes that would be difficult to influence without representatives from these organizations present and with the ability to influence structural change or resource allocation. Input from CIPHI regarding continuing professional competencies, discipline-specific competencies, and upcoming education opportunities would have been relevant. While there were representatives from two of the six educational institutions present (BCIT and Concordia), the absence of representatives from Ryerson, Cape Breton, New Brunswick Community College, and First Nations University could not provide information on training that is currently provided in the area of health promotion. The number of west coast representation was high due to the location of the workshop, and comments provided

were in the context of the health authority structure in BC but not necessarily representative of other jurisdictions. Areas of potential research, especially directed at health promotion in the context of health protection, appears to be needed to strengthen the evidence on the importance of incorporating more health promotion.

Possible Recommendations for Future Action

Many of the participants' recommendations mirrored Campbell's research findings. It is important to stress that health promotion is a multifaceted approach that might conflict with the desire to have simple tools or definitions.

1. Develop a definition for health promotion in the context of health protection that would be relevant to PHIs or EHOs. Provide specific examples.
2. Develop a strategy to determine systems changes within organizations that would include health promotion as an expected part of health protection or a mandate suggested by participants for PHIs to undertake health promotion. Facilitate meetings amongst decision makers such as Medical Health Officers, Directors.
3. Discuss with EH education institutions, provincial and national public health associations, and CIPHI opportunities to incorporate health promotion training topics, as suggested in the workshop.
4. Research and develop indicators for health promotion activities that would be incorporated into monitoring and reporting structures.
5. Develop checklist or performance management tools that would incorporate continuing professional competencies and discipline-specific competencies on health promotion to increase the expectation of health promotion practice as an accepted and expected part of environmental health work. This would also link to the agreed upon definition of health promotion and provide an accountability structure desired by participants.
6. Gather simple to use and relevant HP tools for easy access by practitioners. Include case studies that exemplify the broad range of HP approaches and how tools could be applied.
7. Celebrate and acknowledge PHIs who undertake health promotion. These PHIs would be role models for other PHIs and would be encouraged to continue HP activities or even expand the scope of HP approaches used.
8. Communicate success stories and the role of PHIs through different channels to increase the profile of HP in Environmental Health. A large base of success stories may provide the evidence for individual PHIs to use more HP approaches and influence decision makers to support HP. Other HP practitioners may also identify PHIs as a relevant stakeholder group, or consultant, to include (invite) to new or existing projects after seeing these stories.

Possible Roles and Responsibilities for Action

Individual PHI or EHO

- Identify to employer HP training required. Pursue continuing education in relevant areas of HP;
- Complete and trial “Making the Case” tool. Provide feedback to NCCEH about this tool or other tools;
- Share HP success stories of their departments, internally and externally;
- Identify champions within the departments or another department as potential mentors;
- Include a HP lens in planning work.

External Organizations to PH

- Undertake research to examine topic areas where evidence is minimal. For example, quantify the evidence around the benefits of HP in the context of Health Protection or determine indicators to monitor HP activities;
- Embed HP in planning with Environmental Health Departments as stakeholders or consultants;
- Assess where there are joint objectives and delineate roles and responsibilities for action.

Educators

- Participate in the development of the definition. Align definition with curriculum delivery;
- Review current HP education and training provided against the recommendations of the workshop;
- Link with practitioners to mentor and provide training.

City, Regional, or Provincial Health Authorities or Health Departments

- Participate in the development of the definition. They are key stakeholders;
- Embed HP in planning and resource allocation for environmental health departments as stakeholders or consultants;
- Trial specific indicators for monitoring HP activities;
- Pilot new HP activities by interested PHIs;
- Review Performance Management tools for the incorporation of HP activities within PHIs’ performance review;
- Acknowledge PHIs who undertake HP activities;
- Provide forums for cross-department discussions on issues and how a health promotion approach could be undertaken;
- Communicate staff success stories through internal and external resources. Create mentorship programs around HP;
- Support ongoing continuing education for PHI staff in HP.

National Organizations

- NCCEH
 1. Facilitate the development of a HP definition relevant to PHIs.
 2. Conduct Environmental Scan in September 2012.
 3. Prepare a background paper.
 4. Conduct a consultation with stakeholders.
 5. Liaise with education institutions regarding HP education needs identified for inclusion.

6. Utilize NCCEH website to highlight projects utilizing best practice, i.e., Robert Mancini's hands-on education approach and Ministry of Agriculture partnership for Food Safety training for Folklorama vendors. Provide useful guides and tools and outlining relevancy to practice.
 7. Facilitate meetings with decision makers, i.e., through MHO Councils and provincial bodies of health authority leadership that may exist.
 8. Provide regular communication on training opportunities, profile champions, resources (i.e., BC Healthy Communities Newsletter format).
- NCCDH
 1. Connect other HP specialists with the HP work of Environmental Health.
 2. Suggest using determinants of health factors when applying a health promotion approach to work; therefore, work on a population health level.
 3. Identify resources available not typically used by PHIs.
 - CIPHI or CPHA
 1. Participate in the development of a HP definition relevant to PHIs.
 2. Promote the implementation of the continuing professional competencies and discipline specific competencies by providing specific examples.
 3. Provide ongoing continuing education for PHIs in the area of health promotion, e.g., BC Conference in the fall of 2012 to include health promotion approaches for Community Engagement and Built Environment, or Summer Institute to gain experience.

Appendix A: Workshop Planning

A Planning Committee was formed to identify the objectives for the workshop, the format and purpose of workshop activities, possible speakers and the needs of participants. Before determining objectives for the workshop, challenges were acknowledged to exist:

- Different organizational structures under which PHIs work. An approach used in the workshop may not apply in all organizations and jurisdictions;
- The number of desired objectives may exceed what is possible in a one-day workshop;
- Different needs of participants may range from hands-on practical HP training to assessing future strategies for developing HP training, creating indicators for accountability of HP work, and changing organizational processes that support HP;
- Limited influence of this workshop to provide the enablers according to Campbell's research for frontline staff to do more HP work, such as resources for increasing staff time and funding.

A variety of activities undertaken by PHIs appeared to fall within the spectrum of health promotion according to the paper by Campbell et al, but the Planning Committee recognized that not all possible participants, nor the organizations participants belonged to, have the same understanding and definition of health promotion.

It was decided by the Planning Committee to use the World Health Organization and Ottawa Charter definition of Health Promotion for the purpose of the workshop:

Health Promotion is the process of enabling people to increase control over and improve their health.^{4,5} Health promotion involves actions directed at strengthening the skills and capabilities of individuals, as well as changing social, environmental and economic conditions to alleviate their negative impacts on public and individual health.¹ There are a range of activities under the umbrella of health promotion, including policy initiatives, environmental strategies, community development, as well as the more traditional lifestyle and public education initiatives.⁶ The Ottawa Charter for Health Promotion (1986) identifies five key strategies for health promotion: building healthy public policy; creating supportive environments; strengthening community actions; developing personal skills; and reorienting health services.

⁴ World Health Organization. Health Promotion Glossary. Available at http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

⁵ World Health Organization: Ottawa Charter for Health Promotion. Ottawa, ON: WHO, Health Canada, CPHA, 1986, Available at http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

⁶ Centre for Addiction and mental health. Health Promotion Resources. Available at http://www.camh.net/About_CAMH/Health_Promotion/Health_Promotion_Resources/index.html

Using a Planning Tool (Appendix B), the following objectives for the workshop were determined:

1. To define and provide evidence for health promotion (HP) within the context of health protection.
2. To identify education needs and tools for HP for PHIs and to conduct HP training.

The opening session would focus on the research by Campbell et al. A Planning Committee member noted that the research spurred the organization of this workshop from a conceptual understanding of health promotion, as per the five health promotion strategies from the Ottawa Charter, to the level of implementation, especially to day-to-day practice. Four groups of health promotion skills and actions identified by research's respondents were:

1. Collaboration and partnership.
2. Creation and dissemination of "information products."
3. Communication.
4. Education.

An area that was not noted in the research involved organizational development through activities such as program planning and evaluation. Environmental health practitioners understand why it is important to undertake health promotion through the five Ottawa Charter health promotion strategies, but little direction on how integration of health promotion within existing activities and subsequent skills and actions required exists. Health promotion is especially difficult when there is an absence of an integrated health promotion strategy in most health authorities. For example, there are limited mechanisms for cross-discipline collaboration or there are few indicators to measure health promotion activities versus enforcement activities.

A matrix was developed, Appendix C, to help identify potential examples of health protection work that incorporated aspects of the WHO and Ottawa Charter definition. In addition, due to the national scope of the workshop, it was desirable to include examples that encompassed work across the country. Examples considered did not exclude activities that were entirely successful, indicating that challenges existed at different stages of implementing a health promotion approach. It was hoped that the examples would be inspiring for PHIs and encourage others to undertake similar health promotion approaches. To ensure that a range of examples could be provided, a thirty-minute presentation, followed by three fifteen-minute case studies were chosen. Each presenter was asked to address:

- A brief overview of what was the PHI role and the issue they were to address;
- What happened?;
- Why was this health promotion approach significant?;
- Were there any particular challenges?;
- Were there any key factors to convince superiors to undertake this approach?;
- How did this approach support a vulnerable population?;
- Would they have done anything differently?

Additional two-minute-long stories were solicited from participants to voluntarily share with participants and celebrate HP activities. Guidelines for 2 Minute Stories can be found in Appendix D.

A World Café format was suggested to identify education needs and tools to support a health promotion approach. The following two questions were asked:

1. What are the barriers to undertaking or using a health promotion approach in your work?
2. What learnings, education, tools, strategies have been useful and what would you like to see in the future in your health region?

Once comments were compiled, table hosts would summarize and present highlights to all participants. Affinity grouping would be used to determine key themes. The key themes would be discussed further to determine potential future action. Using an Open Space format, Planning Committee members would facilitate discussions to determine actions to be taken, who would be involved, and what their potential roles were.

A capacity building component to the workshop was desired. The limited time available, the varying experience of participants, and the complexity of health promotion strategies made narrowing down a useful and relevant activity for participants challenging. An organic tool was created entitled, “Making the Case”, a modified version of “Making the case: at a glance”⁷. The objective was to provide a practical tool that practitioners could use on a regular basis for situations where a health promotion approach could be considered and identify factors to support a health promotion approach and, in this way, develop a compelling case to support using health promotion in the context of health protection activities. Depending on the situation encountered by a practitioner, the tool need not be completed in a sequential manner. Practitioners could start completing different factors that may have not been considered. The tool could also identify areas where more in-depth resources could be pursued for different approaches. An accompanying Resource List, Appendix F, was provided to supplement the tool.

The capacity building activity would involve participants identifying a situation where they would like to take a health promotion approach and start completing the tool. Due to the time limitation, it was not expected that participants would complete the tool but to complete enough sections to get experience with the tool. Working in pairs, participants would be asked to discuss their planned approach with their partners. The listener would provide feedback and suggestions. After the activity, the participants would be asked about the usefulness of the tool and recommendations for changes. NCCEH will follow up with participants after the conference to determine if the tool was used in the workplace setting, the usefulness of the tool, and any further changes needed. “Making the Case” would be revised and posted on the NCCEH website.

⁷(http://www.thcu.ca/resource_db/pubs/628847601.pdf)

Appendix B: Planning Tool for May 31, 2012, to Integrate More Health Promotion in Health Protection Practice

Objective 1

To define and provide evidence for health promotion (HP) within the context of health protection.

Rationale

- Reduce confusion regarding what is health promotion, the scope of HP being undertaken in Health Protection;
- Illustrate HP integration within current practice with examples from:
 - Building healthy public policy
 - Creating supportive environments
 - Strengthening community action
 - Developing personal skills
 - Reorienting health services;
- Foundational to the work;
- Illustrate the value of investing in HP.

Target

- Schools of Environmental Health learn examples of HP to illustrate to students;
- Managers have better understanding of how HP can be integrated within current practice;
- CIPHI to link HP with current Standards of Practice and discipline-specific competencies.

Challenge

Audrey uses WHO, Ottawa Charter for Health Promotion. Agreed upon definition we can work with for this workshop. Emphasize that Health Education and Awareness is also included as HP under Developing Personal Skills. HP as a special project should be shifted to HP within daily practice.

Format

- Health Protection specialist provides overview of HP and PHI;
- Audrey's research looking at the range of HP practice in BC;
- Case studies and "Popcorn," where participants do an elevator exercise to talk about their HP work.

Resources

- PHIs who developed Bed Bug Initiative in Toronto and how they have promoted integration of HP (mandate to do HP, tools staff used, partners involved, effectiveness of program and business case, intended and unintended benefits of using HP approach);
- Audrey; overview of her research to see if similarities exist.

Objective 2

To identify education needs and tools for HP for PHIs **and** to conduct HP training.

Rationale

- Agreed-upon education needs and tools would help focus developing resources that could be used nationally and on a provincial level;
- Identify the priority for HP;
- Capacity-building focus on skills needed by PHIs to undertake HP through a training module to increase participants' personal skills.

Target

- Frontline PHI staff would help shape the type and design of education required. A reality check;
- Schools of Environmental Health integrate learning needs into curriculum;
- Managers could advocate for, and incorporate into, their education plan for staff;
- CIPHI to create professional development opportunities.

Format

- HP training (to be determined) to increase a personal skill. The invitees or planning committee may be canvassed to identify a specific training need;
- "World Café" format to solicit input in facilitated roundtable discussions, reporting back results and then, consensus around priority education needs.

Resources

- Trainer for a HP skill;
- Facilitators for World Café needed.

Appendix C: Matrix

Please consider potential projects or contacts that may exemplify case studies with the following characteristics:

Type of Health Promotion activity –

- A. Building healthy public policy (e.g., air quality, water, tobacco, food policies).
- B. Creating supportive environments (e.g., healthy built environment).
- C. Strengthening community action (e.g., Healthy Community initiatives, air shed committees).
- D. Developing personal skills (e.g., my opinion is this includes education and awareness and is oriented to individuals).
- E. Reorienting health services (e.g., integration with PH or other partners, offering services in a different way, i.e., helplines).

Type of Role

- 1. Frontline PHI or Specialist.
- 2. Manager of staff or –
- 3. Manager of Department or Director.
- 4. Policy maker at provincial, territorial, or federal level.
- 5. Educator.
- 6. Researcher.
- 7. Other, explain.

Location of Case Study

BC, AB, SA, MB, ON, QU, NB, NS, PEI, NL/Lab, Yukon, NWT, NU, FED

Contact Name	Contact Info (email or phone)	Description and why would this be a good case study	HP Activity (can include more than one criteria)	Role	Location

Appendix D: 2 Minute Story Sharing Guideline

Health Promotion Activities undertaken by Health Protection

Health Promotion is the process of enabling people to increase control over and improve their health. Health promotion involves actions directed at strengthening the skills and capabilities of individuals, as well as changing social, environmental and economic conditions to alleviate their negative impacts on public and individual health. There are a range of activities under the umbrella of health promotion, including policy initiatives, environmental strategies, community development, as well as the more traditional lifestyle and public education initiatives. The Ottawa Charter for Health Promotion (1986) identifies five key strategies for health promotion: building healthy public policy; creating supportive environments; strengthening community actions; developing personal skills; and reorienting health services.

The information will be collated and shared amongst participants at the Health Promotion in the Context of Health Protection workshop, Thursday, May 31, 2012. If you wish to verbally share this project/strategy, reminder that you will have up to two minutes only. Please answer the three questions and the contact information. Return to Rose Soneff at rsoneff@gmail.com.

1. Describe what you did in a few sentences (Who, What, When, Where, Why and How?)
2. Why was this project/strategy significant? Or: What was the most significant change because of this project/strategy?
3. Would you have changed anything?

Name:

Title:

City or Region:

Contact Phone or cell:

Contact email:

Appendix E: Making the Case Guide and Template

Making the Case Guide

The purpose of this tool is to assist in reviewing different considerations when undertaking a Health Promotion approach in the context of Health Protection. The benefits of using a health promotion approach are numerous but may be perceived to have limitations by decision makers. This guide will ask you key questions to consider about the approach(es) being undertaken and considerations that strengthen the rationale for using a health promotion approach.

<p>What is the issue and why is it beneficial to use a Health Promotion approach? The health protection issue may result from an underlying problem that is very broad. A health promotion approach may address the underlying problem in a manner that benefits all stakeholders and moves towards a long-term solution. What will be health protection's role and what will be the scope of the work?</p>			
<p>Why? Using a health promotion approach may entail one or more of the objectives listed in this section. An increase in awareness, knowledge, or understanding alone will not necessarily result in the desired change. (Refer to further information around change theories). It may be a step in combination with these other objectives. Collaboration, integration, and partnership are desirable to reduce workload, draw on broader skills, strengthen action, and sustain change. List the negative results of inaction and compare to the benefits of using a new approach to quantify the need for resources and need for action. A small investment now may have larger benefits later. Consider a policy change as an effective health promotion strategy that guides work in the future.</p>	<p>To Whom? To whom are you primarily directing this case and why? Do they have power to make a decision or allocate resources? Is there a secondary group you wish to influence because they can persuade the primary decision maker? Internally, are there decision makers that exist in your organization, such as a Health Authority or Public Health Department? Allies internally may share similar concerns and could also influence your primary target? External stakeholders are outside the organization of health protection but have a vested interest in the issue. They may also be able to make a decision or recommendation to those who you are trying to influence internally. Amongst internal or external contacts there may be a person who can champion the health promotion activities because they may be seen as reputable, respected, and/or influential.</p>	<p>What Evidence? A preliminary step to making the case is meeting with the target group to understand and clarify the issue rather than basing your case on assumptions. This assessment phase may also provide an opportunity for groups involved to participate, be heard, and be involved in identifying the possible solutions. Decision makers may perceive that taking a health promotion approach entails risk, whether it is effective use of resources, low potential for success, or the amount of time to affect change. Evidence to support action strengthens your case, especially if the evidence comes from different sources. Once your assessment is complete, write down a narrative answering each of these items under "the issue is..." and "the solution should be..." Which health promotion foci best fit the approach you desire? Practice explaining the issue, solution, and the health promotion approach until you are confident repeating the narrative to any audience.</p>	<p>As you start to develop detailed plans, refer to the Resource List provided to explore these foci in depth, i.e., see Making the Case at a Glance for Campaign-type approaches. The approach you may wish to take may be new and innovative with little evidence to support action. Gather what evidence may exist, but also pay close attention to planning for and undertaking evaluation. Your work may become the evidence in the future. Evidence is only part of making the case. Little evidence should not be cause for inaction. Successful health promotion approaches have been undertaken under the Precautionary Principle.¹</p>

<p>Who/When/How? Solutions often require a group of stakeholders to address long-term change. Seek possible partners who are likely to benefit from the change desired. Identify why they would be important to approach; for example, they may provide resources such as financial, but they also may provide human resources, skills, networks, credibility, or opportunities to interact or enlist the target group. Amongst partners, there may be a person who can champion the health promotion activities to the target group or other stakeholders. They may be seen as reputable, respected, and/or influential. Engaging their assistance when making the case to decision makers will show a broad base of support. Your resources may leverage partners' resources and demonstrate added value for your case. It takes time to engage partners, to explain the situation, describe the benefits, and discuss what the expectations of a partnership entail. Prioritize who and how to approach and outline the time frame. Consider the length of time this will take, given deadlines or possible loss in momentum if the issue is currently profiled and is deemed important. Additional partners may be sought later. The list of activities under "How?" may take more detailed work, and you may want to enlist others with specific skills to be involved in vetting the different plans being prepared, such as someone in communications. Ask them, with their experience, if the plan is realistic and attainable? Do they have any suggested improvements? Their expertise and review will increase confidence in the case's potential effectiveness.</p>	<p>How Well? This process may be the first time or one of the few times a case has been made to undertake a health promotion approach. It is important to evaluate this process to make changes in future, identify strengths to build upon, or determine areas for improvement. Formative Assessment looks at the steps undertaken in the engagement of partners to use the health promotion approach. This assessment can be undertaken throughout the process and not just at the end. This will enable you to gauge whether your partners are in agreement with the approach. Process Assessment will assist in determining if making a case in the future is warranted and if so, what, if anything, would be undertaken differently to improve making the case. The Summative Assessment looks at the outcomes. The outcomes may not have been 100% achieved, and there may have been unexpected outcomes that were achieved that were important but not necessarily planned for at the onset. Also ask your partners what they perceived were the outcomes achieved.</p>
<p>Next Steps Outline any necessary steps needed. At different points, as you work your way through this guide, you may need to step back to gather more information, or do more research, or incorporate an unexpected factor. Or you may skip to other sections that have not received sufficient attention.</p>	

¹ **Health Promotion** is the process of enabling people to increase control over and improve their health. Health promotion involves actions directed at strengthening the skills and capabilities of individuals, as well as changing social, environmental, and economic conditions to alleviate their negative impacts on public and individual health. There are a range of activities under the umbrella of health promotion, including policy initiatives, environmental strategies, and community development, as well as the more traditional lifestyle and public education initiatives. The Ottawa Charter for Health Promotion (1986) identifies five key strategies for health promotion: building healthy public policy; creating supportive environments; strengthening community actions; developing personal skills; and reorienting health services.

Making the Case

The purpose of this tool is to assist in reviewing different considerations when undertaking a Health Promotion approach in the context of Health Protection. Please see the "Making the Case Guide" for more information on how to complete this planning tool.

<p>What is the issue and why is it beneficial to use a Health Promotion approach? The health protection issue may result from an underlying problem that is very broad. A health promotion approach may address the underlying problem in a manner that benefits all stakeholders and moves towards a long-term solution. What will be health protection's role and what will be the scope of the work?</p>		
<p>Why?</p> <ul style="list-style-type: none"> <input type="checkbox"/> To increase awareness, knowledge, and understanding. <i>(What)</i> <input type="checkbox"/> To increase the degree of importance attached to an issue and the perceived necessity for action. <i>(So What)</i> <input type="checkbox"/> To increase collaboration, integration, or partnership towards action. <i>(How)</i> <input type="checkbox"/> To increase activity, funding, and/or policies directed towards producing change. <p>Notes:</p>	<p>To Whom?</p> <p><u>Internal</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Colleagues within department <input type="checkbox"/> Supervisor, manager (management), or director <input type="checkbox"/> Colleagues across departments (i.e., planning, nursing, nutrition, other health professionals, public works, educators, volunteer coordinators) <input type="checkbox"/> Policy staff <input type="checkbox"/> Other <p><u>External</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Elected official/political aides <input type="checkbox"/> Funder <input type="checkbox"/> Community <input type="checkbox"/> Consumers <input type="checkbox"/> Lobby groups/organizations <input type="checkbox"/> Media <input type="checkbox"/> Other <p>Notes:</p>	<p>What Evidence?</p> <p><u>That's What...the issue is:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Clear and detailed <input type="checkbox"/> Reflects consensus (not too controversial) <input type="checkbox"/> Relevant to this place and time <input type="checkbox"/> Not intractable <p><u>So What...the issue is:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Timely <input type="checkbox"/> Growing <input type="checkbox"/> A burden in social and economic terms <input type="checkbox"/> Of public concern <input type="checkbox"/> Of concern to credible stakeholders <p><u>Now What...solutions should be:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Linked with the identified problems <input type="checkbox"/> Clearly explained, straightforward, and simple <input type="checkbox"/> Technically accurate <input type="checkbox"/> Broadly beneficial for all partners involved <p>Health Promotion focus could address one or more activities*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Create or change healthy public policy <input type="checkbox"/> Created or change internal policy <input type="checkbox"/> Create supportive environment <input type="checkbox"/> Strengthen community action <input type="checkbox"/> Develop personal skills <input type="checkbox"/> Reorient health services
<p><u>Types of evidence to support the case</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Polling/survey data <input type="checkbox"/> Community health indicators <input type="checkbox"/> Community story/testimonial/anecdote <input type="checkbox"/> Policy vision documents <input type="checkbox"/> Case study <input type="checkbox"/> Evaluation report (process-outcome data) <input type="checkbox"/> Research Report (experimental or quasi-experimental data) <input type="checkbox"/> Cost-benefit/cost effectiveness study <input type="checkbox"/> Meta-analysis <input type="checkbox"/> "Best practices" synthesis and guidelines <input type="checkbox"/> Other _____ <p><u>Other Sources</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Polling companies, news reports, website <input type="checkbox"/> Healthy status indicator reports, websites <input type="checkbox"/> Key community spokespersons <input type="checkbox"/> Journals and magazines <input type="checkbox"/> Other _____ 		

*Refer to **Resource List** that explores these areas more in the planning stage, i.e., see "Making the Case at a Glance for Campaign-type" of approaches.

<p>Who/When/How?</p> <p><u>Who</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> List roles and expectations for partners <input type="checkbox"/> List benefits for partners <input type="checkbox"/> List strategies to enlist partners <input type="checkbox"/> List resources (monetary and value of in-kind support) provided by partners <p><u>When</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide time frame <input type="checkbox"/> List effective ways to enlist partners (one-to-one interpersonal communication, at meetings, conferences, presentations, introductions via mutual contacts) <p><u>How</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Develop internal or external integration strategies <input type="checkbox"/> Create Action Plan <input type="checkbox"/> Develop Financial Plan <input type="checkbox"/> Develop internal and external Communication Plan <input type="checkbox"/> Test with focus group or pilot <p>Notes:</p>	<p>How Well?</p> <p><u>Formative assessment of planning</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> What do your internal and external partners think about the health promotion approach? <p><u>Process assessment of implementation</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> How well accepted was the case made? <input type="checkbox"/> What was the most significant change? <input type="checkbox"/> Would you have changed your approach? <p><u>Summative assessment of results</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Was there change related to objectives (e.g., awareness, knowledge, attitude, actions, policies initiated or revised, leveraged resources, created long- or short-term partnerships, unexpected benefits, improved environmental conditions, increased capacity of staff)? <p>Notes:</p>
<p>Next Steps</p>	

Health Promotion is the process of enabling people to increase control over and improve their health. Health promotion involves actions directed at strengthening the skills and capabilities of individuals, as well as changing social, environmental, and economic conditions to alleviate their negative impacts on public and individual health.

There are a range of activities under the umbrella of health promotion, including policy initiatives, environmental strategies, community development, as well as the more traditional lifestyle and public education initiatives. The Ottawa Charter for Health Promotion (1986) identifies five key strategies for health promotion: building healthy public policy; creating supportive environments; strengthening community actions; developing personal skills; and reorienting health services.

Appendix F: Health Promotion Resources

The National Collaborating Centre for Environmental Health

<http://www.ncceh.ca/>

An online resource for environmental health practitioners and policy-makers across Canada. This website was developed for environmental health practitioners, policy-makers, or researchers who are committed to collaborating on evidence-based practice and policy

The Health Communication Unit

In Spring 2011, Public Health Ontario announced that the transfer of The Health Communication Unit (THCU) at <http://www.thcu.ca/> would be moved to Public Health Ontario from the University of Toronto, Dalla Lana School of Public Health. Its practices and materials are widely used in Public Health Ontario's health promotion capacity-building services and resources by:

- providing training and support in health communication, health promotion planning, evaluation, and policy change
- providing provincial and regional workshops, webinars, and tailored consultations
- hosting a number of resource materials available through an online library
- working in collaboration with the Healthy Communities Consortium to provide capacity building services

Services

Workshops and Events

Consultation services – consultations with health promoters in Ontario in the following areas: health promotion program planning, policy change, health communication, and evaluation of health promotion programs.

Resources

During a transition period, THCU resources will continue to be hosted on this site using the [searchable Information and Resources database](#).

Please see [new capacity building resources](#) on the Public Health Ontario website.

Communication (interpersonal, presentations – focused on mobilization not education, community forums, mass media)

- Making the case: at a glance (http://www.thcu.ca/resource_db/pubs/628847601.pdf)
- 12 Steps to Developing a Health Communication Campaign (http://www.thcu.ca/resource_db/pubs/971629203.pdf)
- Health Communication Message Review Tool (http://www.thcu.ca/resource_db/pubs/579818192.pdf)
- Overview of Health Communication Campaigns (http://www.thcu.ca/resource_db/pubs/713413616.pdf)

Education (workshops, presentations, training sessions)

- Strengthening Personal Presentations: a personal assessment tool (http://www.thcu.ca/resource_db/pubs/777825976.pdf)
- Strengthening Personal Presentations: a workbook (http://www.thcu.ca/resource_db/pubs/343472615.pdf)

Behaviour Change

- Changing Behaviours: a practical framework (http://www.thcu.ca/resource_db/pubs/598362925.pdf).
- Immunity to Change: How to Overcome It and Unlock the Potential in Yourself and Your Organization, by Robert Kegan and Lisa Laskow Lahey, 2009

Planning

- Skills for Health Promotion (http://www.thcu.ca/resource_db/pubs/164711338.pdf) – Comprehensive-app 245 pages. Includes planning, communication, evaluation, and policy development
- Introduction to Health Promotion Planning. Excellent for planning and project management. (http://www.thcu.ca/resource_db/pubs/930522026.pdf)
- 8 Steps to Developing a Health Promotion Policy. Good for development of the idea. Build on the work by using the next too. (http://www.thcu.ca/resource_db/pubs/489887946.pdf)
- Developing Health Promotion Policies (http://www.thcu.ca/resource_db/pubs/539372877.pdf)

SPARC BC (Social Planning and Research Council of BC) has compiled Community Development & Capacity Building tools at <http://www.sparc.bc.ca/capacity-building-resources>. Topics include Managing Projects, Community Engagement, Collaboration and Network Development, Leadership and Management.

Facilitation

- The [World Cafe Presents...Cafe to Go](#), a quick reference guide with meaningful conversations.
- [Open Space Technology: An Inviting Guide \(CEM\)](#) Learn how to create a compelling invitation that gives everyone the space and responsibility for getting to answers. This guide provides a preparation checklist to help you through the process of inviting participants and providing the space and the tools.

University of Kansas Community Tool Box The Community Tool Box is a global resource for information on essential skills for building healthy communities. It offers more than 7,000 pages of practical guidance in creating change and improvement. <http://ctb.ku.edu/en/default.aspx>

Tools of Change This site offers specific social marketing tools, case studies, and a planning guide for helping people take action and adopt habits that promote health, safety, and/or sustainability. It will help you include in your programs the best practices of many other programs – practices that have already been successful in changing people's behaviour. <http://www.toolschange.com/en/home/>

Appendix G: Final Agenda

HEALTH PROMOTION IN THE CONTEXT OF HEALTH PROTECTION AGENDA

THURSDAY, MAY 31, 2012

- 08:30-09:00 Registration, coffee and networking.
- 09:00-09:10 Introductions and review purpose of the workshop – Mona Shum
- 09:10-10:00 Opening Session
“What is Health Promotion in the context of Health Protection?” – Audrey Campbell
“A Collaborative Health Promotion Approach,” City of Toronto, Public Health –
Wayne Fletcher, Public Health Inspector
- 10:00-10:30 “The Role of Health Protection in a Safe Housing Program” – Nelson Fok, Edmonton
“ Getting Local Food to the Table for Food Security” – Paula Tait, Northern Health, BC.
- 10:30-10:45 Nutrition and Stretch Break
- 10: 45- 11:00 “What Does It Take to Get Smoke-free Taxicabs? Lessons Learned” – Terry Battcock,
Newfoundland and Labrador
- 11:00 -11:40 Identifying Education Needs and Tools to Support a Health Promotion Approach. World
Café format. Two rounds of 20 minutes each. Participants will switch to a different table
after Round 1.
- 11:40 -12:00 Reporting Back from Each Table’s Host.
- 12:00- 12:20 Developing Key Themes – Group Activity
- 12:20 – 13:20 Networking Lunch
- 13:20 – 14:00 Where Do We Go from Here? – Group Activity
- 14:00 - 15:00 Capacity Building – Making the Case – Working in Pairs.
- 15:00 - 15:15 Nutrition and Stretch Break
- 15:15 - 16:15 Sharing Success and Challenges. Time to celebrate and shine! Presentations.
- 16:15 - 16:30 Closing and Completing Evaluation – Mona Shum