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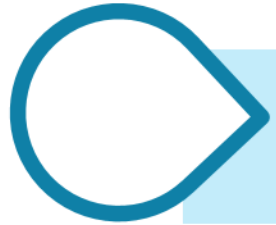
Promoting Health: A (re)introduction to planning health promotion programs

Andrea Bodkin, Senior Program Specialist in Health Promotion, Public Health Ontario

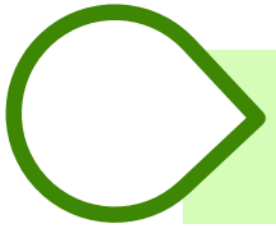
Lisa Gallant, Program Specialist, Niagara Region Public Health

July 18, 2022

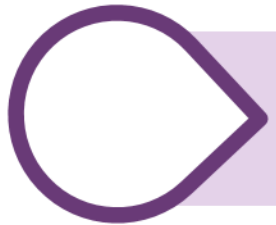
Today's presentation



What is planning?



How can we consider equity and sustainability when planning?



What does planning look like at a local public health unit?



Q&A

What is Planning?¹

- Making decisions at multiple levels based on the information that you've gathered and analyzed.
- Thinking about and organizing a set of activities necessary for achieving a desired goal.



Why Should We Plan?

- Planning provide a roadmap of where we want to go, the process to get there, and how you will know that you have been successful.
- Planning is a process and an outcome, where the outcome is the plan itself, and the act of planning is also a valuable process.

“If you don’t know where you are going, any road will get you there.”
Lewis Carroll, Alice’s Adventures in Wonderland

“In preparing for battle I have always found that plans are useless, but planning is indispensable.”
Dwight D. Eisenhower

Health Promotion as a Normative Ideal and as a Practice²

“Health promotion is the process of enabling people to increase control over, and to improve their health and its determinants”

1. Build healthy public policy
2. Create supportive environments
3. Strengthen community action
4. Develop personal skills
5. Reorient health services³

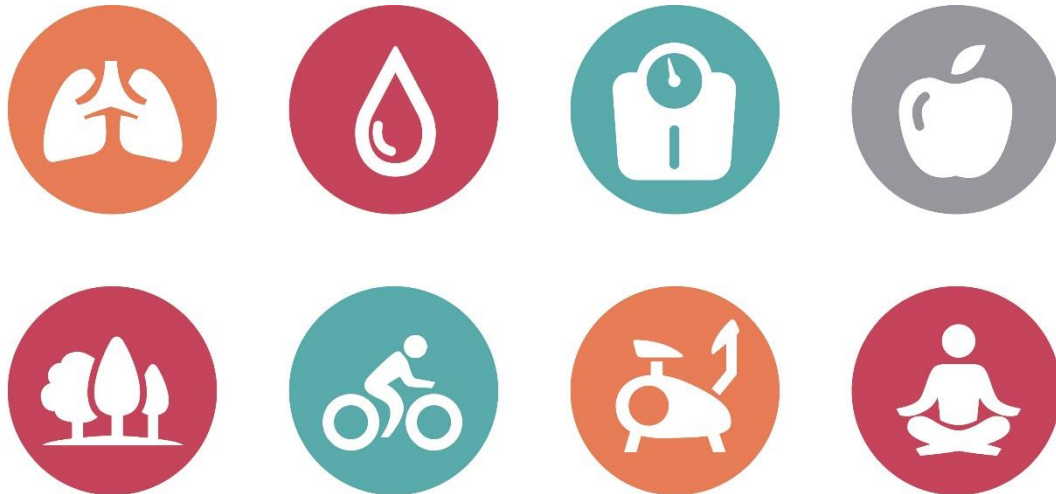
“Health promotion is any planned combination of educational, political, regulatory, or organizational supports, for actions and conditions of living conducive to the health of individuals, groups, and communities.”⁴

What Makes People Healthy (or unhealthy)?

In Canada, 50% of our health is shaped by social determinants, 25% by access to health care, 15% to biology and genetic factors, and 10% to the physical environment.⁵

Canada's Social Determinants of Health⁶

1. Income and social status
2. Employment and working conditions
3. Education and literacy
4. Childhood experiences
5. Physical environments
6. Social supports and coping skills
7. Healthy behaviours
8. Access to health services
9. Biology and genetics
10. Gender
11. Culture
12. Racism, marginalization and colonial structures



The Role of Equity in Health

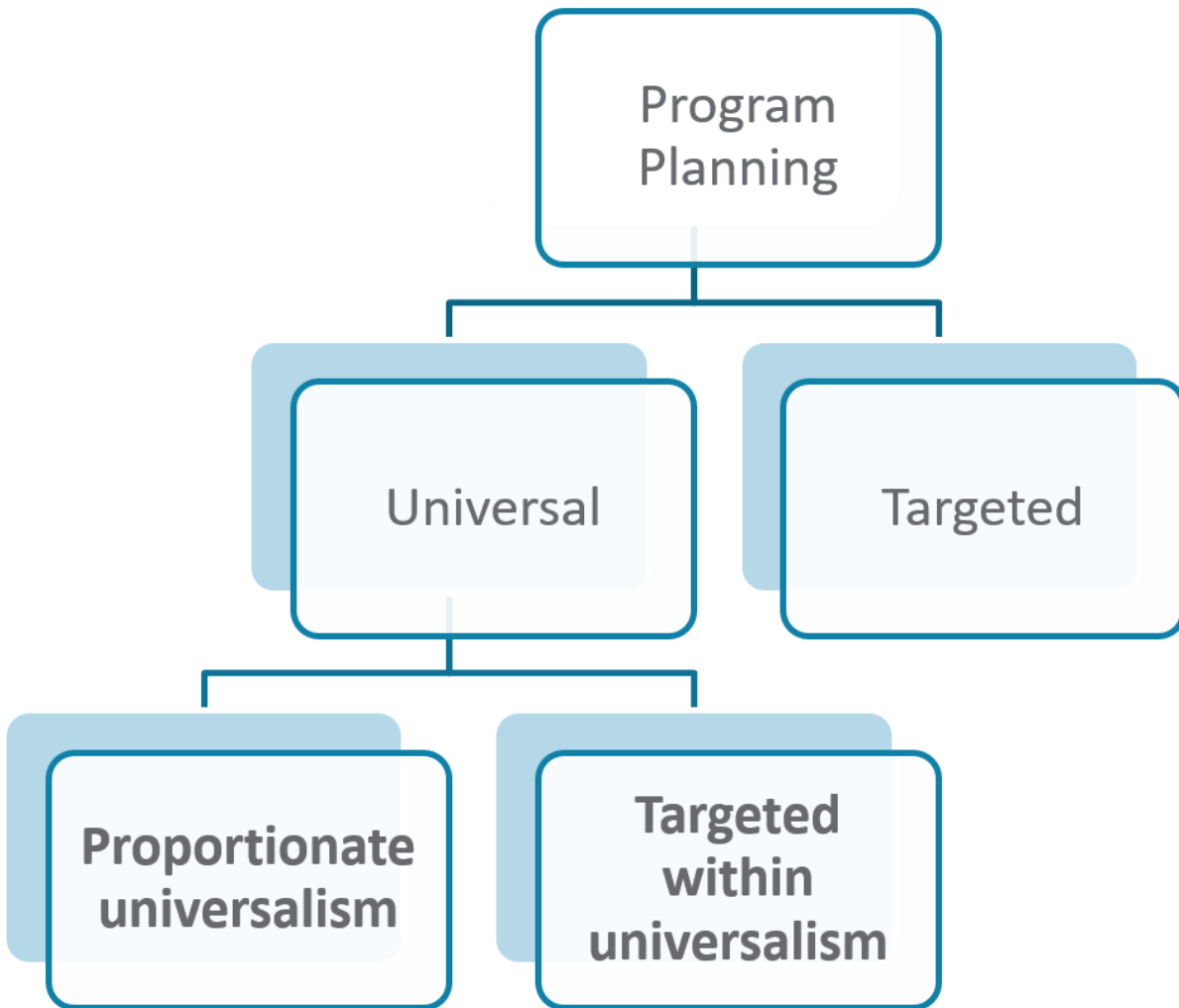
Health Inequity

Health inequities refer to differences that are systematic, unfair and unjust, avoidable.⁷

Health Equity

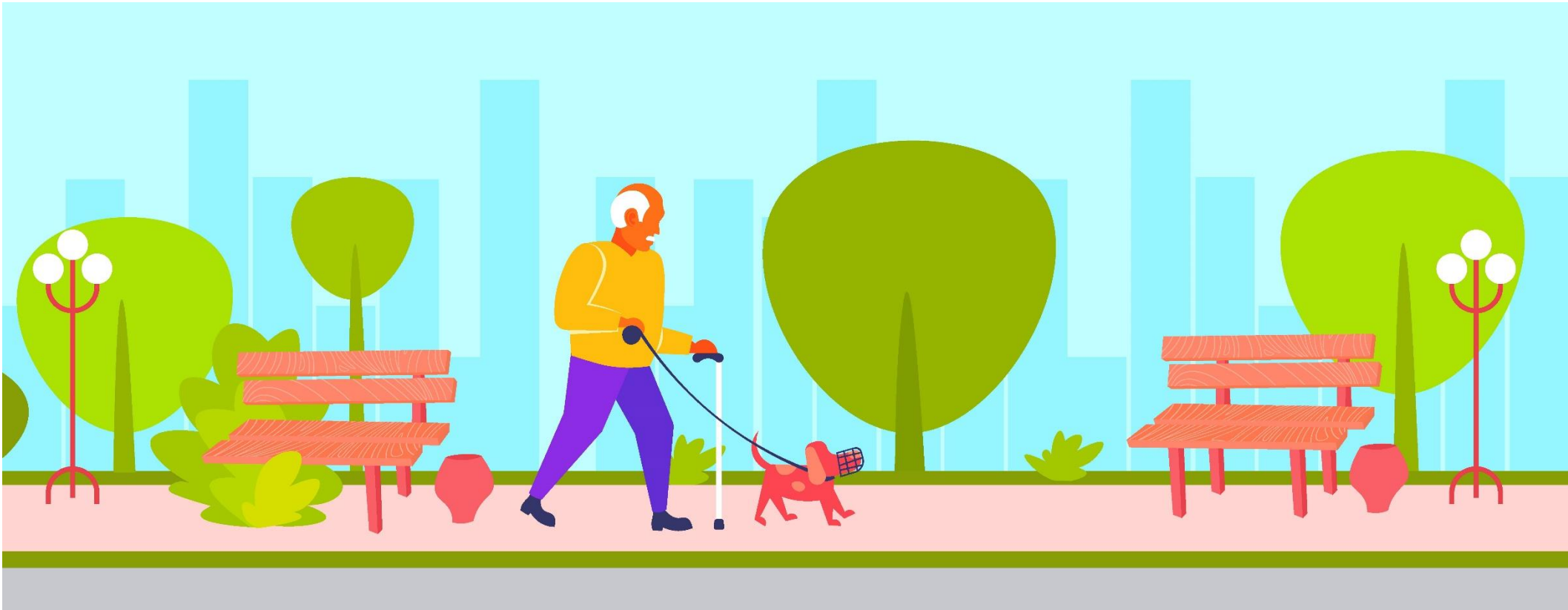
Health equity means that all people can reach their full health potential without disadvantage due to social position or other socially determined circumstance.⁸

Planning Programs to Address Health Inequities⁹



- **Universal** approaches apply to an entire population, based on the belief that each member of society should have equal access to services.
- **Targeted** approaches are tailored towards a priority sub-group within the broader, defined population. This approach recognizes that some groups are particularly marginalized or impacted by a certain inequity.
- **Proportionate universalism** balances targeted and universal approaches. Proportionate universalism recognizes a need for action across the whole of society AND a focus on the social factors that determine health outcomes. Programs, services and policies include a range of responses to address different levels of disadvantage within the population.
- **Targeted universalism** recognizes that universalism can still result in an unacceptable health gap, and that a targeted approach can have little effect on the slope of the health gradient. Targeted universalism defines goals for all, identifies the obstacles faced by specific groups, and tailors strategies to address the barriers in those situations.

“Public health programs can only deliver benefits if they reach maturity and sustain activities over time”¹⁰



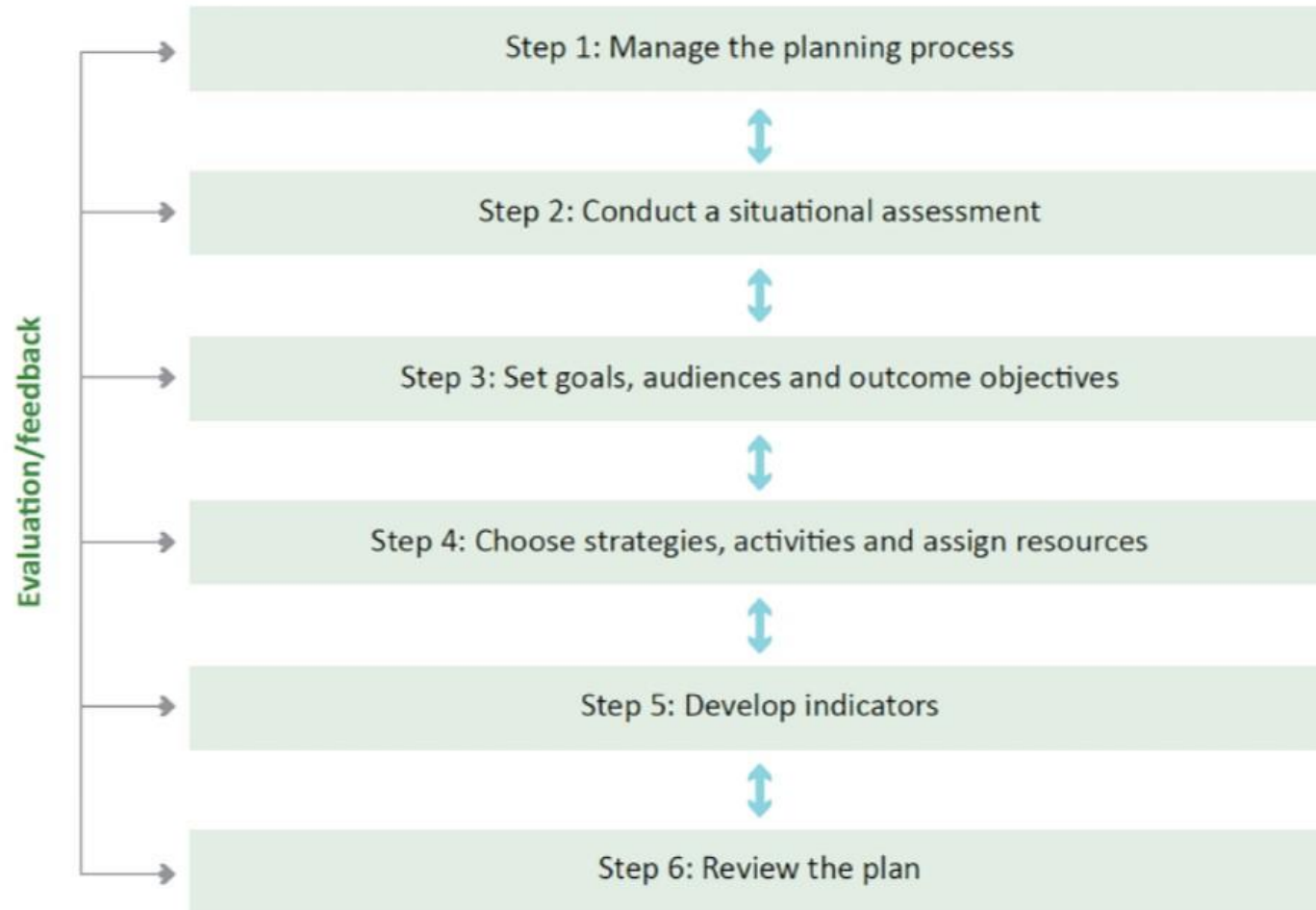
Sustainable By Design: A systematic review of factors for health promotion program sustainability¹¹

14 Factors for sustainable health promotion programs

Organizational capacity	Communications
Partnerships	Program Implementation*
Strategic Planning	Political Support
Funding	Program Adaptation
Fit/alignment*	Public Health Impacts
Program Evaluation	Socio-economic/political factors*
Capacity Building*	
Champion*	

*new factors identified in this review

6 Steps to Planning Health Promotion Programs¹



Key Messages

1. Plan your programs using an evidence-based program planning model
2. Consider how best to address health inequities through your program
3. Plan with sustainability in mind



References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Planning health promotion programs: introductory workbook. 5th ed. Toronto; ON. Queen's Printer for Ontario; 2018. Available from: https://www.publichealthontario.ca/-/media/Documents/W/2018/workbook-program-planning.zip?sc_lang=en
2. Carter SM. Health promotion: an ethical analysis. Health Promot J Aust. 2014;25(1):19-24. Available from: <https://doi.org/10.1071/he13074>
3. World Health Organization. Ottawa Charter for Health Promotion [Internet]. Geneva: WHO; 1986 [cited 2021 Feb 19]. Available from: <https://www.who.int/publications/i/item/ottawa-charter-for-health-promotion>
4. Green L, Kreuter M. Health program planning: an educational and ecological approach. 4th ed. New York, NY: McGraw Hill; 2005.
5. Canadian Medical Association. Health care in Canada: what makes us sick?: Canadian Medical Association town hall report [Internet]. Ottawa, ON: CMA; 2013 [cited 2022 Jun 21]. Available from: https://live-cma-ca.pantheonsite.io/sites/default/files/pdf/Activities/What-makes-us-sick_en.pdf
6. Subcommittee on Population Health of the Standing Senate Committee on Social Affairs, Science and Technology; Keon WJ, Pépin L. Population health policy: issues and options: fourth report of the Subcommittee on Population Health of the Standing Senate Committee on Social Affairs, Science and Technology [Internet]. Ottawa, ON: Senate of Canada; 2008 [cited 2022 Jun 21]. Available from: <https://sencanada.ca/content/sen/Committee/392/soci/rep/rep10apr08-e.pdf>
7. Whitehead M, Dahlgren G. Concepts and principles for tackling social inequities in health: leveling up Part 1: Europe [Internet]. Copenhagen: WHO; 2006 [cited 2022 Jul 4]. Available from: https://www.euro.who.int/_data/assets/pdf_file/0010/74737/E89383.pdf
8. Ontario. Ministry of Health and Long-Term Care, Population and Public Health Division. Health equity guideline [Internet] Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2022 Jul 4]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Health_Equity_Guideline_2018_en.pdf
9. Moffat H, Fish K, Schwenger S, Sankara, S. Let's talk: universal and targeted approaches to health equity [Internet]. Antigonish, NS: National Collaborating Centre for Determinants of Health; 2013 [cited 2022 Jul 4]. Available from: <https://nccdh.ca/resources/entry/lets-talk-universal-and-targeted-approaches>
10. Vitale R, Blaine T, Zofkie E, Moreland-Russell S, Combs T, Brownson RC, et al. Developing an evidence-based program sustainability training curriculum: a group randomized, multi-phase approach. Implement Sci. 2018;13(1):126. Available from: <https://doi.org/10.1186/s13012-018-0819-5>
11. Bodkin A, Hakimi S. Sustainable by design: a systematic review of factors for health promotion program sustainability. BMC Public Health. 2020;20(1):964. Available from: <https://doi.org/10.1186/s12889-020-09091-9>

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Bringing program planning to life

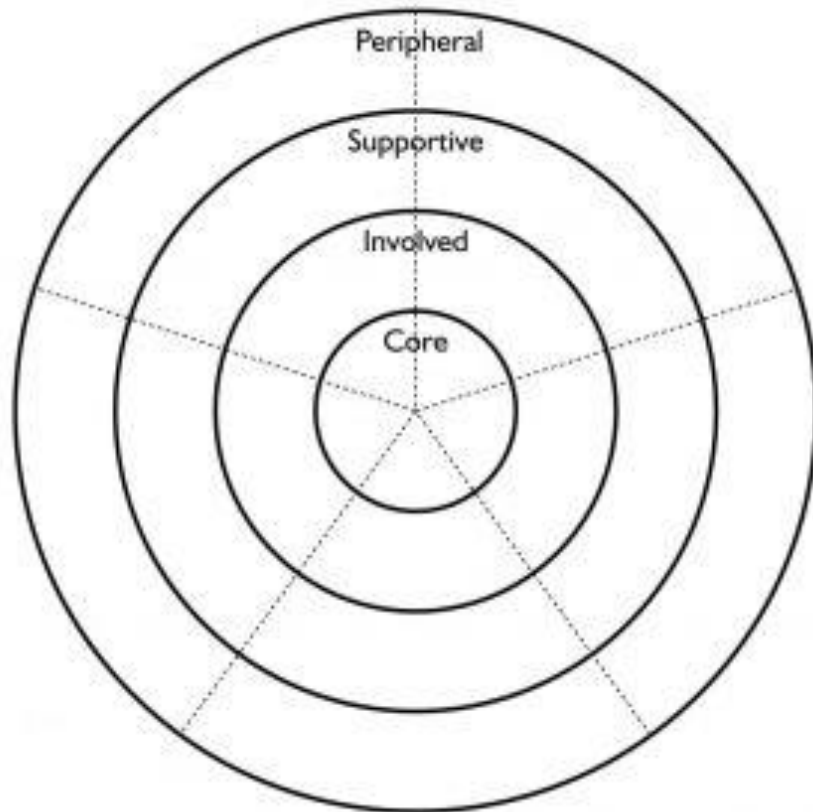
Active School Travel



Step 1. Manage the planning process

- Organizational expectations
- Reason for going through the planning process
- Decisions already made
- Funder requirements

Step 1. Who needs to be involved



Core	Niagara Region Public Health Promoter Niagara Student Transportation Services Executive Director and Manager
Involved	Advisory Committee
Supportive	School team Municipal leads
Peripheral	Champions

Step 2. Situational assessment

What do we know	School Travel Trends Physical Activity Rates Support from groups and people who have an interest in advancing active travel
What is making the situation better or worse	Parent survey (local and National) – why parents drive their kids to school Scan of policies that hinder and encourage active travel SWOT and PESTLE analysis
What actions could we take	Use menu of activities (Ontario Active School Travel, rapid reviews) Reconfirm commitments of lead groups Document school profile data and classroom counts

SWOT / PESTLE analysis

<p>Strengths</p> <ul style="list-style-type: none">• Transportation Master Plan• Complete Streets Policy• Well established champions• Infrastructure resulting from stronger policy	<p>Weakness</p> <ul style="list-style-type: none">• Speed and traffic volumes• Cost of infrastructure projects• Seasonal maintenance of routes to school• Challenge to shift parental value of convenience of driving
<p>Opportunities</p> <ul style="list-style-type: none">• Potential link to climate change• Vision Zero• Infrastructure budget for regrowth• 2022 elections	<p>Threats</p> <ul style="list-style-type: none">• Super schools on roads designed to move high volumes of traffic quickly• Some champions are fatigued• Development in suburban areas creating more barriers to sustainable transportation

Step 2. Summary of the situation

- Active school travel involves communities working together to make it easier for students to walk, bike or bus to school. Niagara's results of a 5-10% shift in walking and cycling are similar to those reported from a National pilot coordinated by Green Communities Canada.
- In Niagara, most children take buses or are driven to school; even those who live short distances and could choose to walk or bike. This impacts traffic congestion in schools zones, safety concerns and the health of students.
- At a local summit (2016), Niagara champions validated the need to address Active School Travel and identified actions to advance this work e.g., formalizing and standardizing the model and strengthening government and public engagement.
- Parents who responded to family surveys about the journey to school cited top reasons for driving to school: Convenience, On their way to somewhere else and Traffic danger
- We can address traffic danger by exploring walking routes and identifying possible improvements with municipal staff. We can address safety with cycling and pedestrian safety programs. We can make the trip more convenient with programs such as a walking school bus, mapping common routes and improving bike parking facilities

Step 3. Set goals, audiences, objectives

Goal – To strengthen programs to encourage people to walk, cycle and take transit

Audiences

- Primary – Elementary students and their caregivers
- Secondary – champions e.g., school board leaders, principals/VPs, municipal staff, non-profit groups, police

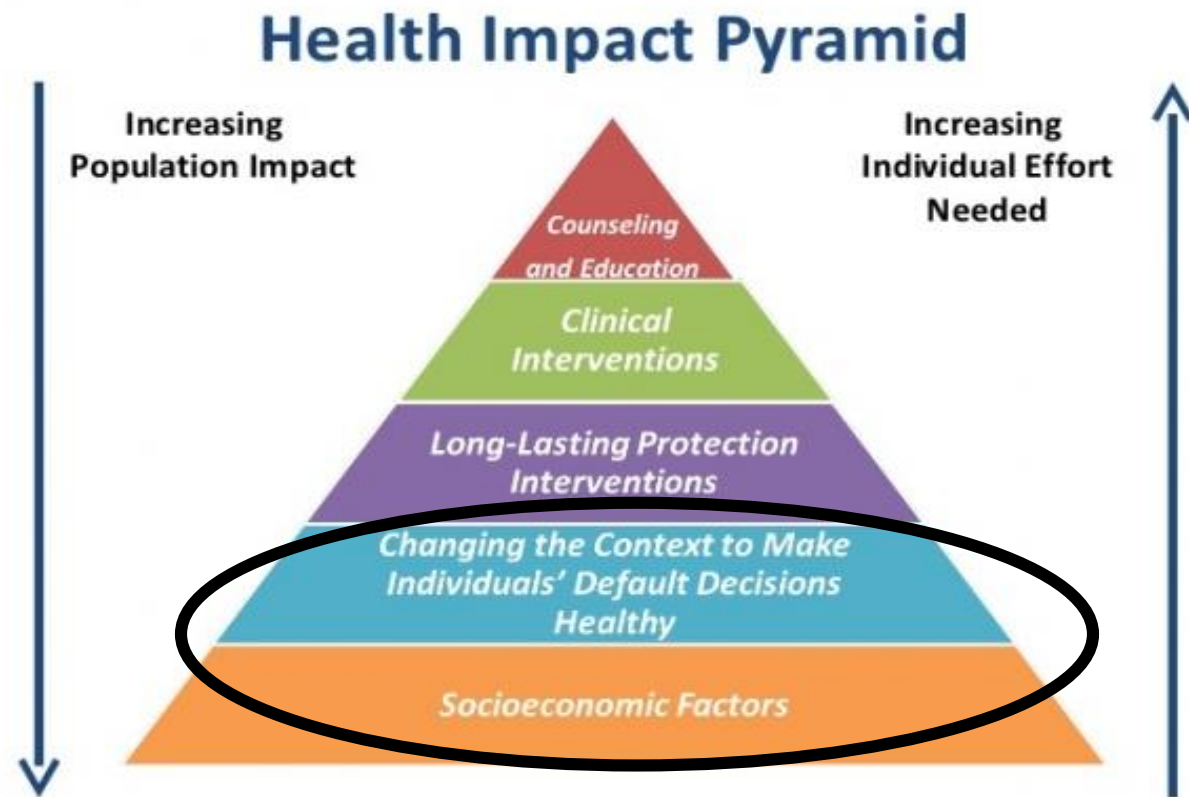
Outcome objectives

- By 2020, formalize the roles of 13 municipalities and 2 lead organizations involved with Active School Travel in Niagara
- By 2020, increase the number of students, who walk, cycle or bus to school by five per cent (at participating Active School Travel schools)

Step 4: Choose strategies and activities and assign resources

Strategies – based on

- Ottawa Charter
 - Strengthen community action
 - Create supportive environments
- Health Impact Pyramid



Frieden T. American Journal of Public Health | April 2010, Vol 100, No. 4

Step 4: Activities

Strategy	Activity
Strengthen community action	Role of municipalities formalized
Strengthen community health services	Role between public health and transportation consortium (school boards) formalized Increased capacity of staff to engage in Active School Travel
Create supporting environments	New schools engaged in Active School Travel with completed walkabouts and action plans
Policy	Scan complete for 2 school boards and 13 municipalities

Step 5: Develop indicators

By 2020, formalize the roles of 13 municipalities and 2 lead organizations involved with Active School Travel in Niagara	# of agreements in place
By 2020, increase the number of students, who walk, cycle or bus to school by five per cent (at participating Active School Travel schools)	Percentage of students who indicate they walked, biked or bused to school (classroom count data collected 2x per year)

Process objectives	Indicators
Five new schools engaged by 2019	# of walkabouts completed # of action plans created Amount and type of action taken by each school
One event held in August 2019 for staff from public health and transportation consortium to increase collaboration and understand roles in Active School Travel	# of attendees All attendees report understanding the program, their role and the role of others
13 visits completed to municipal offices by 2019 to discuss program expectations and opportunities	# of visits completed # of representatives at each meeting

Step 6: Review the plan and check the logic

Goal: To strengthen programs that encourage people to walk, cycle and take transit

Objectives:

- By 2020, increase the number of students, who walk, cycle or bus to school by five per cent (at participating Active School Travel schools)
- By 2020, formalize the roles of 13 municipalities and 2 lead organizations involved with Active School Travel

Audience:

Primary – Elementary students and their caregivers (emphasis on priority neighbourhoods)
 Secondary – champions e.g., school board leaders, principals/VPs, municipal staff, non-profit groups, police

Inputs/Resources	Activities	Short-term Outcomes	Medium-term Outcomes	Long term Outcomes	Output/Process Indicators
100K Grant	healthy community design				# of policy scans completed

Thank you

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