Health Promotion Foundations - Module Nine

1. HPFC - Module Nine

1.1 HPFC - Module Nine

Notes:

Welcome to module nine of the Health Promotion Foundations course-Health Promotion Strategies-Part Three.

In this module, we will conclude our exploration of the eight health promotion strategies for targeting the action areas of the Ottawa Charter. Specifically, we will discuss advocacy, policy development and intersectoral collaboration.
1.2 Terms of Use

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1.3 Navigation Menu

Notes:

Throughout this module, you will see these icons. To be reminded of what they mean, please refer to the help tab at any point during the module.
1.4 Navigation Menu

**Glossary**
The glossary tab provides definitions of key words highlighted in this component.

**Help**
The help tab reviews the function of each icon.

**Menu**
The menu tab outlines each section in the module. By clicking on a menu title, you can navigate to that section.

**Resources**
The resources tab contains further reading, and a complete list of references.

**Transcript**
The transcript tab provides a full transcript for each slide.

**Notes:**

In the upper right hand corner of the slide, you will see a selection of ‘tabs’.

The glossary tab contains definitions of key words used in this module.

The help tab reviews the function of each icon.

The menu tab provides a list of all the sections in the module and allows you navigate to any one of them.

The resources tab contains further reading options, and a complete list of references for this module.

The transcript tab contains a full transcript of each slide.
1.5 Learning Objectives

By the end of this module the learner will be able to:

1) Define and describe advocacy, policy development and intersectoral collaboration; identify strengths, limitations and examples for each strategy.

2) Identify when to use each strategy and understand how to start applying them.

3) Restate and explain the eight health promotion strategies covered in previous modules.

Notes:

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2) Identify when to use each strategy and understand how to start applying them.

3) Restate and explain the eight health promotion strategies covered in previous modules.
2. Advocacy

2.1 Health Promotion Strategies

Notes:

Let’s begin with advocacy.
2.2 About Advocacy

Notes:

Advocacy highlights a problem and presents solutions to address it. In the field of health promotion, advocacy aims to create a society capable of preventing disease, promoting health and reducing health inequities.

The World Health Organization defines advocacy for health as: “...a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.”

The two main goals of advocacy in health promotion are:

- to protect people who are vulnerable or discriminated against
- and to empower those who need a voice by helping them express their needs and make decisions for themselves.
2.3 About Advocacy

Notes:

The Canadian Public Health Association has identified advocating for health as a core competency for health promoters and public health professionals.\textsuperscript{135}

When speaking about advocacy, it is important to recognize that it may not always be directly tied to health but also other factors that impact health such as social or environmental conditions. For example, exposure to unsafe environmental conditions, although not directly related to health, can influence it.\textsuperscript{136,137} As such, advocating for health may involve advocating for policies that address these issues as well.\textsuperscript{138}

The World Health Organization identifies the public health field as a key sector that has a role in advocating for health.\textsuperscript{139}
Let’s explore some of the major theories which help explain advocacy. The Advocacy Coalition Theory, introduced in module 6, will help us understand how advocacy works to produce a change.

The main premise of the theory is that agents and individuals work together over a period of time to influence policy development and guide it towards their intended outcome by establishing a dialogue with decision makers.

When individuals come together over a common cause they become a coalition. Advocacy coalitions are formed on the basis of shared values, assumptions and perspectives in a policy subsystem, a subsystem simply being a specific area of interest.

The coalition does not generally deviate from its primary beliefs but can negotiate secondary beliefs which are more flexible such as how to impact policy and implement change. There can be competing coalitions within the
same subsystem pushing for a similar outcome, but carried out in a different way. This internal competition is helpful to the overall process as it can prompt decision makers to reduce conflict between them by enacting a policy that considers all views and arrives at a solution.\textsuperscript{64}

2.5 Advocacy Theory

Notes:

Another key theory is the Grassroots Theory of Change. The theory views power as the key determinant to the success of an advocacy effort. It is seen as a tool to persuade government to commit to the desired change. It recognizes power as changeable and dynamic, with the balance moving back and forth between advocacy groups and government.\textsuperscript{140,141}

The theory proposes that people can create power through mutual action which can be created by organizing individuals around an issue through training, capacity-building and awareness raising.
This can allow for grassroots action toward decision makers, such as social protests, partnerships, and media advocacy. These actions can increase issue awareness, political will and commitment, and move decision makers towards the desired change.\textsuperscript{140,141}

### 2.6 Advocacy Theory

![Advocacy Theory Diagram]

**Notes:**

Examining the conceptual framework developed by Carlisle will provide insight into the multiple ways in which advocacy for health promotion can take place, who would be advocated on behalf of, and what the goal of the advocacy effort would be.\textsuperscript{142}

According to the framework there are four domains in which advocacy for health promotion can occur.\textsuperscript{142} Hover over the markers to reveal a description of each quadrant of the model.
To learn more about the theories for advocacy click the resource icon.

Resources (Slide Layer)

**ADVOCACY THEORY**

**Resources:**

- [An introduction to public health advocacy: reflections on theory and practice](#)
- [Health promotion, advocacy, and health inequalities: a conceptual framework](#)

To access the full text version of this resource you may need to sign in with your organization's credentials. Public Health Units and many other research organizations have access to library services that may assist with such requests. Contact your organization for more information.
2.7 When to use Advocacy

Notes:

Advocacy is needed when:

Disparities in health exist and inequalities in access to health care are affecting populations.\textsuperscript{144}

Health-related psychosocial or physical phenomena exist, such as addiction issues.\textsuperscript{145}

Governments need feedback on certain issues.

Status quo is not supportive of the community and therefore should be challenged.
2.8 Effective Advocacy

Notes:

So far we have gained an understanding of advocacy’s place in public health and health promotion, and the theories that underlie it.

But what should we keep in mind to ensure our advocacy effort will be effective?

For one, using evidence to build an understanding and support for the identified issue is important because it can demonstrate the impact of a social policy on health inequalities which will resonate with a target audience.

Strategically selecting who should champion a cause is important. Public health and health sector staff may be appropriate. Further, those directly experiencing health inequalities can provide personal testimony of their experiences which can often demand attention and resonate with decision makers.
 Appropriately constructing a message by focusing on health as a value or a right rather than the inequality itself can increase the strength of messaging and act as an incentive for support and action. To improve acceptance, choosing a message and tailoring it to the target audience will help.

Taking advantage of opportunities as they arise, such as capitalizing on media attention or a galvanizing political situation will be important because health inequalities struggle to stay on the political agenda for long.

Health inequalities are complex, therefore working with other organizations to share ideas, information and resources will improve the effectiveness of the effort.

2.9 How to use Advocacy

![How to Use Advocacy](image)

Notes:

The eight step model developed by Kotter offers a good overview of the steps involved in advocating for a change.\(^{147}\)
Hover over each step to reveal a description.

**Stage 1 (Slide Layer)**

**HOW TO USE ADVOCACY**

- Step 1: Create a sense of urgency
- Step 2: Create the guiding coalition
- Step 3: Create a vision for change
- Step 4: Communicate the vision

Step 1: Help others understand why a change is needed.
Stage 2 (Slide Layer)

**HOW TO USE ADVOCACY**

- Step 1: Create a sense of urgency
- Step 2: Create the guiding coalition
- Step 3: Create a vision for change
- Step 4: Communicate the vision

**Step 2:** Assemble a coalition of like-minded individuals with enough power to lead the change effort. Ensure strong leadership and visible support for the change.

Stage 3 (Slide Layer)

**HOW TO USE ADVOCACY**

- Step 1: Create a sense of urgency
- Step 2: Create the guiding coalition
- Step 3: Create a vision for change
- Step 4: Communicate the vision

**Step 3:** Formulate a statement that clearly articulates what you are trying to achieve.
Stage 4 (Slide Layer)

**HOW TO USE ADVOCACY**

- Step 1: Create a sense of urgency
- Step 2: Create the guiding coalition
- Step 3: Create a vision for change
- Step 4: Communicate the vision

Source: Kotter, 2015

Stage 5 (Slide Layer)

**HOW TO USE ADVOCACY**

- Step 5: Continually check for barriers that could block the vision.
- Step 5: Enable action and remove obstacles
- Step 6: Generate short-term wins
- Step 7: Build on the change
- Step 8: Anchor the change in the culture

Source: Kotter, 2015
Stage 6 (Slide Layer)

**HOW TO USE ADVOCACY**

**Step 6:** Keep momentum up, celebrate successes.

- Step 5: Enable action and remove obstacles
- Step 6: Generate short-term wins
- Step 7: Build on the change
- Step 8: Anchor the change in the culture

Source: Kotter, 2015

Stage 7 (Slide Layer)

**HOW TO USE ADVOCACY**

**Step 7:** Build on momentum by setting realistic, specific and timely goals.

- Step 5: Enable action and remove obstacles
- Step 6: Generate short-term wins
- Step 7: Build on the change
- Step 8: Anchor the change in the culture

Source: Kotter, 2015
2.10 Barriers to Advocacy

- Type of relationship with governmental bodies
- Different economic approaches
- Prevalent social norms
- Biomedical health model
- Short political terms

Notes:
What could block an advocacy effort? Let's look at some barriers.

A lack of independence of public health institutions from governmental bodies can pose as a barrier. It may be difficult for a health promoter to take a stand on a certain issue if it conflicts with the mandate of the current government.

Certain economic approaches - generally those favouring privatization of some sectors along with market liberalization - can be a barrier to advocacy because they can be seen to prioritize economic gains over population health. They create challenging ideological environments for governments to make changes to policy to improve health.

Prevalent social norms, specifically those that value individualism, minimal collective action and responsibility, reduce the effectiveness of advocacy efforts because they may deter a government from taking action on a health issue. These attitudes generally translate to less public support for social protection and more emphasis on individual well-being.

The biomedical health model is the dominant perspective accepted across the political spectrum and the public. Its very nature is to identify specific diseases that could pose harm and allocate funds to combat them. As such, health inequities, which are hard to quantify and pinpoint, can get ‘crowded out’ from receiving support, and may actually be seen as a competitor for resources.

Last, improving health inequities requires long term commitment and action which is often inconsistent with typical political cycles where short-term results are favoured. Advocacy efforts for health generally require a long term vision and therefore may be avoided.
2.11 Limitations of Advocacy

Notes:

Advocacy does have limitations.

For one, health promoters are not always able to engage in advocacy directly—they may have to play a supporting role, such as providing data that illustrates the depth of a problem.

Additionally, some high profile advocacy tactics can be adversarial in nature.

Further, advocacy efforts can neglect social and historical contexts in favour of a universal solution.\(^\text{148,149}\)

Lastly, advocacy is usually focused on the core beliefs surrounding an issue. However, the bulk of political activity revolves around administrative and implementation factors which can challenge the implementation of a solution if these are not properly considered.\(^\text{150}\)
Let’s take a look at an example of advocacy.

In 2012, the Province of Ontario proposed the Ontario Lottery and Gaming corporation increase legal gambling sites in Ontario, including adding a casino in the Greater Toronto Area. This would increase access to gambling opportunities for Toronto residents.\textsuperscript{151} There are numerous health problems associated with gambling such as general ill health, fatigue, substance misuse and addiction, depression and suicide.\textsuperscript{152} These occur alongside other problems such as financial difficulties, family breakdown, crime, divorce and compromised child development.\textsuperscript{152} The Centre for Addiction and Mental Health was commissioned to write a report on the health impacts of expansion of gambling in Toronto. The findings were used by Toronto Public Health to advocate to the Board of Health. As a result the proposal for a new casino was rejected. The advocacy effort was successful because it was context-specific, included community member opinions and views, had a story that was newsworthy, and engaged stakeholders.
2.13 Knowledge Check

Notes:

This concludes our discussion of advocacy. Let’s take a moment to test our knowledge. Click on the button to read a case study about an advocacy effort from the Region of Waterloo, Ontario. After you have read it, decide if you agree or disagree with the statements. Reflect on our discussion of what is needed for effective advocacy when considering the statements.
3. Review

3.1 Review

Notes:

This brings us to the end of module nine. We began this module by outlining three learning objectives. The first indicated that the learner would be able to define and describe advocacy, policy development, and intersectoral collaboration as well as identify strengths, limitations and examples for each strategy.

Advocacy is a key responsibility of health promoters and public health professionals. It is defined as: “a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.” Its main goal is to help the vulnerable and give a voice to those who may have trouble having their voice heard.

The Advocacy Coalition Framework suggests that individuals and groups
come together in a policy subsystem, such as health promotion, through their common beliefs and values and then work together to push for the development of policy that meets the desired change. The grassroots theory of change sees power as a key determinant of advocacy with whomever having the majority, either the public or the government, deciding what goes on the policy agenda.

A strength is that it can empower a community or individual to take action for itself/themselves while a limitation is that advocacy efforts may overlook historical and societal contexts in favour of an all-encompassing solution.

An example is a local health unit advocating for public health by presenting city council with evidence based research on why a new casino would negatively impact citizen health.
3.2 Review

### Learning Objective #1:
Define and describe advocacy, policy development and intersectoral collaboration; identify strengths, limitations and examples for each strategy.

<table>
<thead>
<tr>
<th>Policy development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define and describe:</td>
</tr>
<tr>
<td>• A course of action that drives decision making to set priorities to address an issue or problem</td>
</tr>
<tr>
<td>• Healthy public policies are designed to have a positive impact on public health</td>
</tr>
<tr>
<td>• Stages heuristic model simplifies the complexity of the policy development process</td>
</tr>
</tbody>
</table>

| Strength: |
| Can profoundly influence how people live and transcends multiple sectors |

| Limitation: |
| Complex, time and resource intensive |

| Example: |
| The creation of municipal policies that limit alcohol use on municipal properties to address an increase in drinking and driving incidence. |

### Notes:

A policy is a course of action that drives decision making to set priorities and allocate resources, and is often developed to address an issue or a problem.\(^{153}\)

The achievement of societal-level changes to improve the conditions under which people live, including their social and physical environments, is best done through policy development.\(^{153}\)

Public policies designed to improve health are known as healthy public policies; they can be created at any level of government.\(^1\)

We discussed the stages heuristic model as a conceptual framework for the policy development process. The model proposes that the policymaking process is comprised of a large number of actors, such as decision makers, institutions and citizens.\(^{162}\) The process can be complex occurring in numerous stages at once or going back to previous stages before moving forward again.\(^{162}\)

A strength is that it can profoundly influence the way people live and the choices they make and transcend multiple sectors.\(^1,11,19\) A major limitation is that policy development is time and resource intensive.\(^{171}\) An example is the creation of municipal policies to limit the use of alcohol on municipal
properties to address an increase in drinking and driving incidence.

3.3 Review

Intersectoral collaboration is: “the joint action among health and other groups to improve health outcomes.”

In this module we learned that intersectoral collaboration is cooperation between multiple sectors in society in order to most effectively address health determinants. It is particularly important when effectiveness is dependent on aligning multiple stakeholders toward a common goal. For all types of collaboration, it is important to create a shared vision, outline roles and expectations and set small, achievable objectives that will produce visible results.

Intersectoral collaboration is largely explained by behaviour and organizational change theories and the Advocacy Coalition Framework. There are many conditions needed for effective intersectoral collaboration, perhaps the most important being a clear definition of the problem being
addressed. A strength of intersectoral collaboration is that it can produce greater health outcomes compared to those from a sector tackling the problem on its own, while a limitation is that buy-in at all levels of governments is needed which due to political differences, may not always be possible. An example is a collaborative effort between a local public health unit, school board and ministry of education to take action on an issue affecting students.

3.4 Review

![Learning Objective #2: Identify when to use each strategy and understand how to start applying them.]

<table>
<thead>
<tr>
<th>Strategy</th>
<th>When to use?</th>
<th>How to start?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>- Health disparities and inequalities in access to healthcare exist</td>
<td>- Self-initiated</td>
</tr>
<tr>
<td></td>
<td>- Status quo needs to be challenged</td>
<td>- Creation of a coalition</td>
</tr>
<tr>
<td></td>
<td>- Government seeking feedback</td>
<td>- Step 1: Create sense of urgency among stakeholders for the desired change</td>
</tr>
<tr>
<td>Policy development</td>
<td>- Public welfare at risk</td>
<td>- Identify, describe and analyze the problem</td>
</tr>
<tr>
<td></td>
<td>- Current legislation is outdated</td>
<td>- Assess readiness of community or organization for new policy</td>
</tr>
<tr>
<td></td>
<td>- Awareness and education are not enough to achieve change</td>
<td></td>
</tr>
<tr>
<td>Intersectoral</td>
<td>- Mandate areas of sectors are overlapping</td>
<td>- Health in all policies approach</td>
</tr>
<tr>
<td>collaboration</td>
<td>- Improve effectiveness of multiple stakeholders acting toward a common goal</td>
<td>- Step 1: Start the conversation; get people from the relevant sectors around the same table</td>
</tr>
</tbody>
</table>

Notes:

The second learning objective stated the learner would be able to identify when to use each strategy and understand how to start applying them.

Take a moment to examine the table - it summarizes key points regarding when to use each strategy and what the first steps in carrying it out might look like.
### 3.5 Review

*(Drag and Drop, 10 points, 1 attempt permitted)*

<table>
<thead>
<tr>
<th>Drag Item</th>
<th>Drop Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health communication</td>
<td>Drop 1</td>
</tr>
<tr>
<td>Health education</td>
<td>Drop 2</td>
</tr>
<tr>
<td>Self help/mutual aid</td>
<td>Drop 3</td>
</tr>
<tr>
<td>Organizational change</td>
<td>Drop 4</td>
</tr>
<tr>
<td>Community development and mobilization</td>
<td>Drop 5</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Drop 6</td>
</tr>
</tbody>
</table>
Notes:

The third learning objective was to restate and explain the eight health promotion strategies covered in modules seven, eight and nine. The review exercise here will help you to begin doing this. You are encouraged to go back to previous modules to further review the strategies.

The eight strategies covered in the course will assist you in tackling the action areas of the Ottawa Charter: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and re-orienting health services. These strategies can be used on their own but are more often used together. It is important to keep in mind that each one has its unique benefits and limitations which should be considered given the context of the situation you are in.

Complete the review exercise by matching the health promotion strategy in the blue box to appropriate example in the green box. Once you have finished click submit.
1 (Slide Layer)

**REVIEW**

- Learning Objective #3
  - Background example in the green boxes for previous modules.
  - A poster that conveys the harmful effects of second hand smoke...
  - Health promotion services for organizations...
  - Grassroots community initiative...
  - Local health unit uses latest knowledge and evidence on the harmful effects of gambling...
  - Breast feeding buddy for new mothers who want to breast feed...

2 (Slide Layer)

**REVIEW**

- Small group and one-on-one sessions that are participant directed; designed to educate at-risk mothers about nutrition to avoid low birth weight baby. The context of the sessions is tailored to the participants' specific needs.
  - Health promotion services for organizations...
  - Grassroots community initiative...
  - Creation of new municipal alcohol policies...

- Joint partnership...
Grassroots community initiative to promote and advocate for healthy and active communities. The initiative is owned and managed by the community members themselves.

Local health unit uses latest knowledge and evidence on the harmful effects of gambling.
Correct (Slide Layer)

To further review each strategy you are encouraged to revisit the previous modules.

Incorrect (Slide Layer)

To further review each strategy you are encouraged to revisit the previous modules.
3.6 PHO Health Promotion Capacity Building

For service request inquiries, including consultations, webinars, workshops, or to sign up for our mailing list, please go to:


Our events calendar is at:

http://www.publichealthontario.ca/en/LearningAndDevelopment/Events/Pages/default.aspx

Notes:

This resource is supported and maintained by the health promotion capacity building team at Public Health Ontario. We offer a variety of health promotion services including consultations, webinars, in person workshops and resources related to health promotion planning, evaluation, health communication and building healthy public policy.

To request a service or for more information, please follow the links on this slide.
3.7 Thank you

Thank you for your participation in module nine: health promotion strategies-part three.

Please take a few minutes to provide your feedback on this module and the content we have covered by completing the survey.
4. Help Tab

4.1 Navigation Menu

![NAVIGATION MENU]

- **Compare Answers:** click this icon to see our response to the exercise
- **Resource:** click this icon for further reading
- **Close Button:** clicking on the ‘X’ button will close any window

Notes:
5. Policy development

5.1 Health Promotion Strategies

Notes:

We will now move on to the next strategy, policy development.
5.2 About Policy Development

Notes:

A policy is a course of action that drives decision making to set priorities and allocate resources, and is often developed to address an issue or a problem.\(^{153}\)

A good policy is informed by evidence and brings about important change through various approaches.\(^{153}\)

The Public Health Agency of Canada define policy development as: “The creative process of identifying and establishing a policy to meet a particular need or situation.”\(^{154}\)

As we discussed in module six, the achievement of societal-level changes to improve the conditions under which people live, including their social and physical environments, is best done through policy development.
Public policies designed to improve health are known as ‘healthy public policies’; they can be created at any level of government. They are created with the intention of having a positive impact on the public’s health and are specifically addressed in the Ottawa Charter of Health Promotion.

Healthy public policies have brought about many of the great public health achievements of the 19th and 20th centuries such as drinking water sanitation and fluoridation, immunizations, and safe working conditions to name a few.

### 5.3 About Policy Development

Healthy public policies promote the health of individuals and communities by:

1. making it easier for people to adopt healthy practices;
2. making it harder for people to adopt unhealthy practices;
3. creating healthy physical and social environments.

**Notes:**

Healthy public policies promote the health of individuals and communities by:  

- making it easier for people to adopt healthy practices;
• making it harder for people to adopt unhealthy practices; and
• creating healthy physical and social environments.

For example, the rising obesity crises in Canada is thought to be largely attributable to an obesogenic environment, one that promotes a sedentary lifestyle and overconsumption of unhealthy foods. Healthy public policies have been identified as a key way of addressing this problem because they can be far reaching and can serve as a powerful method to impact behavior change at the population level. An example of such a policy would be implementing a tax on sugary drinks.

If implemented well, healthy public policies can profoundly influence the way people live and the choices they make. Ultimately, such policies allow society to organize its efforts in order to protect and promote the health of a population.
5.4 Policy Development Theory

Notes:

In module 6 we introduced theories of policy development such as agenda building theory, multiple streams theory and the advocacy coalition framework. In this module we will introduce a conceptual framework to deepen our understanding of the policy development process: the stages heuristic model.\textsuperscript{162}

The stages heuristic model proposes that the policymaking process is:

- comprised of a large number of actors, such as decision makers, institutions and citizens.\textsuperscript{163}
- occurs over a long period of time\textsuperscript{164}
- and is inherently complex\textsuperscript{164}

Overall, the model helps us understand the process by breaking down the process into simple steps. This allows for a fuller understanding and informs judgements and decisions.\textsuperscript{165}
5.5 Policy Development Theory

Notes:

Let's take a closer look at the model.

In the stages heuristic model, the policy development process is broken down into: agenda setting, policy formation, adoption, implementation and evaluation.\textsuperscript{163,166}

The diagram is an illustration of the policy making process. Key points to take away from it are that the policy development process is complex, not linear, and made up of stages that are dependant on each other and sometimes occur simultaneously.\textsuperscript{166} Hover over each stage in the diagram to reveal a description.

To learn more about the model click the resource icon.
Resource (Slide Layer)

**Focus ON: Relevance of the stages heuristic model for developing healthy public policies**

To access the full text version of this resource you may need to sign in with your organization’s credentials. Public Health Units and many other research organizations have access to library services that may assist with such requests. Contact your organization for more information.
5.6 Approaches to Implementing Policy

Notes:

One of the key strengths of healthy public policy is that it can be far reaching and transcend multiple sectors.\(^1,11,19\) Let’s take a look at the main ways in which this can occur:

Regulation and/or legislation: Legislated rules or directions that encourage the performance of healthy behaviours, for example the use of seat belts or penalties for distracted driving.\(^1\)

Fiscal measures: Fiscal decisions made to allocate funds to the resources needed to maintain good health, for example municipal subsidies for accessing recreation programs.\(^1\) As well, taxation through the levying of a tax on income or products, such as tobacco or alcohol products can be used.

Organizational change: Policies that govern organizations, such as company practices and/or workplace policies that govern employees.\(^1\)
5.7 When to Engage in Policy Development

Policy development is needed when:

- public welfare needs to be protected or improved, for example seatbelt policies.
- legislation does not exist or needs to be strengthened, for example smoking ban policies.
- awareness, education, skill building and environmental support are not enough to achieve change
- determinants of health at an organizational, societal or political level need to be addressed, for example improving the mental well-being of employees.
5.8 How to Develop a Policy

Notes:

Developing a policy requires attention to the wider environment and an honest appraisal of readiness.

The Health Promotion Capacity Building Team at Public Health Ontario uses an eight step model for policy development. The steps are presented in a linear manner, however, you may find yourself at different points at any time. Depending on the situation, you can start at any point and go back and forth as needed, it is important to note that the time required for each step is not equal across all steps.\textsuperscript{167}

Take a moment to read a detailed description of each step by clicking the resource icon to be referred to a document from Public Health Ontario.

In addition to this, the University of Kansas community toolbox provides helpful information on how to change and develop new policy.\textsuperscript{91}
Click the resource icon to find out more.

Resource (Slide Layer)

HOW TO DEVELOP A POLICY

Resources:

Focus ON: By-law development

Community toolbox- Changing policies

Community toolbox- Influencing policy development

To access the full text version of this resource you may need to sign in with your organization’s credentials. Public Health Units and many other research organizations have access to library services that may assist with such requests. Contact your organization for more information.
5.9 Policy Readiness

Notes:

Step four of the policy development process involves assessing readiness for a new policy. Prior to implementing a new policy it is critical to understand the setting and level of readiness for policy change as this will give you a better idea of how to tailor the policy.\textsuperscript{168}

Listed here are questions you will need to ask to help gauge the level of readiness for a policy change. Take a moment to read them.

The Policy Readiness Tool developed by the University of Alberta can be used to determine a community's or organization's readiness for policy change and guide the development of healthy public policies. It consists of a questionnaire that will help you determine which category of readiness your community falls into and how best to work with them.\textsuperscript{168}

To find out more about the tool click the resource icon.
5.10 Barriers to Policy Development

- Cross-sectoral challenges
- Tendency for policy design to target individualized responses
- Biomedical model\textsuperscript{169}
- Vulnerability to change
- Short political terms\textsuperscript{138,163}
Notes:

Some barriers to policy development are:

It may be slowed by the cross-sectoral nature of an issue as a solution may involve collaboration between numerous sectors, which can be complex and time consuming.

As well, it is often not possible for a policy to fully address a systemic health issue as there is a tendency for decisions to favour individualised responses.

In addition, it can be restricted by the biomedical model of health. A policy which is intended to address a systemic health issue may be difficult to develop as this model focuses on specific diseases, rather the result of deeper issues, such as climate change or the built environment, which governments may avoid committing to.\textsuperscript{169}

Although policies can be longer lasting than many other strategies, they are vulnerable to changes in the social, economic and political environments - such as the election of a government with a differing ideology than yours.

Lastly, short political terms make it difficult to enlist support for specific policies as results may not be quick and tangible - outcomes useful to demonstrate political success.\textsuperscript{138,163}
5.11 Limitations of Policy Development

Notes:

Policy development has certain limitations.

For one, the process is complex, non-linear and reliant on other forces making it difficult to execute in practice.\textsuperscript{162}

Second, there is a lack of an evidence-based approach to policy development, with current approaches not definite, meaning a lack of decisive and clear scientific knowledge. Overall, this means there is considerable uncertainty regarding the process.\textsuperscript{170}

Third, it is not the best approach for building knowledge or individual-level capacity because, generally, it is a population based approach to an issue.

Last, the policy development process is time and energy intensive.\textsuperscript{171}
5.12 Application

Let's look at an example of policy development in action.

Leading up to the year 2000, the Simcoe Muskoka District had higher-than-average rates of binge drinking, and drinking and driving related deaths.\textsuperscript{172} To address this, they embarked on an effort to help municipalities in the area develop comprehensive guidelines regulating the serving of alcohol on municipally owned property, including arenas, banquet halls and recreational facilities. Municipal alcohol policies specify how, where and when alcohol may be served; require training for those who serve alcohol; and outline measures to reduce the risks associated with alcohol use.

Using a campaign to increase awareness of the purpose of, and need for municipal alcohol policies, as well as individual consultation with municipalities to develop customized policies, the Simcoe Muskoka District
Health Unit quickly made progress. Within two years, four new municipal alcohol policies had been developed and four more were in progress. Simcoe Muskoka continues to lead the way in local alcohol policy development in Ontario.\textsuperscript{172}

5.13 Knowledge Check

(Drag and Drop, 10 points, unlimited attempts permitted)

<table>
<thead>
<tr>
<th>Drag Item</th>
<th>Drop Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor and evaluate the policy</td>
<td>drop 8</td>
</tr>
<tr>
<td>Facilitate the adoption and implementation of</td>
<td>drop 7</td>
</tr>
<tr>
<td>the policy</td>
<td></td>
</tr>
<tr>
<td>Implement the action plan</td>
<td>drop 6</td>
</tr>
</tbody>
</table>
### Develop an action plan
- **Drop 5**

### Assess readiness for policy development
- **Drop 4**

### Determine and understand decision makers and influencers
- **Drop 3**

### Identify and analyze policy options
- **Drop 2**

### Identify, describe and analyze the problem
- **Drop 1**

### Drag and drop properties

<table>
<thead>
<tr>
<th>Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reveal drag items one at a time</td>
</tr>
<tr>
<td>Snap dropped items to drop target (Snap to center)</td>
</tr>
<tr>
<td>Allow only one item in each drop target</td>
</tr>
<tr>
<td>Delay item drop states until interaction is submitted</td>
</tr>
</tbody>
</table>

**Notes:**

This brings us to the end of our discussion on policy development. Take a moment to test your knowledge. Place the eight steps for how to develop a policy in order. You can refer back to “How to Develop a Policy” if you get stuck. When you are finished click submit.
Incorrect (Slide Layer)

Correct (Slide Layer)

That’s right! You selected the correct response!
6. Intersectoral collaboration

6.1 Health Promotion Strategies
We will now move on to the final health promotion strategy, intersectoral collaboration.

6.2 About Intersectoral Collaboration

The Public Health Agency of Canada defines intersectoral collaboration as: “The joint action among health and other groups to improve health outcomes.”

Intersectoral collaboration involves the cooperation and collective efforts of partners from multiple sectors in society, in order to effectively address health determinants and achieve greater health outcomes for society.

These collaborations include government, the health sector but also education, agriculture, planning and other public and private sectors, non
governmental organizations and voluntary organizations, all working together towards shared public health goals. As societal health issues are complex and inter-depandant, one sector working on its own to solve them is difficult; intersectoral collaboration is a strategy that can be used to solve them. 

A key element of intersectoral collaboration is a population based health approach. This is done through the Health in All Policies approach, which “systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.” To revisit the concept of Health in All Policies, refer back to Module 6.

6.3 Intersectoral Collaboration Theory

Notes:
Intersectoral collaboration is explained by numerous theories including, behaviour change theory, organizational theory, and policy making theories. In previous modules we discussed some of them, such as the advocacy coalition theory in module six and the social cognitive theory in module eight. Feel free to revisit those modules to refresh yourself on these theories.

Given the complexity of intersectoral collaboration, The Behaviour Change Ball created by Hendriks and colleagues adapted from a model developed by Michie and colleagues aims to demonstrate the link between organizational behaviour and policy. The yellow sections of the model can help assess the context you are in which requires an integrated healthy public policy. The blue part, provides a simplified heuristic of a solution, by way of the type of intended intervention or policy. The use of the word ‘ball’ in the name refers to the complexity of policy development, in that there may be more or less resistance to change making it harder or easier to ‘roll’. Take a moment to look at the wheel, think of a situation that may involve a healthy public policy, and examine the policy implications of this.

To learn more about this model click the resource icon to view the article by Hendriks and colleagues.
6.4 When to use Intersectoral Collaboration

- Mandate areas overlap
- For resource and knowledge sharing
- When effectiveness is dependent or can be increased by aligning multiple stakeholders toward a common goal

Notes:
Intersectoral collaboration is a useful health promotion strategy when:
- Mandate areas overlap,
- There is a need to share resources and knowledge
- And, effectiveness can be increased by aligning multiple stakeholders toward a common goal.\textsuperscript{88}

### 6.5 Effective Intersectoral Collaboration

![Effective Intersectoral Collaboration]

- Clear definition of the problem
- Good work relationships between partners
- Shared vision
- Leadership that can advance and sustain collaboration
- Adequate resources
- Strong structures and processes

**Notes:**

Let’s take a look at the key elements needed for effective intersectoral collaboration.\textsuperscript{181}

A clear definition of the problem: this includes a common understanding of what the problem is, how to address it and what the outcomes are.
Good working relationships among partners: this entails a sense of trust, transparency, and strong communication between partners.

Shared vision: this points to collaboration with a clear vision of the problem to be addressed and what success would look like if the problem was solved.

Leadership: good leadership fosters trust and a good working relationship between partners and sustains the collaboration. It usually comes from someone who can be counted on either formally or informally.

Adequate resources: typically, this would involve sufficient human, financial and material resources needed to sustain an effort.

Last, structure and processes: this usually refers to the mechanisms that determine how the work will be carried out. Sound processes allow relationships and trust to grow, is successful to the outcomes of the collaboration, and can create momentum.
As stated previously, the main approach for carrying out intersectoral collaboration is the Health in All Policies approach.\textsuperscript{182}

The model you see here was developed by the Health Promotion Capacity Building team at Public Health Ontario. It is based on research and experience and is not exhaustive; it will give you an idea of the steps involved in carrying out a collaborative effort.\textsuperscript{182}

Hover over each section of the wheel to reveal a description of what is involved in the step.

As well, there are many Canadian resources on how to conduct intersectoral collaboration. The Canadian Best Practices Portal maintains a collection of resources about partnerships, collaboration and advocacy.
The Wellesley Institute writes about intersectoral collaboration in the context of health equity.

And HC Link has a comparative analysis of a few different collaborative models in the ‘at a glance’ format.

Click the resource icon to find out more about these resources.
6.7 Barriers to Intersectoral Collaboration

Notes:

It is important to be aware of the barriers to intersectoral collaboration so that they can be avoided.179

The ‘wicked’ nature of public health issues refers to their complexity and often, the requirement of a complex solution. This can block a collaborative effort as key stakeholders may be hesitant to address it.

Public health issues can require a long term solution; a four year political term may not be enough to solve it.

Reaching a consensus on how to tackle the issue may be difficult if hard scientific evidence is lacking.

Framing an issue as a individual health problem or a public health issue can affect the types of policies created and their effectiveness.
Having a champion can affect how much commitment there is for the issue and whether it gets on the agenda, therefore lack of one may mean the issue does not get recognized.

Lack of time and budget can block or stall a collaborative effort, as they generally require a lot of both.

As collaboration by nature is an effort by a number of diverse groups, having enough synergy to move forward can be difficult to generate.

### 6.8 Limitations of Intersectoral Collaboration

- Context specific
- More is not always better
- Strong political support required from all levels of government
- Success is contingent on experience
- Assumes issue will be on political agenda

**Notes:**

Intersectoral collaboration has its limitations as a strategy.

For one, it is context specific, therefore there is no right approach. How
the issue will be addressed depends on how well the context has been analyzed and understood.  

Second, practitioners sometimes assume the more partners, the better. But this is not always the case. Sometime too many partners, like the proverbial “too many cooks in the kitchen”, can result in duplication, confusion, conflict and a lack of focus.

Intersectoral collaboration, particularly through the Health in All Policies approach, requires strong political support from the highest levels of government right down to the municipal level. This can limit the potential of a collaborative effort as sometimes there is a strong buy-in at the highest level but not at the municipal level due to political differences.

The success of an intersectoral collaboration effort is strongly linked to the experience of those carrying it out and those who are involved in working with other sectors to influence policy action. The effort may only go as far as the experience of those who initiated it will allow for.

An assumption of this strategy is that public health issues will make it to the political agenda, be discussed by different sectors, and a policy eventually designed to address it. However, given the complexity of the policy development process this may not always be the case and can stop a collaborative effort early.
6.9 Application

Notes:

Let's take a moment to look at an example of intersectoral collaboration in action. Led by Sudbury District Health Unit, the Can You Feel it School Resiliency Program was established after a needs assessment identified the number one priority among students in local schools was stress. An intersectoral partnership was established between the Sudbury District Health Unit, the Ministry of Education and a variety of others including school administrators, teachers, student representatives, school board representatives, the Centre for Addiction and Mental Health, the Canadian Mental Health Association, and other stakeholders. Partners were engaged early on to establish shared values, a vision and common sense of purpose, as well as specific objectives, which included:

- Increasing knowledge among school community members about adaptive skills, social skills and health behaviours;
- Increasing the number of students who feel more confident applying these resiliency skills, and
- Increasing awareness throughout the school and broader community of
youth stressors, risks and protective factors.

The collaboration was fostered by outlining expectations, obligations and roles. Some examples of activities conducted as part of the program included resources and tools for students to help set goals and life plans; customized school programming tailored to specific needs of each school; and skill-building and educational workshops.

6.10 Knowledge Check

<table>
<thead>
<tr>
<th>KNOWLEDGE CHECK</th>
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</thead>
<tbody>
<tr>
<td>Decide whether the following statements do or do not indicate effective intersectoral collaboration:</td>
</tr>
<tr>
<td>Strong working relationships with collaborators</td>
</tr>
<tr>
<td>Annual funding that is subject to renewal</td>
</tr>
<tr>
<td>Assertive leader</td>
</tr>
<tr>
<td>Vague goal/vision</td>
</tr>
<tr>
<td>Competing priorities among partners</td>
</tr>
<tr>
<td>Established processes on how to carry out change</td>
</tr>
</tbody>
</table>

Notes:

This brings us to the end of our discussion on intersectoral collaboration. Take a moment to test your knowledge. Reflect on our discussion regarding what is needed for effective intersectoral collaboration then decide whether the following statements support effective intersectoral collaboration or not.
6.11 Ecological Framework

Advocacy has a place in the organizational, community and public policy/societal levels. Organizations often serve as a mediating structure between individuals and the political arena where an individual can join an organization that supports their views which then advocates for a cause at the political level. At the community level, coalitions are often formed here, allowing for it to define its own health problems and push for political commitment. As well, communities can be power structures that control the issues that go on the public agenda. At the public policy and societal level
advocacy promotes the development of healthy public policies. Ultimately, advocacy impacts health behaviour by promoting the creation of policies which support healthy behaviour change.

Policy development has its place in the framework at the public policy/societal level. Policy development influences health by promoting healthy behaviours such as increased physical activity and restricting those that are harmful such as smoking at a population level through regulation, legislation, taxation and fiscal measures.

Intersectoral collaboration takes place at the organizational and public policy/societal level. Organizational and government sectors can come together to collaborate to address a health issue and reach a mutual decision on how to address it. These collaborations often result in the creation of a policy or mandate that enhance a health promotion behaviour or restrict a risky health behaviour.
7. Case study

7.1 Case Study

In 2008, Region of Waterloo Public Health and Waterloo Region Housing staff members were receiving 18-20 complaints per month from community housing tenants about second hand smoke entering their units (multi-unit dwellings are built in close proximity to each other, making it easy for second hand smoke from one unit to enter another). Complaints were also received by tobacco enforcement officers, public health nurses, community housing staff and regional councillors.

In April 2010, a policy addressing this problem was passed, and the Region of Waterloo became the first regional municipality in Ontario to make regionally-owned community housing units entirely smoke-free.

To attend to the complaints of housing tenants a coalition was formed that included Region of Waterloo public health staff, housing staff, legal services and tenants. This committee gathered research and support as part of a policy development process toward a smoke-free policy for community housing units owned by the region. It allowed people with similar views and desires to come together and highlight a common cause. Advocacy efforts helped frame the issue as an immediate concern requiring political attention and legislative change. It helped ensure that the public and policy makers were properly informed about the issue at hand, understood the need for policy, and that the policy was supported by community members and research experts.

Key factors contributing to the success of the initiative were:
- Relationships fostered between housing and public health agencies
- Involvement of the community in policy development
- Flexible enforcement of new policies (flexible secondary beliefs)
8. Drag and drop clear

8.1 drag and drop clear