

Health Promotion as a Means to Strengthen Public Health: Considerations for Ontario's 2006 Public Health Guideline Review

*A discussion paper from the
Ontario Prevention Clearinghouse
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The Ontario Prevention Clearinghouse (OPC)¹ is providing this discussion paper to all Mandatory Health Program and Services Guidelines (MHPSG) Review writing committees, the Technical Committee and the Reference Panel to support the inclusion of a health promotion perspective² within the Mandatory Health Program and Services Review.

Health promotion is a basic building block of public health. Together with population health assessment, health surveillance, disease and injury prevention, and health protection, health promotion is a central public health function that furthers *all* public health work.

This paper is structured as follows:

1. Recommended health promotion improvements to the mandatory guidelines
2. Examples of a strengthened population health approach³ within public health from other jurisdictions in Canada
3. An overview of health promotion
4. Contact information for OPC and acknowledgements

1. RECOMMENDED HEALTH PROMOTION IMPROVEMENTS TO THE 1997 ONTARIO PUBLIC HEALTH MANDATORY HEALTH PROGRAM AND SERVICES GUIDELINES.

Although 'health promotion' is integrated in most of the 1997 guidelines (with the exception of the infectious diseases guidelines), the existing guidelines:

- do not require health units to use the full-range of health promotion strategies;
- inappropriately emphasize influencing personal skills at the expense of influencing population health; and
- do not require inter-health unit coordination, collaboration and cooperation.

¹ OPC is Ontario's leading bilingual health promotion organization. We work with health promoters, health professionals, volunteers, organizations, and policy-makers to transform good ideas into action. We offer consultations, networks, workshops, conferences and print and electronic resources on health promotion priorities such as inclusion, early childhood development and chronic disease prevention. See www.opc.on.ca

² See Section 3 for more information on health promotion

³ Population health is well defined at <http://www.phac-aspc.gc.ca/ph-sp/phdd/> (accessed October 27, 2006). Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups.

Much has changed in the past decade. Many new players have joined Ontario's health system. Among them are community care access centres (CCACs), additional community health centres (CHCs) and satellites, local health integration networks (LHINs), regional and district stroke centres, and the emerging new delivery units for physicians. In the non-governmental arena, disease-oriented non-governmental organizations have expanded mandates, new members have joined the Ontario Health Promotion Resource System (OHPRS)⁴, some local coalitions have shifted to expanded chronic disease mandates, and self-help and informal community groups are more numerous. All of these players contribute to community health in ways that overlap or may need coordination with public health. Yet, many of these players are not specifically targeted within the MHPSG. Improved clarification of roles, coordination and collaboration would enhance and sustain public health efforts.

In putting forward the following recommendations, OPC recognizes that the MHPSG Review is being undertaken without an influx of new resources, and that committees have been asked to consider what functions could be dropped in order to add new functions. Thus, we trust that each writing committee will consider health promotion improvements within a broader context by asking what health units can do to strengthen impact (how much can we fix?); assessing most appropriate roles (are we the best people to do it?); and ensuring capacity to be effective (are we *able* to do it?).

Further, we hope that the considerations put forward here will contribute to future public health transformation and reform (beyond the MHPRS Review), including eventual expansion of prevention and health promotion.

1.1. How can the emphasis in public health be shifted toward population-level interventions and change rather than influencing personal behaviour?

The 1997 guidelines emphasize the development of personal skills over the population health promotion strategies such as creating supportive environments and building healthy public policy.⁵ Many of the 1997 program guidelines do require information, education, media or social marketing campaigns oriented to the general public, vulnerable or at risk populations, health professionals or a mix of these audiences.

⁴ The Ontario Health Promotion Resource System (OHPRS), a network of health promotion resource centres, funded by the Province, that provide consultation, training, information & knowledge exchange, network development, policy engagement, and research. Public health unit staff members are key clients and partners of these resource centres. To learn more see <http://www.ohprs.ca/>

⁵ In the 1997 guidelines the ratio of objectives that include informing individuals through social marketing and mixed media, educational resources and information sheets, presentations and workshops is two to one compared to the requirements to develop or participate in coalitions or provide policy support.

The World Health Organization recommends that public health take on an active role in population health approaches that address broader issues:

Interventions that address multiple broader issues are more likely to succeed. The health promotion interventions that are least likely to work deal with single issues, deliver a negative message and address only one setting. An example would be campaigns in schools telling students not to smoke.⁶

The new Guidelines should concentrate on supporting population changes that focus on the determinants of health, rather than individual knowledge and behaviour. While some public health activities will continue to rely on social marketing, a greater focus is needed to build healthy public policy; create supportive environments; strengthen community actions and reorient health services.

We suggest that each writing committee ask whether the committee's redraft of the program guidelines includes requirements to:

1. Build Healthy Public Policy

Consider policies that affect societal and physical environment conditions, as well as policies that affect personal behaviour. Think about institutional, municipal and senior governmental policies that would improve health in your program area. We can see improvement, for instance, in policy relating to food security, access to healthy foods, and safer food.

2. Create Supportive Environments

Consider the settings for your program area. What roles for public health units would contribute to health-enhancing workplaces, schools, family homes, and community settings? Are health units utilizing their resources appropriately, for instance, to influence the built environment and limit pollutants?

3. Strengthen Community Actions

Consider how health units can contribute to community and civic engagement, in your program area. Are community residents and organizations consulted? Do structures exist to encourage (and require) their input into decision-making? Are there requirements related to health units' support to community-driven initiatives to improve health?

4. Develop Personal Skills

⁶ The European Health Report 2005: Public Health Action for Healthier Children and Populations. World Health Organization Regional Office for Europe, 2005 Downloaded October 11, 2006 from <http://www.euro.who.int/document/e87325.pdf>

This is the health promoting action area where health units excel. More could be added especially in communicable disease programs. Consider requirements related to providing information, contributing to health education and supporting skill development. Are health unit required to promote health at all life stages and in various settings? Does the guideline you are writing require cooperation and coordination of functions with community organizations and institutions?

5. Reorient Health Services

Could public health better influence, coordinate and cooperate with other institutions and agencies that influence health? Does the program guideline that your committee is addressing attend to equity and access (in addition to the equal access standard)? What are the ways that your guidelines could more effectively leverage public health to prevent illness and family and social problems related to your topic?

Recommendation: The Technical Review Committee set strategic directions to integrate a greater population health focus into Ontario's public health practice requirements. Each writing committee should:

- ***explicitly explore enhanced population health roles for health units;***
- ***employ actions to deploy resources in ways that address the range of health promotion means and actions, including some requirement to influence policies and community and environmental supports; and***
- ***define requirements and indicators to ensure that all public health programs work with other agencies and sectors.***

1.2. How can public health be assigned more mandate, authority, accountability and resources to address root causes of health and illness?

Many national and provincial organizations and government commissions have recognized the role that health disparities play in contribution to chronic disease and other ill health. Last year, the Health Council of Canada stated, "Health disparities are the number one health problem in the country." Many of the underlying root causes of health are outside the traditionally defined sphere of public health. Although we have extensive evidence that low socioeconomic status is the most significant contributor to health disparities, our public health system does little to address the risk of social and economic conditions to health status.

British Columbia and Quebec, however, are already strongly committed to targeting public health resources and functions to address determinants of health and population health. Those provinces are setting requirements to hold public health accountable for core health promotion strategies such as policy advocacy. They are supporting community capacity by building coalitions and working alongside community partners and they are applying these strategies to societal

conditions that influence health, including those such as poverty-reduction, housing and education that require intersectoral action.

In March 2006, the Sudbury & District Health Unit released *A Framework to Integrate Social and Economic Determinants of Health into the Ontario Public Health Mandate: A Discussion Paper*.⁷ The paper, sponsored by OPC, grew out of a special stream at the 2005 Ontario Public Health Association/Association of Local Public Health Agency conference. Eight health units and several organizations contributed to the paper's development. *A Framework* makes cogent arguments to support the development of a new standard and to integrate determinants of health action into all public health program guidelines. It argues for a combination of access programs that are targeted towards disadvantaged populations, and actions that address the root social and economic determinants of health, with a strong emphasis on intersectoral interventions.

If the Province – as we hope – introduces a determinants of health general standard and/or program standard, additional capacity building for local boards of health and public health staff will be required. Enhancement of knowledge and skills, identification of promising practice and resource support for public health related to determinants of health should be assigned within one or more health promotion resource centres, and appropriate linkages established with Ontario researchers and organizations (e.g. Wellesley Institute) outside of the resource system.

Recommendation:

That the Technical Review Committee incorporates a general standard related to the social and economic determinants of health and direct each writing committee to ensure that their program-specific standard coordinates action concerning population health conditions and determinants of health. Each writing committee should require action to shift the determinants of health and measure activities related to healthy public policy and intersectoral engagement within their program standard and, if appropriate, refer to a new standard-development committee.

1.3. How can health units contribute to improved coordination and collaboration of functions that are more effectively and efficiently when carried out at a regional or province-wide level?

The 1997 Guidelines place responsibility on health units for some activities that would be more effectively implemented on a regional or province-wide basis. One function where province-wide coordination could prove beneficial is knowledge translation and exchange and knowledge generation in relation to health promotion, population health assessment, health surveillance, disease and injury prevention, and health protection. As the province-wide players have

⁷ This paper is available at <http://www.opha.on.ca/resources/SDOH-FrameworkDiscussionPaper-March06.pdf> (accessed October 25, 2006)

primary responsibility for knowledge generation or knowledge transfer, effective coordination between health units, provincial ministries, the Ontario Health Promotion Resource System, Public Health Research Education and Development, and the new Public Health Agency of Ontario is highly desirable. Consultation and negotiation would be needed to realize efficiencies with these organizations.

At the same time, health units must have appropriate resources to respond to identified community need and must also be required to a) assess and apply practice changes indicated by emerging evidence; b) gather and contribute local data and practice-based evidence to province-wide efforts; c) assess fulfillment of indicators established by the MHPSG; and d) monitor and analyze health unit-level implementation and community/demographic changes in order to contribute field-generated learning to the generation of promising practices that may apply in other jurisdictions.

Social marketing is another example. To have a population impact, social marketing must be carefully targeted, have clear and consistent messages, use multiple media and venues, and be carried out over a period of time. This requires more funds than are granted to health units, yet, the 1997 Guidelines do not require cross-health unit regional or province-wide cooperation in order to maximize impact. Currently, as the result of the underutilization of regional and province-wide planning, we fail to realize the full potential of social marketing. One model of redress would be to strengthen social marketing on a province-wide basis, with input by, and consultation with, health units. The social marketing campaigns coordinated by the Best Start Resource Centre⁸ provide one effective example. This function fits well within the mandate of Ontario's existing health promotion resource centres. Alternatively, campaigns could be led by a health unit with significant resources⁹ or with Ministry of Health and Long-Term Care leadership.¹⁰ In any model (or mix of models) selected, it is very important that campaigns can and should be modified to meet regional needs. Health units should sit on advisory committees; be consulted beyond advisory committees; be able to promote local services on campaign products; and be primary distribution points for some product.

Similar models for improved regional and province-wide collaboration among health units and related ministries are similarly important in terms of policy. In this area the Ontario Public Health Association and the Association of Local Public Health Agencies have played key roles. As we move forward, the health

⁸ See the Special Projects area at Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre, <http://www.beststart.org/projects/index.html> (accessed October 27, 2006)

⁹ Examples are sexual health campaigns.

¹⁰ Tobacco is a prime example in this regard.

promotion resource centres, the Public Health Agency, and Public Health Research and Development all have key contributions to make.

In revising the MHPSG, we encourage each writing committee to find ways to require communication, cooperation, coordination and collaboration among health units, ministries and supporting organizations.

Recommendation:

- ***Establish appropriate health unit capacity to assess and apply health promotion (and other) promising practices and best evidence, and to contribute field-generated and practice-based health promotion (and other) learning to knowledge generation and transfer initiatives that are led province-wide.***
- ***Establish mechanisms to require inter-health unit joint activity regarding social marketing, with effective and strong roles for supporting organizations such as Ontario's health promotion resource centres to develop and implement regional and province-wide campaigns with substantial health unit input.***
- ***Establish mechanisms to require inter-health unit activity regarding healthy public policy, with effective and strong roles for supporting organizations to develop and implement coordinated policy influence.***

2. LEARNING FROM OTHER CANADIAN JURISDICTIONS

When Ontario created its first MHPSG, it was the only jurisdiction in Canada to have standardized public health requirements. Ontario was, at that time, a world leader in improving public health practices. Since the 1997 Guidelines went into effect, British Columbia, Saskatchewan and Quebec have all taken steps to implement public health requirements. In each of those provinces a commitment has been made to incorporate greater population health promotion focus. Those provinces' guidelines strengthen health promotion, intersectoral collaboration and community capacity building.

The B.C. Ministry of Health Services in its *A Framework for Core Functions in Public Health*¹¹ recognizes that many determinants of health lie 'beyond the traditional field – and beyond the jurisdiction – of public health,' yet strives to establish accountability for public health departments to address these issues. B.C. refers to broad action on determinants of health 'primordial prevention' and views this a public health role. B.C. brings two somewhat new lenses to its approach: an intention to reduce inequalities in health and a focus on populations of concern. B.C. clusters its public health programs as 'health improvement,'

¹¹ Province of British Columbia, Ministry of Health Services, Population Health & Wellness, *A Framework for Core Functions in Public Health: Resource Document*, March 2005
http://www.healthservices.gov.bc.ca/prevent/pdf/core_functions.pdf (accessed October 27, 2006)

'disease, injury, and disability prevention,' 'environmental health,' and 'healthy emergency management.' The B.C. framework also analyses the distinction between population health and public health.

In developing its public health program requirements, Québec has stretched to put public health in a pivotal leadership role to provide social conditions conducive to helping every Québécois 'be healthy, both physically and psychologically.'¹² The Québec development of public health guidelines was based on a concerted 'shift towards prevention.' To achieve this, the Minister of Health, Social Services, Youth Protection and Prevention calls upon public and private partners to join the Government. Key health promotion strategies include action on social settings, establishing networks of mutual aid and social participation, and intensifying efforts to promote healthy lifestyles. Québec has made major commitments to combat poverty and strengthen family policies. Québec public health programs are clustered quite differently from Ontario's. Québec defines 7 areas: development, social adjustment and integration; lifestyles and chronic diseases; unintentional injuries; infectious diseases; environmental health; occupational health; community development.

Saskatchewan's revisiting of public health and population health services¹³ was the earliest of the three provinces mentioned. In 2001, it set visions, rather than requirements, for local public health delivery and at that time clustered programs similarly to those of Ontario. However, the key Saskatchewan reassessment put population health, and health promotion, more in the forefront than Ontario's 1997 Guidelines. In the late 1990s, Saskatchewan developed health promotion and population health models.¹⁴

Improving population health requires multisectoral action. Public health is not solely accountable for health status related to obesity or smoking or for population disparities in health status. B.C. and Quebec, and to a more limited extent Saskatchewan, argue that public health can and should, however, be held accountable for using population health approaches. They recommend that public health be required to address determinants of health and population health

¹² Quebec, ministère de la Santé et des Services sociaux, Direction générale de la santé publique, *Québec Public Health Program 2003 – 2012*, 2003. <http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2003/03-216-02A.pdf> (accessed October 27, 2006) The strategies are taken from the introductory statement entitled *Québec's Commitment to Prevention*.

¹³ Saskatchewan Health, *Public Health/ Population Health Services in Saskatchewan*, October 2001. http://www.health.gov.sk.ca/phb_public_health/table_of_contents.pdf (accessed October 27, 2006)

¹⁴ Several population health models exist. An easy to use reference is from the Public Health Agency of Canada (developed by Health Canada) at <http://www.phac-aspc.gc.ca/ph-sp/phdd/> (accessed October 27, 2006)

through policy advocacy and support community capacity by building coalitions and working alongside community partners.

Saskatchewan, in particular, recognizes that population health approaches will be new for some health units, and that others have already integrated population health strategies. Saskatchewan defined the need, in relation to population health promotion strategies, to “develop a broad Public Health human resource plan for retraining, reorientation and ongoing professional development via educational opportunities, professional memberships and active involvement in professional bodies.”

In Ontario, similar investments will be needed. The level and type of investment will vary, program by program. For example, chronic disease program staff has significant experience in policy intervention and intersectoral coalitions and other collaborations. By comparison, environmental health inspectors, dental staff and PHNs in infectious disease in many health units may have only limited experience in population health promotion although health promotion strategies are very applicable to infection disease, environment and dental health.

3. WHAT IS HEALTH PROMOTION?

In brief, health promotion is the process of enabling people to increase control over, and to improve, their health. To define health promotion, we draw upon the Ottawa Charter for Health Promotion,¹⁵ a seminal World Health Organization document to which Canada is a signatory. Everyone working in public health knows about the Ottawa Charter, but not everyone will remember all of it all of the time. For this reason, we strongly encourage writing committee members to download and review the Ottawa Charter for Health Promotion – it is succinct and easy to understand.

Health promotion is a positive concept that addresses both the social and physical environmental conditions supporting health as well as personal behaviours and healthy lifestyles. Health promotion action falls into several, overlapping areas: build healthy public policy; create supportive environments; strengthen community actions; develop personal skills; reorient health services.

Improving health requires a secure foundation in the fundamental conditions and resources for health. These societal conditions, as public health staff know, are most often called the *determinants of health*. They include: income and social

¹⁵ World Health Organization, Ottawa Charter for Health Promotion, First International Conference on Health Promotion, Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1 This article paraphrases terms (e.g. secure foundation) from the Charter in defining health promotion. http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf (accessed October 27, 2006). The 2005 Bangkok Charter amplifies the Ottawa Charter; two key messages are the need to understand and be effective within our increasingly global environment and an encouragement for stronger partnership between public, non-profit and private sectors.

status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; culture.¹⁶

Health promotion and disease & injury prevention can be approached by addressing individual risk factors for specific health outcomes (e.g. poor nutrition, physical inactivity, excessive sun exposure) or by addressing the underlying societal risk conditions (e.g. poverty and socioeconomic related linked inequities). *Both* approaches are important for public health. And, although the two approaches are inter-related, they call for different types of action. The risk-factor approach primarily utilizes health education focused on individuals to increase awareness or improve targeted behaviours. By and large, health units do this work very well. Action to make determinants favourable (rather than harmful) for health requires comprehensive, intersectoral approaches to change policy. This includes coordinated action by government and communities, across sectors, at the provincial and local levels. It is here that health unit activity varies most widely, between health units and between programs. In most cases, public health action to influence health determinants can, and should be strengthened.

In closing, we believe that in order to improve the health of Ontarians and Ontario communities, health units, associated Provincial ministries, the Ontario Health Promotion Resource System, and the Public Health Agency of Ontario must share responsibility and collaborate more effectively. Together, they can take concerted and coherent action at the provincial, regional and local level to:

- influence healthy public policy;
- support actions that foster physical and social environments conducive to health;
- organize and support information and awareness campaigns and other mechanisms to change individuals' awareness and behaviours; and
- provide advice to governments and major institutions (e.g. school boards, hospitals).¹⁷

4. CONTACTING THE ONTARIO PREVENTION CLEARINGHOUSE

We hope that this paper has been useful for you. We encourage you to contact OPC if you want to explore strategies and options further. OPC's health promotion consultants and information specialists can assist you directly by searching out information, providing resources or referring you to others. You will

¹⁶This paper uses the Public Health Agency of Canada/Health Canada list of determinants of health. See <http://www.phac-aspc.gc.ca/ph-sp/phdd/php/php2.htm#Healthy> (accessed October 27, 2006). The World Health Organization list differs slightly: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity.

¹⁷ These actions are taken from a section about how to exercise the function of promoting health and well-being in *Québec Public Health Program 2003-2012*.

find a wealth of health promotion information at OPC's websites and archived materials from bulletins and listserves. Visit www.opc.on.ca or email info@opc.on.ca or call 1-800-397-9567 or, in Toronto, 416-408-2249.

Ontario's health promotion resource centres also offer resources, consultation, information and referral. Ontario has resource centres specialized on tobacco, alcohol and other drugs, nutrition, heart health, prenatal and early childhood health, self-help, physical activity, injury prevention, consumer health, school health, healthy communities, and health communications. To contact a health promotion program in Ontario, see the website of the Ontario Health Promotion Resource System at <http://www.ohprs.ca/>.

As public health staff, you may also be interested in learning more about Health Promotion Ontario, a constituent society of the Ontario Public Health Association. Find out about Health Promotion Ontario at <http://www.hpoph.org/>.

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