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

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Today's presentation



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

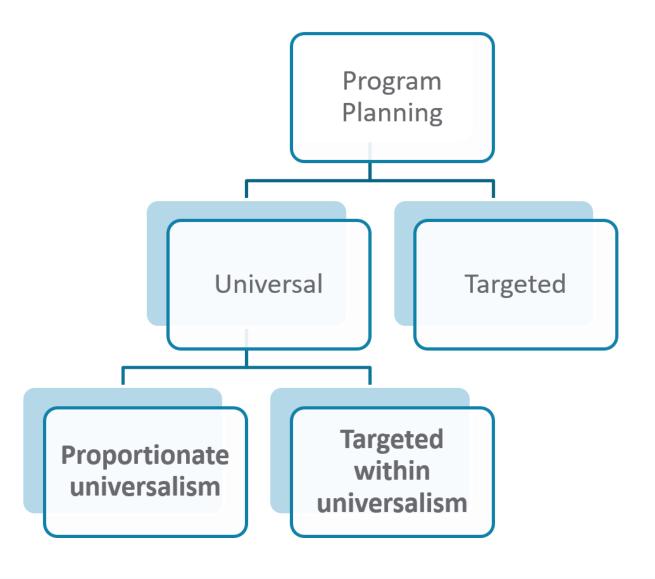
Health inequities refer to differences that are <u>systematic</u>, <u>unfair</u> and unjust, <u>avoidable</u>. ⁷

Health Equity

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

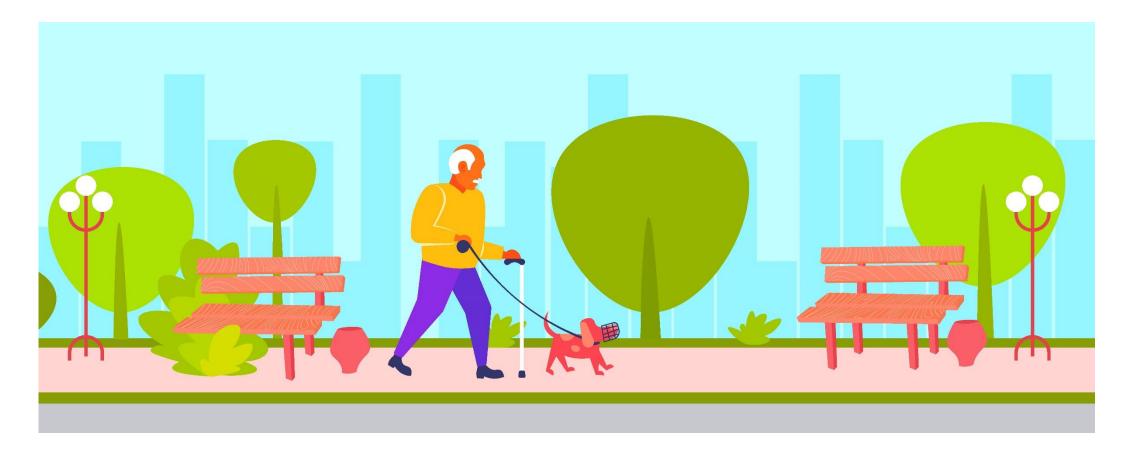
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Planning Programs to Address Health Inequities⁹



- 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

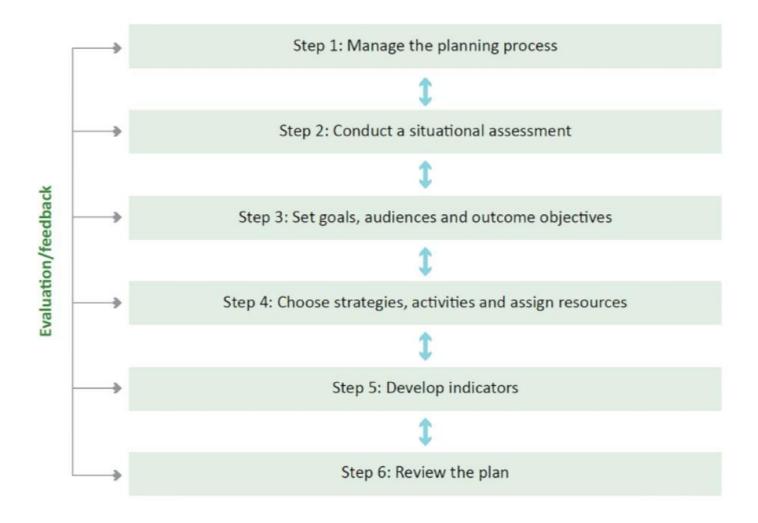


Sustainable By Design: A systematic review of factors for health promotion program sustainability¹¹

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

- 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



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Bringing program planning to life

Active School Travel



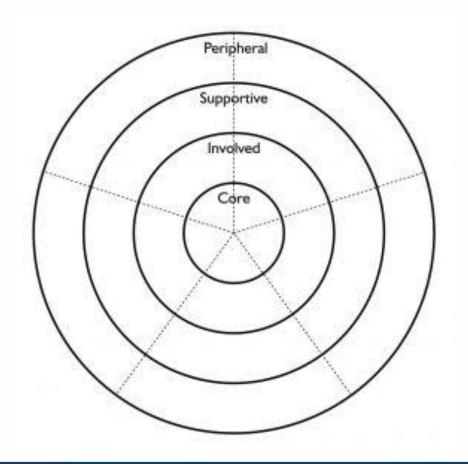




Step 1. Manage the planning process

- 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

 Strengths Transportation Master Plan Complete Streets Policy Well established champions Infrastructure resulting from stronger policy 	 Weakness Speed and traffic volumes Cost of infrastructure projects Seasonal maintenance of routes to school Challenge to shift parental value of convenience of driving 		
 Opportunities Potential link to climate change Vision Zero Infrastructure budget for regrowth 2022 elections 	 Threats 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)

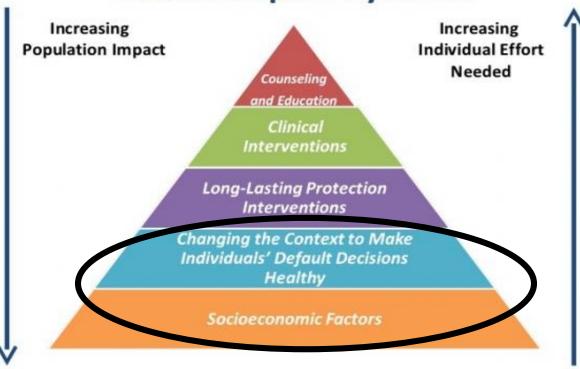


Step 4: Choose strategies and activities and assign resources

Strategies – based on

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

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
Create supporting environments	Travel 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 Outcomes Output/Process Indicators Outcomes Output/Process Indicators 100K Grant healthy community design # of policy scans completed						groups, pence
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Thank you

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