



Guelph Community Health Centre

Health Promotion Framework

Prepared by Karrie Cumming
Health Promoter

Updated May 2009

Table of Contents

Introduction	2
Health Promotion Statement	2
Health Promotion Framework	3
Framework Components	
Client and Community	4
Health Promotion Principles	5
Guelph CHC Values	7
Guelph CHC Strategies	8
Levels of Action	10
Ottawa Charter Action Areas	11
Determinants of Health	12
References	16
Appendix A: Glossary	18

Introduction

This document describes Guelph CHC's health promotion approach to innovative primary health services and community programs. It links together a series of stand alone documents that all play a role in describing what makes Guelph CHC a unique participant in providing health services. These documents include Guelph CHC's Health Promotion Statement, Values, Strategies, Priority Populations and Determinants of Health Statement.

The Guelph CHC Health Promotion Framework also builds upon key health promotion features as found in the literature, such as Health Promotion Principles, Levels of Action, Ottawa Charter Action Areas and Determinants of Health. Each of these components has an impact on health and is discussed within the body of this document.

The HP Framework will enable stakeholders to understand the links and relationships within the process of health promotion. It will also enable staff and board members to identify their own contribution to health promotion and provide direction for program planning.

Health Promotion Statement

In accordance with the Ottawa Charter for Health Promotion (1) Guelph CHC believes that:

“Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”

Guelph CHC believes that health promotion is not just the responsibility of the health sector and it is not a stand alone program (1), rather, it can be thought of as a way of thinking about and taking action on health issues. Health promoting programs, activities, and resources must have the goal of developing the capacity of individuals, groups and communities to deal effectively with life's circumstances and challenges (1, 2).

Guelph CHC acknowledges that there is a need to balance individual with collective health promoting interventions and that health is a consequence of a number of complex health, social, environmental, cultural and economic factors (7). These factors are referred to as the determinants of health and Guelph CHC believes that health is best

improved by programs and services that address the determinants of health. The determinants that Guelph CHC considers when planning programs and services include; income, physical environment and housing, food security, social support, education and literacy, employment and working conditions, personal health practices and coping skills, early childhood development, gender, culture, health services and biology and genetic endowment (8, 20).

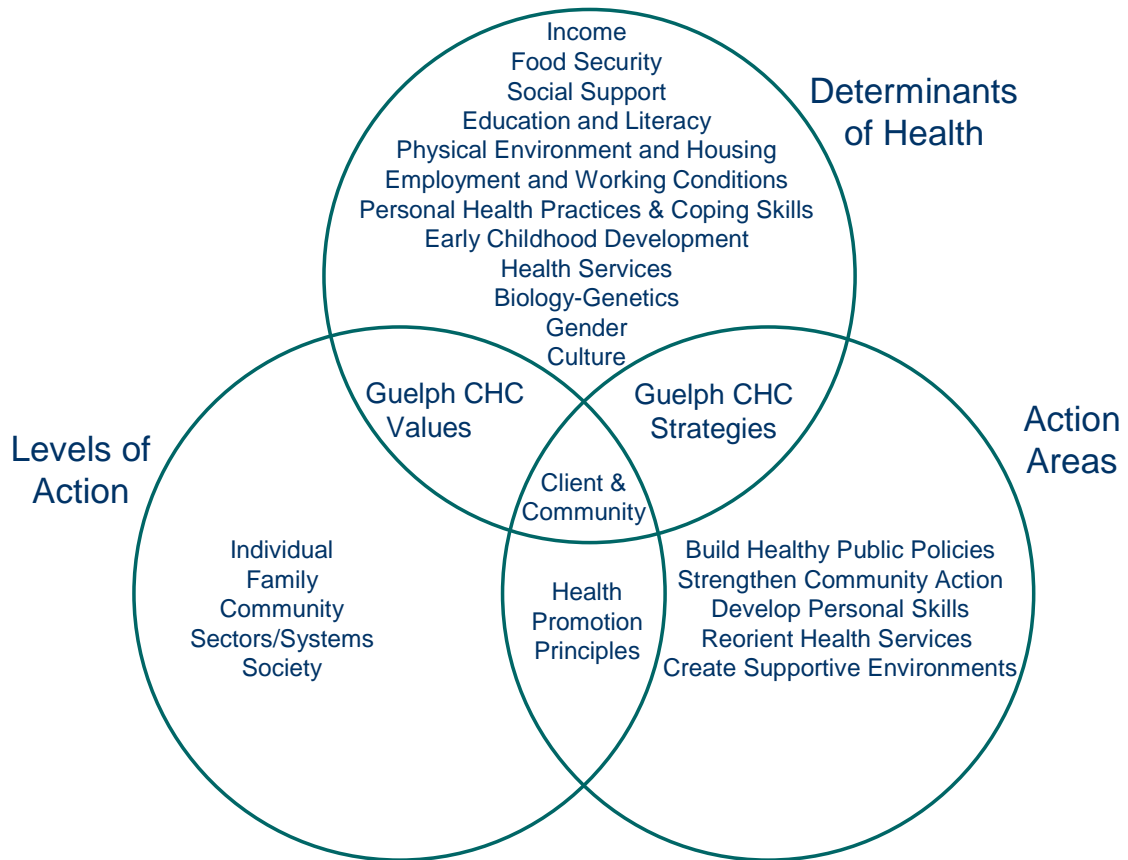
Guelph CHC believes that key action areas in health promotion, as outlined in the Ottawa Charter (1), are: strengthen community action, build healthy public policy, create supportive environments, develop personal skills and reorient health services. Strategies that Guelph CHC will utilize in order to promote health will include: clinical services, mutual support, individual and community capacity building, inter-agency development, advocacy, and children's programming. Guelph CHC strives to take a comprehensive approach to health by employing a combination of these strategies.

Health Promotion Framework

A visual depiction of Guelph CHC's Health Promotion Framework is shown on page 4 and reflects Guelph CHC's approach to health promotion. The framework demonstrates that in order to have a positive impact on client and community health, health promotion initiatives must address the determinants of health using varied strategies, across multiple levels. The framework includes the following key components, each of which is outlined in detail in the body of this report;

- Client and Community
- Health Promotion Principles
- Levels of Action
- Ottawa Charter Action Areas
- Determinants of Health
- Guelph CHC Strategies
- Guelph CHC Values

Guelph CHC Health Promotion Framework



Client and Community

Our clients and community are at the core of this framework. Clients are the people Guelph CHC intends to serve.

We use the term “client” rather than “patient” because “patient” implies that the person has a passive role in their health, that they receive only primary care and that the health care provider is the sole decision makers (17). However, Guelph CHC strives for a client centred approach in which our clients are meaningfully engaged in decisions about their health and communities.

Clients and community are also at the heart of this model because we are continuously adapting and refining our ability to reach and serve our clients and the communities of which they are a part (17).

Health Promotion Principles

Health promotion initiatives are characterized by the use of the following principles during the planning and implementation of programs, policies, and other organized activities: empowerment (1, 2, 3, 10), participation (3, 4, 10,12, 13, 14, 15), a holistic view of health (1, 10), intersectoral collaboration (10, 12), equity (10, 19, 14) , sustainability (10, 12) and use of multi-strategy approaches (3, 10, 14).

Empowerment

“Health promotion initiatives should enable individuals and communities to assume more power over the personal, socioeconomic and environmental factors that affect their health”(WHO, 1998, pg. 8)

Health promoting programs, activities, and resources must have the goal of empowering people and developing the capacity of individuals, groups and communities to deal effectively with life’s circumstances and challenges (2, 3). In this regard, Guelph CHC staff members are viewed as a resource in a support role, rather than in the lead role of expert and a client and community centred approach is encouraged in which new programs and services are based upon needs that are identified by the community.

Participation

“Health promotion initiatives should involve those concerned in all stages of planning, implementation and evaluation.” (WHO, 1998, pg. 8)

Participation from and collaboration with the community is essential for sustained efforts, community engagement, capacity building and local leadership building (13). In order for health promotion activities to be successful the community members we intend to serve need to be intimately involved with decision-making processes and should be empowered to increase control over their health (4). Guelph CHC will utilize participatory and empowering approaches to ensure that programs and services are meeting community driven needs (3).

Holistic

“Health promotion initiatives should foster physical, mental, social and spiritual health.” (WHO, 1998, pg 8).

The Ottawa Charter (1) emphasizes that health is a state of complete physical, mental and social well-being. Guelph CHC acknowledges that there is a need to balance individual with collective health promoting interventions and that lifestyle is a consequence of a number of complex health, social, environmental, cultural and

economic factors (7) such as income, physical environment and housing, food security, social support, education and literacy, employment and working conditions, personal health practices and coping skills, early childhood development, gender, culture, health services and biology and genetic endowment (8).

Intersectoral Collaboration

“Health promotion initiatives should involve the collaboration of agencies from relevant sectors.” (WHO, 1998, pg 8)

Intersectoral collaboration means developing relationships between organizations and across sectors in order to address a health concern. Intersectoral collaboration can result in attaining desired outcomes in a more effective, efficient and sustainable manner than could be achieved by one sector alone (16). Guelph CHC will develop partnerships with other agencies in order to strengthen community action (5).

Equitable

“Health promotion initiatives should be guided by a concern for equity and social justice.” (WHO, 1998, pg.8)

Health promotion emphasizes equity by working with members of marginalized groups in the community who face systemic barriers to good health (14). Furthermore, health promotion programs must provide equitable access by providing geographical, financial and cultural accessibility (12). Health promotion also focuses on the determinants of health in order to create the greatest health gains and improve health equality, human rights and social capital (3).

Sustainable

“Health promotion initiatives should bring about changes that individuals and communities can maintain once initial funding is ended” (WHO, 1998, pg.8)

There are four main elements to be considered when addressing sustainability in health promotion programs. These elements include, sustaining the issues, sustaining behaviour changes sustaining programs and sustaining partnerships (18). Program sustainability is important given the fact that health outcomes often occur over a long period of time and termination of programs is counterproductive when a community health issue still exists (18). Furthermore, if there is a history of abrupt or inappropriate termination of programs any subsequent new projects may face reduced community support and trust (18).

Multi-strategy approach

“Health promotion initiatives should use a variety of approaches, including policy development, organizational change, community development, legislation, advocacy, education and communication, in combination with one another.” (WHO, 1998, pg 8)

Comprehensive, complimentary and interdisciplinary approaches to health promotion are the most effective (3). Those programs and services that use a combination of the five Ottawa Charter strategies are more effective than single-track approaches (3). Guelph CHC strives to take a comprehensive approach to health by employing a combination of multiple strategies rather than using a single track approach.

Guelph CHC Values

Guelph CHC strategic values form the basis of how the Guelph CHC organization and staff members plan and conduct programs and services. These values are as follows;

- Innovation - a commitment to constant learning, advocacy and improvement in everything we do.
- Excellence - a focus on best practices, constant evaluation, evidence-based strategies and risk reduction.
- Accountability - a responsibility to the users of our services, our membership, the public and funders.
- Accessibility - removal of barriers to health for all, particularly in our priority groups.
- Participation - the development of a caring community through a wide spectrum of relationships and the promotion of cultural sensitivity and diversity.
- Health promotion - promote individual responsibility for good health through prevention and educational supports to people of all ages.
- Sustainability - the commitment to search out and provide sufficient resources to support our work.

Guelph CHC Strategies

Each of the Guelph CHC Strategy fits within at least one of the Ottawa Charter Action Areas, which are described on page 11.

- Health education – Guelph CHC will create opportunities for learning to improve knowledge and develop life skills which positively impact individual and community health. The OEYC provides resources, materials, workshops and one to one support. Education strategies will rely upon communication techniques that are targeted and accessible to Guelph CHC’s priority populations. The health education strategy fits with the following Ottawa Charter action areas; developing personal skills and reorienting health services.
- Clinical services – The Guelph CHC provides holistic care including assessment, diagnosis and management of health issues for the Guelph CHC priority populations. The clinical services strategy fits with the following Ottawa Charter action areas; create supportive environments, developing personal skills and reorienting health services.
- Mutual support – The Guelph CHC provides facilitated group sessions by which people who share common experiences, situations or problems can offer each other support. The OEYC provides opportunities for parents and caregivers to interact at Parent Child Places. The mutual support strategy fits with the following Ottawa Charter action areas; creating supportive environments, strengthening community action, developing personal skills and reorienting health services.
- Capacity Building – Capacity building is defined as a process that “builds sustainable skills, resources, and commitments to health promotion in (various) settings and sectors (in order to) prolong and multiply health gains many times over” (21). Capacity building can occur at different levels of action (see page 10) including; individual, community, organizational, inter-organizational and systems. Guelph CHC is particularly focused on community and individual capacity building and these strategies are described below.
 - Community Capacity Building - Guelph CHC will facilitate collective efforts of a community, directed at increasing that community’s capacity to improve its determinants of health. This is a continuum process with more or less Guelph CHC involvement at different times. The community capacity building fits with the following Ottawa Charter action areas; creating supportive environments and strengthening community action.

- Individual Capacity Building – Guelph CHC will create opportunities for learning to improve knowledge and develop life skills which positively impact individual and community health. The OEYC provides resources, materials, workshops and one to one support. Education strategies will rely upon communication techniques that are targeted and accessible to the Guelph CHC priority populations. The individual capacity building strategy fits with the following Ottawa Charter action areas; developing personal skills and reorienting health services.
- Inter-agency development – Guelph CHC works with other agencies to ensure that supportive environments exist, and subsequently making it easier for individuals to make healthy choice. The OEYC provides education, consultation and training for child care providers in our community. The inter-agency development strategy fits with the following Ottawa Charter action area; strengthening community action.
- Advocacy – Guelph CHC will take action to support individuals and groups in accessing needed services. Guelph CHC will also be active in the community to gain political commitment or support for a particular health goal or program. The advocacy strategy fits with the following Ottawa Charter action areas; building healthy public policy and strengthening community action.
- Children’s Programming – Positive prenatal and early childhood experiences have a significant effect on the health of a child as he or she grows older. This strategy fits with the following Ottawa Charter action areas; developing personal skills and creating supportive environments,

Example: Here is an example of how the Guelph CHC strategies can be applied to a program, for example, the Post Partum Depression (PPD) Program.

Health Education – Information packages are provided to women in order to empower them to learn more about PPD. Social workers invite participants to use the PPD lending library which contains books, videos and other resources about this topic. The OEYC also provides resources and materials for parents and caregivers.

Individual Capacity Building – Information packages are provided to women in order to empower them to learn more about PPD. Social workers invite participants to use the PPD lending library which contains books, videos and other resources about this topic. The OEYC also provides resources and materials for parents and caregivers

Clinical Services – Social worker facilitates the group, provides group and individual counseling services and also has the ability to refer participants in need of other clinical services to other health care providers in a timely fashion.

Mutual support – Participants are welcomed into the group via a supportive physical and social environment. Participants are encouraged to share their stories and support others.

Community Capacity Building – Participants are included in program planning, development, evaluation and decision making, thereby enhancing their ownership of and commitment to the program.

Interagency development – Interagency meetings held amongst Guelph healthcare professionals and organizations who work with women having PPD. A PPD Model Binder was created in order to increase knowledge of services each organization provides and in order to work at closing the service gaps for Guelph residents.

Advocacy – When performing individual counseling, Social Workers play client advocate roles by assisting women in completing government documents.

Children’s Programming – OEYC facilitators provide quality children’s programming while their mothers participate in the PPD group.

Levels of Action

The populations that interact to improve community health are (1);

- Individual (ie. children, homeless individuals, those with a disability)
- Family (ie. new immigrant families, single parent families)
- Community (ie. neighbourhood groups, informal groups based on interests and relationships)
- Sector/Systems (ie. schools, workplaces, healthcare)
- Society (ie. Guelph, Ontario, Canada)

The Jakarta Declaration (3) states that investments in health should reflect the needs of particular groups such as women, children, older people, and indigenous, poor and marginalized populations and also states that above all, poverty is the greatest threat to health. Guelph CHC meets this call by providing services focused on the following priority groups within the community; children (prenatal to 6 years of age and their families), homeless/underhoused and downtown vulnerable adults, new immigrants and individuals with barriers to good health including, low income, disability, isolation, single parenting and unemployment.

Example: Here is an example of how the levels of action can be applied to a program, for example, Women Everywhere (WE) Breastfeed.

Individuals – nursing moms and peer volunteers have experience as teen moms, immigrant or refugee women.

Family – new baby, other children attend childcare during Café sessions.

Communities – peer support model increases community capacity, community members and staff of neighbourhood groups attend advisory session to shape the program so that it can best meet community needs and desires.

Sectors – Representatives other than health care involved in advisory meetings (ie. representatives from St. George’s School, Guelph and District Multicultural Centre).

Ottawa Charter Action Areas

The Ottawa Charter (1) provides us with the main action areas for health promotion initiatives.

- Build healthy public policy – Ensuring that healthy public policies are in place which will maintain and improve health by ensuring the healthy choice is the easy choice.
- Create supportive environments – Acknowledging that there are physical, social, economic, cultural and spiritual environments that impact one’s health and rapid societal changes make creating supportive environments very important.
- Strengthen community action – Ensuring that communities to have the capacity to set priorities and make decisions on issues that affect their health
- Develop personal skills – Enabling people to gain the knowledge and skills to meets life’s challenges and to contribute to society.
- Reorient health services – Moving beyond provision of clinical and curative services (ie. health services after a diagnosis is made) and move towards supporting preventative health promotion and capacity building initiatives (ie. programming directed at prevention of chronic disease).

Example: Here are some examples of how the Ottawa Charter Action Areas can be applied to Guelph CHC initiatives;

- Build healthy public policy – The Guelph *in motion* Workplace Wellness Committee assists local employers with the implementation of policies and

practices that are supportive of physical activity within the workplace and during the workday, making physical activity an easy choice.

- Create supportive environments – By providing an inclusive atmosphere, translation services, convenient program times, bus tickets, snacks, childcare, etc. our programs and services create supportive environments.
- Strengthen community action – The Shelldale Community Engagement Initiative is creating a community governance process which will empower residents of the Onward Willow Neighbourhood to set priorities, make decisions and take collective action on issues that affect the health of their community.
- Develop personal skills – The Take Charge program was created to teach people the skills needed to manage the physical and emotional challenges of living with a chronic health condition.
- Reorient health services – There are many Guelph CHC programs that focus on the prevention of disease, rather than the treatment of disease. For example, *in motion* Mondays, PPNX, Garden Fresh Box, Little Chefs, etc. In addition, programs like WE Breastfeed and Take Charge reorient health services by shifting services traditionally found in a clinical setting out into the community and by incorporating peer leadership components.

Determinants of Health

Whether a person is healthy or not depends upon many things. All of these factors are referred to as the Determinants of Health. The determinants that can be changed are referred to as the Social Determinants of Health. Health Promotion programs aim to improve health outcomes by addressing the inequities in social determinants of health experienced by individuals, families and communities.

The strongest of these Social Determinants is income. Without adequate income a person's ability to make healthy choices about the other determinants is diminished.

Guelph Community Health Centre believes that health is best addressed by programs and services that consider these determinants of health. Examples of determinants that Guelph CHC considers when planning programs and services includes:

- Income
- Physical Environment & Housing
- Food security
- Social support

- Education and literacy
- Employment and working conditions
- Personal health practices and coping skills
- Early childhood development
- Gender
- Culture
- Health services
- Biology and genetic endowment

Income – Health status improves at each step up the income and social hierarchy. Income determines a person’s ability to control many of the other determinants. Income and social status provides people with control over circumstances such as housing, food and stressful situations.

Physical environment and housing – The quality of our air, water food and soil are examples of the environment that can affect our health. In cities, sanitation, public transportation, recreation and neighbourhood safety also impacts our health. In our Canadian climate, clean, safe and affordable housing is essential to health.

Food security – A lack of healthy food reduces one’s productivity and quality of life. Affordable, sufficient and nutritious food is necessary for people to reach their full potential and to maintain good health.

Social support – Support from families, friends and communities is a resource for healthy living. Social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health.

Education and literacy – Low literacy skills can be a barrier to finding, accessing and understanding health information and services. As well as equipping people with knowledge and skills for problem solving, higher education provides a sense of control and mastery over life circumstances. Furthermore education is closely tied to income.

Employment and working conditions – Unemployment, underemployment, stressful or unsafe work are associated with poorer health. Control over work circumstances and fewer stress related demands of the job fosters good health.

Personal health practices and coping skills – Healthy lifestyle choices can prevent disease, promote self-care, help individuals cope with challenges, and lead to self reliance and problem solving. Examples include physical activity, avoiding tobacco and excessive alcohol.

Early childhood development – Experiences from conception to age six have the most important influence of any time in the life cycle on the connecting and sculpting of the brain. Not only does positive stimulation early in life improve learning, behaviour and health into adulthood, but secure attachments early in life lead to enhanced ability to have positive relationships with others in later life.

Gender –Gender influences the many roles determined by society for men and women that lead to personality traits, attitudes, behaviours, values, relative power and influence. Many health issues are a function of these gender-based roles.

Culture – Some persons or groups may face additional health risks due to living in an environment, which is largely determined by cultural values that are not their own. This may lead to marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.

Health services –Many Canadians benefit from a system designed to maintain and promote health, prevent disease, restore health and function and contribute to community health. However some people face barriers to services due to physical inaccessibility, geography, socio-cultural issues including language and customs and non-insured health services.

Biology and genetic endowment - Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health.

Example: Here are some examples of how the social determinants of health impact one's well-being.

Income and social status: Low income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes, regardless of age, sex race and place of residence (8).

Personal Health Practices and Coping Skills – In Canada, smoking is estimated to be responsible for at least one-quarter of all deaths for adults between the ages of 35 and 84. Diet in general and the consumption of fat in particular are linked to some of the major causes of death, including cancer and coronary heart disease (8).

Gender: While women live longer than men they are more likely to suffer depression, stress (often due to efforts to balance work and family life) chronic conditions such as arthritis and allergies, and injuries and death resulting from family violence (8).

Healthy Child Development: A loving, secure attachment between parents/caregivers and children early in life helps develop trust, self-esteem, emotional control, and the

ability to have positive relationships with others later in life, learning, behaviour and health into adulthood (8). On the other hand, infants who are neglected or abused are at higher risk for injuries, and a number of behavioural, social and cognitive problems later in life (8).

References

- (1) World Health Organization (1986) The Ottawa Charter for Health Promotion.
- (2) The Quaich Inc. (1996) Health Promotion Framework: The Circle of Health
- (3) World Health Organization (1997) Jakarta Declaration on Leading Health Promotion into the 21st Century
- (4) Nutbeam, D. (1998). Evaluating health promotion – progress, problems and solutions. Health Promotion International 13 (1), pg 27 –44.
- (5) Guelph CHC Health Promotion Project Report and Recommendation
- (6) Kitchener Downtown Community Health Centre (2003) Health Promotion Model
- (7) Nutbeam, D, and Blakey, V. (1990) The Concept of Health Promotion and AIDS Prevention. A Comprehensive and Integrated Basis for Action in the 1990s. Health Promotion International, 5(3) pg. 233 – 242
- (8) Public Health Agency of Canada (2003) Population Health Approach.
<http://www.phac-aspc.gc.ca/ph-sp/phdd/approach/index.html>
- (9) Bhattit, T and Hamilton, N. (1996) Population Health Promotion: An Integrated Model of Population Health and Health Promotion. Health Canada.
- (10) World Health Organization European Working Group on Health Promotion Evaluation (1998). Health Promotion evaluation: Recommendations to policy makers. Geneva: World Health Organization.
- (11) Health Promotion Development Division, Public Health Agency of Canada,
<http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/>
and <http://www.phac-aspc.gc.ca/ph-sp/phdd/php/php3.htm#Developing;>
- (12) Thurson, W., Vollman, A., Wilson, D., MacKean, G., Felix, R. & Wright, M. (2003). Development and testing of a framework for assessing the effectiveness of health promotion. Social and Preventative Medicine 49 (5), 301 – 316. October.
- (13) Wallerstein, N. and Duran, B. (2003) The conceptual, historical and practice roots of community based participatory research and related research traditions.

- Community based participatory research for health. M. Minkler & N. Wallerstein, editors. San Francisco, CA: Jossey-Bass. 27-52.
- (14) Ontario Health Promotion Resource System (2007) Health Promotion 101.
<http://www.ohprs.ca/hp101/main.htm>
 - (15) Smith, B., Kwok, CT., and Nutbeam D. (2006) WHO Health Promotion Glossary: New Terms. Health Promotion International. 21 (4), pg 340 – 345
 - (16) Nutbeam, D. (1998) Health Promotion Glossary. Health Promotion International. 13(4), pg 349 – 364.
 - (17) Association of Ontario Health Centres (2009) The CHC Model of Care.
 - (18) The Health Communication Unit (2001) Overview of Sustainability: Version 8.2
 - (19) Oxford Online Dictionary (2007)
 - (20) Ontario Chronic Disease Prevention Alliance, Ontario Prevention Clearinghouse and Canadian Cancer Society (2008) Primer to Action: Social Determinants of Health.

Appendix A: Glossary

Action Areas – Action areas are the basic tools for health promotion as outlined in the Ottawa Charter (16).

Capacity Building - Capacity building is defined as a process that “builds sustainable skills, resources, and commitments to health promotion in (various) settings and sectors (in order to) prolong and multiply health gains many times over” (21).

Community – A community is a specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time (16).

Determinants of Health - Determinants of health are the range of personal, social, economic and environmental factors that determine the health status of individuals or populations (16).

Framework – A framework is a presentation of concepts and assumptions showing links, relationships and underlying structures in a visual manner (2, 19).

Health – Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (1).

Health Promotion – Health promotion is the process of enabling people to increase control over, and to improve their health (1).

Policy – A policy is a plan or course of action, that is thought to be prudent and/or advantageous, that is adopted or proposed by an organization (19).

Principle - A principle is a fundamental truth or assumption serving as the foundation for belief or action. Principles can also be described as rules or beliefs governing one’s personal behaviour (19).

Statement – A statement is a declaration which gives a clear expression of an opinion or position (19).

Values – Values are understood as moral principles (2) they regard that something is held to deserve; importance or worth (19) the degree of importance you give something.