

An Exploration of Best Practices in Health Promotion:

*a short history of the Best
Practices Work Group, Centre for
Health Promotion, University of
Toronto*

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introduction

Best practices is a hot topic in a number of fields, ranging from education to medicine. Recently, discussions concerning the meaning and implications of best practices have begun in health promotion circles. This article focuses on the exploration of best practices in health promotion by the Best Practices Work Group, Centre for Health Promotion, University of Toronto. Funding for this exploration was provided by Health Canada, Ontario Region, as part of the Centre's larger project concerned with the effectiveness of health promotion.

The story of best practices and the Centre for Health Promotion starts in June 1996, when an International Symposium on the Effectiveness of Health Promotion was held to mark the designation of the Centre as a World Health Organization Collaborating Centre for Health Promotion. As a result of this symposium, two work groups were established, one dealing with consolidating the evidence regarding the effectiveness of health promotion, and the other concerned with the evaluation of health promotion and best practices in health promotion.

At the second meeting of the Evaluation/Best Practices Work Group, members decided to focus one work group exclusively on evaluation of health promotion, and to form a third work group which would concentrate on Continuous Quality Improvement (CQI) and health promotion. At that time it was felt that CQI expressed the Centre's interests better than did best practices. After a six month study and clarification process, however, the CQI Work Group still felt some discomfort around the application of CQI to health promotion, in part because of CQI's manufacturing and business origins. At this point, in October 1997, a background paper and a workshop examining the ins and outs of best practices seemed to melt initial reservations concerning the best practices topic and the CQI Work Group evolved into the enthusiastic and committed Best Practices Work Group. The core membership of this group numbers approximately 10 people and includes front-line health promotion practitioners, evaluators, university faculty, and provincial and federal government representatives.

To date, the work of the Best Practices Work Group has resulted in the following products: two background papers (dealing with CQI and with Best Practices in health promotion), a draft set of seven principles underlying best practices in health

promotion, a series of workshop modules introducing the concept of best practices and health promotion, and a detailed case study of the process the Work Group has undergone in its exploration of best practices and health promotion. The Best Practices Work Group has now begun to share the results of its experience in exploring best practices with others by conducting introductory workshops to best practices and health promotion at a number of conferences, and by preparing articles such as this.

The conclusions reached by the Work Group during its process of exploring best practices are summarized in the next section. For the purposes of this exploration, the following definition of best practice was adopted by the Work Group:

"Best practice in health promotion is the set or sets of continually evolving actions and associated attitudes which are most likely to achieve health promotion goals in a given situation, and which are consistent with the values of health promotion."

Recognizing that circumstances and conditions vary considerably from one situation to the next, an underlying assumption of the Work Group was the existence of a number of "best practices" in health promotion, rather than a single "best practice" in health promotion.

exploration of best practices

The Work Group's exploration of best practices focused primarily on the following areas: benefits and risks of a best practices approach, identification of best practices, factors which shape health promotion best practices, and challenges to operationalizing best practices.

benefits and risks

Work Group members felt that an adoption of a best practices approach has the potential for both benefits and risks. At its best, a best practices approach could result in improved processes and outcomes and greater credibility for health promotion. At its worst, a best practices approach might mean severe restrictions to health promotion activities, depending on who is defining best practices. A few examples of potential benefits and risks identified by participants of the first Best Practices workshop in October, 1997, included:

benefits

- achievement of health promotion goals

- increased accountability
- increased awareness and critical thought
- enhanced learning

risks

- reduced creativity
- an excuse to cut costs
- lowered tolerance for longer time-lines in health promotion
- reduced client-centredness

factors which shape health promotion best practices

Also at the first Best Practices workshop, participants identified a number of factors which shape health promotion best practices, and then organized these factors into a number of categories or "clusters". These clusters were revised and refined over the course of several more workshops. The final result of the clustering exercise was the following draft set of principles identified by the group as underlying best practices in health promotion. Each principle has an accompanying set of points which are included in the accompanying table.

1. **health promotion values:** Best Practices in health promotion are based upon core values, including equity and empowerment. These values guide all aspects of health promotion practice.
2. **health promotion processes:** Best Practices in health promotion use processes that are consistent with health promotion values, and are appropriate to achieving health promotion goals and outcomes.
3. **current and new knowledge:** Best Practices in health promotion build upon and enhances knowledge regarding the appropriateness and effectiveness of health promotion.
4. **available resources:** Best Practices in health promotion make effective use of available resources in achieving the goals of health promotion.
5. **theoretical understanding of health and its determinants:** Best Practices in health promotion both reflect and contribute to a theoretical understanding of health.
6. **sensitivity to power:** Best Practices in health promotion are aware of and sensitive to issues of power and strive to increase shared power.
7. **sensitivity to diversity:** Best Practices in health promotion recognize, respect and include diversity in all its forms.

challenges to operationalizing best practices

At the third best practices workshop in January 1998, participants identified a number of general operational challenges facing health promotion practice, and then prioritized these challenges. Included as top priorities to address were:

- lack of political support
- negative impact of power issues in organizations
- negative impact of agenda of larger structure
- top down approach of population health

Categorized as second order priorities were:

- lack of financial and human resources
- lack of solid evidence regarding effectiveness
- need to convince others regarding effectiveness
- not enough time to demonstrate effectiveness

Identified as a third order priority was the need to obtain consensus and agreement from partners. Other challenges identified by members ranged from interpreting health promotion values so they are understandable to organizations, to the necessity to get and keep health promotion on the agenda.

identification of best practices

At a workshop in March 1998 members of the Centre's three work groups (Consolidating the Evidence, Evaluation, and Best Practices) went through an exercise which resulted in the embryo development of criteria to identify best practices in health promotion. Although the list and process varied somewhat from group to group, most groups seemed to agree that incorporation of health promotion values, existence of supporting evidence, an emphasis on positive outcomes, effective use of resources, and an inclusive participatory process are important criteria to use when judging whether or not a particular project is following best practices. One group successfully used the draft set of principles as their criteria.

the next installment in the story

The Work Group has recently approved a plan for future action, which will involve, as funding becomes available, a variety of projects. These include:

- facilitating dialogue concerning the different meanings attached to health promotion concepts and terminology
- further exploration of what best practices might mean in concrete terms
- consultation concerning what is needed and what is already available in order to take a best practices approach to health promotion
- linking with other health promotion practitioners and organizations interested in best practices
- collecting, developing and distributing resources and tools to assist health promotion practitioners and others in understanding and implementing best practices

conclusion

Exploring best practices has been an exciting process for the Best Practices Work Group, and has already had a number of positive results. Work Group members are anxious to continue working in this area, and to share with others the knowledge gained from this work.

acknowledgements

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principles underlying best practices in health promotion

1. Health promotion values	2. Health promotion processes	3. Current and new knowledge	4. Available Resources	5. Theoretical understanding of health and its determinants	6. Sensitivity to power	7. Sensitivity to diversity
<p><i>Best Practices in health promotion are based upon core values, including equity and empowerment. These values guide all aspects of health promotion practice.</i></p> <ul style="list-style-type: none"> • The core values of equity and empowerment will require genuine participation by stakeholders, an emphasis on social justice, and attention to ethical issues. • Other values important for health promotion to observe will include ecological efficiency and sustainability, and respect for the environment. • The core values of health promotion will guide and be reflected in the identification of health promotion goals and objectives. • The core values of health promotion will guide and be reflected in the identification and implementation of health promotion processes. 	<p><i>Best Practices in health promotion use processes that are consistent with health promotion values, and are appropriate to achieving health promotion goals and outcomes.</i></p> <ul style="list-style-type: none"> • Health promotion will give attention to its processes, as well as to the outcomes it attempts to achieve. • The methods (i.e., "means") employed by health promotion will be consonant with the goals and values of health promotion. • Health promotion will identify and address the factors that enable or inhibit the achievement of its objectives. • Health promotion will give priority to "quality of life" as an outcome, rather than being limited to clinical outcomes. • Health promotion will employ "SMART" standards in developing its goals and objectives — that is, its goals and objectives will be specific, measurable, attainable, relevant, and timely. 	<p><i>Best Practices in health promotion build upon and enhance knowledge regarding the appropriateness and effectiveness of health promotion.</i></p> <ul style="list-style-type: none"> • Health promotion will compile, assess, and synthesize current evidence regarding its effectiveness in order to develop, implement and evaluate health promotion initiatives. • Health promotion will identify, develop and implement appropriate evaluation procedures and tools (qualitative and quantitative, experimental and naturalistic) in order to evaluate the processes, outcomes, and impacts of all health promotion initiatives. • Health promotion will follow the principles of "continuous learning" by continuously reflecting on and critiquing goals/objectives, values, strategies, and impact, in order to improve health promotion practice on an ongoing basis and achieve "best" outcomes. • Health promotion will promote access to, and use of, health promotion information/knowledge. • Health promotion will 	<p><i>Best Practices in health promotion make effective use of available resources in achieving the goals of health promotion.</i></p> <p>Health promotion will give attention to the effective use of the following resources:</p> <ul style="list-style-type: none"> • Human resources, including: skills, competencies, capacities, knowledge, experience, motivation, energy, and commitment. • Expertise in health promotion, including among: individuals and the community, practitioners and researchers, non-professionals. • Community resources, including: community capacities, community experience and knowledge, community strength through empowerment, community support, team effort. • Financial resources, including: private sector funders, public sector sources, community sources. • Time. 	<p><i>Best Practices in health promotion both reflect and contribute to a theoretical understanding of health.</i></p> <ul style="list-style-type: none"> • Health promotion practice will be consistent with health promotion's theoretical understanding of all aspects of health such as: <ul style="list-style-type: none"> ◇ The multiple factors that influence and enhance health, including the broader social and economic factors underlying health status (ranging from income inequity to working conditions). ◇ The holistic nature of health. ◇ The dynamic relationships among individual, organizational, community, and societal health. ◇ The strategies and interventions that can enhance health. • Health promotion will make explicit the theoretical foundation for its practice. 	<p><i>Best Practices in health promotion are aware of and sensitive to issues of power and strive to increase shared power.</i></p> <ul style="list-style-type: none"> • Health promotion will give highest priority to practices, processes, and structures that empower individuals and communities. • Health promotion will in all cases include a critical analysis of power dynamics among stakeholders and partners. • Health promotion will develop and implement guidelines to mitigate the impact of power differentials. • Health promotion will clearly negotiate power relationships between individuals and groups (e.g., professionals) and possessing more power less powerful individuals and groups (e.g., "clients"). • Best Practices in health promotion will employ and build on continuous participation and dialogue with those who might be affected by health promotion initiatives. 	<p><i>Best Practices in health promotion recognize, respect and include diversity in all its forms.</i></p> <ul style="list-style-type: none"> • Individuals and communities involved in or affected by health promotion practice will be actively involved in defining the meaning of diversity for themselves. • Health promotion will give attention to diversity among communities and individuals. • Health promotion will give attention to a variety of forms of diversity including diversity of: <ul style="list-style-type: none"> ◇ Disciplines ◇ People ◇ Ideas ◇ Theories ◇ Cultures ◇ Sites ◇ Stakeholders ◇ Behaviours ◇ Meanings ◇ Roles ◇ Socio-economic status ◇ Education ◇ Faith ◇ Sexual orientation ◇ Gender ◇ Language ◇ Age ◇ Other diversities

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		identify the range of Best Practices, including their contextual/situational limits.				