Case Example of Applying the IDM Interactive Domain Model (IDM) Best Practices Approach to Better Health

Appendix III *of Follow-up to IDM Use and Impacts*, prepared for the Centre for Health Promotion, University of Toronto by Barbara Kahan, David Groulx and Josephine Wong, October 2007

Notes

- "IDM" is an acronym for the Interactive Domain Model. "MDI" is an acronym for the Modèle des domaines interactifs, the French language IDM.
- The following example is a composite of real life experiences illustrating the application of the IDM in practice.
- The process of applying the IDM varies considerably from situation to situation.
- All names and identifying characteristics in this case example are fictitious.
- For more information about the IDM, to download IDM resources, or to view current or archived profiles, reflections or jottings, visit the IDM Best Practices website www.idmbestpractices.ca.
- For French language resources visit www.opc.on.ca/francais//projets/pratiques.htm.

CASE EXAMPLE OF APPLYING THE IDM

Karen P. is the manager of a "heart health" health promotion program in a medium sized public health department in a city where there is a high degree of poverty. She heard about the IDM from a colleague at another public health department and checked it out on the IDM Best Practices website at http://www.idmbestpractices.ca/. She was immediately enthusiastic about the idea of linking values to practice in addition to looking at evidence, since she herself has always tried to conduct her life and work according to her values. She first read the Basics section of the *IDM Manual* which gave her a quick overview of the IDM. She then read the article on the IDM in the journal Health Promotion Practice; this article provided more of the theoretical background and roots of the Model. Although still enthusiastic about the IDM's comprehensive approach, she started to feel overwhelmed at the thought of trying to integrate into practice not just values and evidence but also theories and beliefs, and vision and analyses of the various environments.

She phoned one of the people familiar with the IDM listed on the IDM website to sort out some of her confusion about where to start. The advice she received was to start small, with only one piece of the IDM Framework. Feeling reassured, she contacted a couple of people on her team to ask if they would work with her to introduce a best practices approach to the team and perhaps to the organization as a whole. After browsing the IDM website, Beckie and Al expressed interest and when the three met they decided to start with a values clarification process. But first, they agreed, it was important to check if the team wanted to participate in an IDM best practices process.

To this end, the three organized a half day workshop where team members first talked about their experience with and understanding of best practices. They then participated in an exercise Karen found in the *IDM Road Map for Coaches* where workshop participants themselves construct the IDM. They also participated in another exercise, designed to illustrate the implications to practice of underpinnings and understanding of the environment choices. The last half hour of the morning was spent discussing whether they wanted to try the IDM approach to best practices; the decision was "yes" and a time was set for a values clarification session two weeks later. Before leaving the room, each team member spent five minutes writing down their list of priority values, which Karen collected.

In preparation for the values clarification session, Beckie reviewed the organization's mission statement, the most recent annual report, and the report of an evaluation conducted the year before, to identify values explicit or implicit in them. Al phoned a health promotion instructor at the local university for her thoughts on the most commonly identified health promotion values. Omitting duplications, Karen printed on a flipchart sheet the values from the team members' lists, Beckie's and Al's results, and the *IDM Manual*'s section Suggested Guidelines.

Wanting to start with something the team was familiar with, Karen began the values clarification session with a few questions from the exercise "tell story of current situation":

- Why is our team's issue, "heart health," a priority?

- What are our goals regarding heart health?
- What activities, processes and strategies are we using to reach these goals?
- Why are we using these particular activities, processes, strategies?

Al recorded key points from the discussion. During the break after this half hour exercise, Karen and Beckie identified the values implicit or explicit in the responses to the questions. For example, "equity" was identified as a value based on team members' comments that the new van and outreach activities were important in order to give everyone a chance to participate in the programs. Meanwhile, Al highlighted information relevant to domains such as theories and evidence for use later on in the Framework experience.

Karen added to the flipchart the couple of values not already identified from other sources. After the break, each participant placed a blue star next to their top three priority values. Team members were surprised that some of their values were not shared by other team members. The discussion was lively, but the only major disagreement occurred around the values of "individual autonomy" and "collective good." Were they compatible or contradictory, and which was the closest to a health promotion value? A decision was made to discuss these values later to avoid getting bogged down. There was also a lack of consensus on the meaning of income equity. Some team members defined it as income based only on need, not on other variables such as educational level. Other members interpreted it to mean that income is adequate to meet everyone's minimum basic needs; beyond that income differentials may exist. This difference in interpretation was also noted, and left for the time being.

After another break, Karen introduced the one page values check-in from the *IDM Best Practices Check-In Forms*, shown in abbreviated form below.

IDM Best Practices Check-In Forms: values and practice

criteria for values	match between values and practice
[our group/organization]: • has an explicitly defined set of values: yes/no [if yes specify] • reviews values regularly: yes/no [if yes specify] • involves major stakeholders in defining values: yes/no [if yes specify]	• Which of the values listed in the previous column are reflected in practice? [give brief explanation or example]: • Which of the values listed are not reflected in practice or could be better reflected in practice? [give brief explanation] • What do we need to do to increase the reflection of values in practice? [give brief description]

The answers to the *Check-In* questions provided the start of defining the team's values more specifically in relation to practice, and direction for future action to increase the reflection of values in practice. One member, Dana, offered to work with one or two others to develop a draft values action plan, including who will do what, when and how, based on the current session's responses. A couple of team members, impatient with the discussion of what they viewed as abstracts not directly related to their immediate work, breathed a sigh of relief that not everyone would have to be involved. Karen made a silent decision to investigate ways to illustrate more strongly the link between underpinnings and practice. Team members agreed that the involvement of program participants in the values identification and definition process was critical and to make this a priority in the values action plan.

Karen entered the session's results into the IDM Computer Program, a computerized version of the Framework. As time went on she found it a helpful tool in learning about and applying the IDM, and often found herself right-clicking on a cell or heading for definitions, explanations, guiding questions and checklists. Every so often she also phoned the IDM person she had originally contacted to bounce around ideas. In addition, she received ideas from reading the IDM Best Practices website's reflections and profiles.

Resources used to support IDM process (available from IDM Best Practices website)

- *IDM Manual: a guide to the IDM Best Practices Approach to Better Health 3rd edition*, 2005 (sections include: Basics, Suggested Guidelines, Evidence Framework, Research/Evaluation, Using the IDM, Reports on Using the IDM)
- *IDM Best Practices Road Map for Coaches 2nd edition*, 2005
- *Best Practices Check-In Forms*, 2004
- *IDM Best Practices Computer Program 2.12*, 2001
- *The Interactive Domain Model of Best Practices in Health Promotion: Developing and Implementing a Best Practices Approach to Health Promotion*, 2001 (in the journal Health Promotion Practice)
- IDM Best Practices website at http://www.idmbestpractices.ca/: reflections, profiles, jottings, and IDM-related and other resources

After two months, Karen and Al introduced the IDM to the community coalition of which the department was a member by conducting the exercise developed by L'ACFO-TO – using the IDM to plan a wedding. A few coalition members – community residents from the lower end of the income scale – responded to Karen's request for volunteers to join the "best practices" committees the heart health program was forming to ensure participation by all stakeholders.

A bump in the road emerged at the four-month point. When Karen checked in with the non-staff volunteer members of the IDM committees (program participants and community residents) they indicated that they were thinking of quitting. They did not always understand the language that was used by staff members, and thought that their opinions were often ignored.

Karen followed up at the next team meeting, using the statement "the perspective of lay people who are key stakeholders is as important in decision making as the perspective of professionals" to initiate the discussion. Although a few team members agreed, many did not, arguing that professionals had a broader perspective which was relevant to people in general as opposed to lay people whose perspective was limited to themselves and their immediate social group, and that professionals had more knowledge. The counter argument was that different kinds of knowledge exist, none of them superior to the other, with all of them required for good decisions, and that equity as a value meant everyone's opinions had to be taken seriously when it came to making decisions.

A few staff members also expressed discomfort with the volunteers, for example that some of them rarely said more than the occasional word or two, and that attendance was erratic.

At the end of the discussion, there was general agreement that staff would approach committee meetings with a mutual capacity building attitude in mind – learning from each other – and use a "round robin" approach in discussions to ensure everyone a chance to speak if they wanted. In addition, Beckie suggested starting with a brief check-in where everyone could say a word or two about what was going on in their lives. She also suggesting holding an occasional social event for all committee members in order to build relationships and increase everyone's comfort levels with each other.

When Karen went back to the volunteer committee members to ask what could be done to encourage them to continue with the committees, they mentioned that sometimes they were unable to attend because of transportation or child care issues and that sometimes they felt their contributions were unappreciated – some of them were living very challenging lives and it was not easy to take the time to go to meetings that did not have immediate relevance to their lives. They liked Karen's suggestion that the program's van could transport them to and from meetings and the offer of a child care worker at meetings. Karen made a note to herself to arrange for occasional gift certificates to show the department's appreciation of the volunteers' efforts, and to review the situation in a month.

At a committee meeting, volunteers approved Al's idea of a short health promotion workshop for committee members, using adult education principles, to help with language issues. Two new staff members, who until joining the team had worked solely on the clinical side of the organization, also liked the idea, as they were still unsure of what health promotion was about.

By six months, after continuing to draw on IDM resources and people familiar with the IDM, IDM committees were still active. Karen was pleased that some volunteers had continued with the committees and thought they were in a good position to attract, and retain, more non-staff members if they built on what they had learned so far.

Karen and the rest at this point in time had completed an outline of the Framework and knew the areas in which they wanted to delve in more detail. They had a set of health promotion guidelines for underpinnings, understanding of the environment, and practice. For each of the domains they had brief notes, not always complete but enough to move forward with, on their current situation and their picture of the ideal.

Team members Dana and Beckie, program participant Roger and community resident Estelle were working to refine the results into a usable action and evaluation plan, with concrete measurable objectives and indicators, and assigned responsibilities for implementing the tasks to achieve the objectives. Defining measurable objectives and indicators was harder than they had thought it would be but they commented that they were learning a great deal. At the same time, Karen and Al and a few others were identifying research questions for future research initiatives. In general, documentation processes were in place and times scheduled to review what they had done so far and decide how to change things for the future. Despite the frustrations they sometimes encountered, all IDM participants, staff and non-staff, agreed that using the IDM was becoming easier over time and that they could see benefits already.

Hypothetical example of Framework experience, in progress at the three month point

	guidelines	*current situation*	*picture of ideal*	*objectives*	*resources*	*challenges*	*evaluation plan*	*implement/ reflect/ document/ revise*
Underpin-nings	*draft until discussed by all key players:* **processes:** All key players work together to identify, define & regularly review underpinnings to ensure they are reflected in practice. **value:** Equity **goal:** Increase the degree of equity related to income and power. **ethical principle:** Be conscious of inequities and reduce them where possible. **theory/concept:** Determinants of health (includes income equity) **belief:** Increased equity will increase individual and community health. **evidence:** Derived from information which is collected with appropriate methods, represents a variety of sources including all key players, includes research based on the local situation and other situations, is accurate.	**processes:** Program participants are not fully integrated into discussions on underpinnings. **values:** Differences exist in defining equity and regarding the priority of "individual autonomy" compared to "collective good." Some members are beginning to resent the time taken to discuss values. **evidence:** The last evaluation included information from the data system and interviews from managers. Program evaluation Information about the link between income level and program outcomes is unclear. Information on this question from other programs has not been collected. Current evidence supports the major influence of the determinants of health on health status.	**processes:** All underpinnings are identified, defined, and translated to concrete terms for practice by all key stakeholders. Key players annually review underpinnings and their match to practice. **values:** Everyone understands the crucial relationship of underpinnings to best practices and the need to take time to explore them. Discussions on values continue, with all key players involved, until there is agreement about how to define income equity and a description of how equity translates in concrete terms to practice. **evidence:** The link between program outcomes and income level is clarified. Information sources include all key players and journals.	**processes:** to initiate an inclusive process for identifying, defining and matching underpinnings to practice – the underpinnings committee will consult with key players and report results to an all-stakeholder meeting in three months **values:** to complete discussions – K will arrange two facilitated meetings over the next month; to identify whether values are reflected in practice – the underpinnings committee will work with the values logic model **evidence:** to clarify the outcome-income link – A will consult with an evaluation expert next week about what is required; to expand information sources – K and D will identify a complete list of key players and likely journals and databases.	**available resources:** Organization has meeting space & a small budget to contact key players not part of the organization; A has some evaluation experience; K is very interested in the idea of consistency between underpinnings and practice **to identify other resources required:** D & K will meet next week to develop a plan to find these resources	**to increase understanding of the link between underpinnings and best practices:** K will find examples illustrating the link within the next two weeks **to reduce the resentment about time taken to discuss values:** B and A will brainstorm some ideas this week and follow up on the ideas that make most sense	**to evaluate whether the objectives to reach the ideal are being met:** K, B and A will work with the underpinnings committee to identify indicators, timelines, who will do what	**activities/ processes:** The underpinnings committee will select someone to oversee the underpinnings processes and activities to ensure they continue and a recorder to ensure good notes are taken to document processes and activities. **outcomes:** Results will be identified and reviewed. **revisions:** Changes will be made based on results.
Understanding of the environment	**vision:** Equity and positive determinants of health exist in the workplace and the community. **analysis:** Identify the organizational & health-related environments: – priority issues – relation to health – contributing factors – ways to positively influence issues – environment in which issues exist (social,	**priority health issue:** reduce cardiovascular disease **contributing factors:** combination of the increasing gap between rich and poor, increasing marginalization of people with low income, lifestyle factors, restricted access to programs **ways to positively influence it:** increase income & power equity.	Continue to review and revise vision and analysis as new information and insights arise. Environmental capacities and challenges are identified. suggestion from one member: There is a more complete understanding of what power equity means and how to achieve it between staff and priority population.	to regularly review understanding of environment – the environmental understanding committee will arrange annual all-stakeholder sessions. to identify capacities and challenges – the committee will prepare a draft list and send it out to people for feedback by the beginning of the next month.	similar to above	to minimize potential conflict around power issues – the committee will consult with an experienced facilitator regarding the best process to use when discussing	similar to above	similar to above

	guidelines	*current situation*	*picture of ideal*	*objectives*	*resources*	*challenges*	*evaluation plan*	*implement/ reflect/ document/ revise*
	political, economic, psychological, physical) – capacities to draw on/enhance – challenges to address	**priority organizational issue:** staff at low end of pay scale have difficulty making ends meet. **capacities/challenges:** not yet identified		to better understand power equity: the committee will hold a series of brainstorming sessions over the next three months, following a constructive process (see "challenges").		related topics		
Practice	All processes and activities related to addressing health-related and organizational issues and to conducting research will reflect underpinnings and understanding of the environment They will also: -- enhance health -- be as effective as possible -- encourage equity -- build capacity -- strengthen relationships -- promote participation by all key stakeholders -- respect differences -- be revised on an ongoing basis according to reflection/evaluation results	The organization transports people with low income to its programs with the van it just bought. Nutrition, physical activity and smoking cessation programs are offered. Program participants provide feedback through satisfaction surveys. The organization has recently started participating in a community coalition to increase quality of life, including improved health status, for residents. A formal planning process occurs once a year. A list of possible equity-related topics to research has been developed with one item already underway (scan of community residents' income levels re. service access, participation in recreational activities, and health status) A review of the staff pay scale is underway.	To translate underpinnings & understanding of the environment into practice, action is taken so that eventually: -- no staff have to struggle to make ends meet -- priority population members live above the poverty line -- members of the priority population are involved in program decision making (not yet clear what this would look like) -- service equity is attained through efforts such as maintaining transportation efforts with the new van -- programs are as effective as possible, taking into account evaluation results, lit review results, feedback and ideas from all stakeholders current positive actions continue, e.g. scan of community income levels & review of staff pay scale -- the annual planning process incorporates principles from the IDM approach	<u>to ensure programs are effective</u> – within the next two months form an all stakeholders research & evaluation committee to oversee a 5 year evaluation plan (processes & outcomes), conduct a lit review, develop ongoing feedback process for all staff & priority population members, develop system to measure consistency of programs to underpinnings & understanding of the environment <u>to increase staff equity</u> – upper management in consultation with other staff develop a policy based on results of pay scale review <u>to increase income for priority population</u> – staff work with neighbourhood coalition, which includes priority population members, to explore & implement possibilities (advocating for higher welfare rates and higher minimum wage? start a community economic development initiative?)	budget is strained; K will spend 2 hours next week reviewing options and will request a meeting with upper management asap to discuss the situation Al has noted some members of the community coalition, community residents, who he thinks would be good on the evaluation committee because they have good common sense; he will approach them at the next meeting	the health department has certain mandated activities and certain restrictions; discussions will be held with other health departments by the beginning of the new year to identify potential ways to circumvent the restrictions	similar to above	similar to above