

Workshopping a Best Practices Approach to Health Promotion

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INTRODUCTION

Over the last three years we have been working on the development and implementation of a best practices approach to health promotion in conjunction with the Best Practices Work Group of the Centre for Health Promotion, University of Toronto, with funding from Health Canada, Ontario Region. During this time period we have facilitated a number of workshops (including one at the recent 4th European IUHPE Best Practices Conference) with very interesting and useful results concerning a best practices approach to health promotion. In this paper we share some of the thoughts and ideas of a variety of workshop participants, and briefly summarize our own thinking at this point in time.

A DIVERSITY OF PERSPECTIVES AND INTERPRETATIONS

Currently in health promotion, “best practices” is a term meaning many different things to different people. Partly this is the result of the diversity of perspectives which exists, including those of health promotion practitioners, government, community-based organizations, the general public, private sector organizations, and researchers and academics. Table 1 below provides an example of how different perspectives might view best practices.

Table 1: Best Practices According to Perspective

The “best practices” criteria below, representing different perspectives, were developed by Best Practices workshop participants at Canadian Public Health Association Conference, Montreal, Quebec, June 1998.

	health promoters practitioners	general public, community, consumers	government funders	NGO funders	for-profit	evaluators/researchers, academics
involves partnerships, community participation	<ul style="list-style-type: none"> partnerships (50% community) 	<ul style="list-style-type: none"> [community] involvement in all stages of planning, implementation, and evaluation 	<ul style="list-style-type: none"> multisectoral - partnerships -> collaboration 			<ul style="list-style-type: none"> planned/implemented with community
feasible/relevant	<ul style="list-style-type: none"> feasible: accessible, affordable, skill set 	<ul style="list-style-type: none"> relevant & accessible services & programs offering services that meet our needs/wants 				<ul style="list-style-type: none"> based on needs of community (id'd by community, id'd by others)
efficient/effective (re. cost, outcomes, other)	<ul style="list-style-type: none"> practice is effective (program works) effectiveness relates to transformative change from the perspective of stakeholders (clients are stakeholders) 	<ul style="list-style-type: none"> efficient use of resources coordinated efforts of services offered/provided 	<ul style="list-style-type: none"> demonstrable impact outcome in short term biggest bang for our buck (impact) 	<ul style="list-style-type: none"> is there evidence to support success? will it demonstrate impact? 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> efficient (uses resources wisely) effective (makes a difference) change in outcome
values based	<ul style="list-style-type: none"> shared vision, values, principles, with community 	<ul style="list-style-type: none"> principles of equity & social justice 		<ul style="list-style-type: none"> is it in keeping with health promotion principles? 		
credibility/profile			<ul style="list-style-type: none"> electorate satisfaction ("makes funder look good") 	<ul style="list-style-type: none"> does it provide profile/visibility (for funder)? 	<ul style="list-style-type: none"> credibility by association with a health/community organization product visibility & identification profile as good corporate citizen (both with staff, community, government) demonstrate as a "leader" in the field 	
sustainability	<ul style="list-style-type: none"> sustainable 	<ul style="list-style-type: none"> support & sustainability 	<ul style="list-style-type: none"> self-sustainability -> reduce costs in other areas volunteerism best practices -> .. alternate sources of funding 	<ul style="list-style-type: none"> is it sustainable (can be leveraged into larger project) (long term)? 		
other	<ul style="list-style-type: none"> cultural sensitivity healthy choice is easy choice negotiated power "with" in partnerships -power dynamics transparent client would experience empowerment 		<ul style="list-style-type: none"> transferable uniform program criteria innovation - "looks like something new" 	<ul style="list-style-type: none"> does it fit mission/priorities? 	<ul style="list-style-type: none"> sell our produce & "shares" increased profit ratio tax write-off breaking into a new market share 	<ul style="list-style-type: none"> participants/practitioner/community leaders: feel it was worthwhile theory-based valid/reliable/generalizable evaluation available comprehensive holistic

Given the diversity of perspectives, as illustrated in Table 1 above, it is not surprising to find a diversity of interpretations or approaches concerning best practices in health promotion such as the following:

- **principles approach:** initiatives are assessed according to their consistency with a set of values and principles thought to be integral to the essence of health promotion.
- **guidelines approach:** a voluntary set of guidelines identify general conditions (including types of activities and attitudes) required for best practices to occur.
- **service standards approach:** either voluntary or mandatory standards are set (internally by the organization or externally by an outside body such as an accreditation agency) outlining expected provision of services. For example, “x% of the community being served must have received x number of services (such as screening) within x amount of time.”
- **outcomes approach:** either voluntary or mandatory standards are set (internally or externally) based on expected outcomes arising out of an organization’s actions. For example, “within x amount of time, x% of the community being served will have achieved x level of health as measured by indicators x, y and z.”
- **“what works” approach:** a set of criteria is used to judge the effectiveness of specific health promotion actions. For example, actions and strategies might be chosen based on indications of effectiveness from the scientific literature or modelled after the actions of other organizations who have achieved the desired results.
- **“tell me what to do” approach:** a recipe or formula lists specific steps to follow to achieve desired results. For example, “do *a*, *b*, and *c*, and you will achieve *d*.”
- **combination approach:** two or more of the above approaches are combined in order to achieve best practices in health promotion.

A best practices approach will be quite different, depending on what drives it. At the 4th European IUHPE Best Practices Conference, in Finland and Estonia, June 1999, workshop participants voted on the factors they thought were most important in driving best practices, with the following results:

- Almost everyone thought best practices should be driven by: values, evidence, theory, research, community needs. There were, however, questions concerning *who would choose* the values which would drive best practices.
- About two-thirds thought best practices should be driven by: processes, community strengths/capacities, ongoing learning/reflection/evaluation.
- Just over half thought best practices should be driven by outcomes.
- Fewer than half thought best practices should be driven by resources.
- Also mentioned were: experience, ethical principles, participation.

Results of what the same group of workshop participants thought a best practices approach should provide were as follows:

- Almost everyone thought best practices should provide principles.
- About two-thirds thought best practices should provide: standards, outcomes.
- Just over half thought best practices should provide: guidelines, specific steps, model programs.
- Fewer than half thought best practices should provide checklists.

Over half of these workshop participants thought best practices should be specific to the situation, and fewer than half thought they should be generalizable.

EXAMPLES OF CRITERIA

Working in small groups, participants at the IUHPE Conference workshop came up with the following criteria for judging best practices in health promotion:

- **community needs.** Two questions participants had concerning this criterion were: defined by whom? what is meant by community?
- **outcomes (results).** Challenges regarding measurement and the need for clear objectives were mentioned in connection with this criterion.
- **ethics (principles to be applied).** Possible disagreement on values was pointed out as something to consider.
- **participation/partnership.** A number of points for consideration were raised in connection with this criterion: power issues (e.g. potential loss of power by some groups), commitment to community, possibly longer process because of attempts to achieve consensus, possible benefits are all partners learning, more success because of ownership, capacity development.
- **best supporting evidence.** Participants commented that “best supporting evidence” may not, however, be conclusive, and that a potential risk is if “input” is contradicted by community need.
- **combination of bottom up/top down strategies.**

One small group specified that different criteria should be used at different levels (i.e. local, national). One participant commented on the length of time it takes to unpack material. Another mentioned the difficulties involved in applying principles even when they are identified.

It is interesting to note the similarities between the criteria chosen by IUHPE workshop participants as outlined above and a set of criteria chosen by participants at a Best Practices workshop, Ontario Public Health Association 49th Conference, Barrie, Ontario, November, 1999. The following criteria were the 10 choices receiving the most votes of participants. (Participants voted for their top 5 choices, and results were tallied; the exact number of votes is in parentheses.) According to this group of approximately 60 workshop participants, health promotion programs/initiatives, to be judged as following a best practices approach, need to:

1. include participant/community involvement in all stages of planning, implementation, and evaluation (25)
2. be effective (demonstrate positive outcomes) (22)
3. be sustainable (22)
4. be based on needs of community (18)
5. be evidence-based (18)
6. be based on capacities of community (16)
7. have, on a regular basis, valid/reliable/generalizable evaluations (16)
8. increase client empowerment (16)
9. be adaptable and open to new approaches (continuous search for improvements) (15)
10. be consistent with health promotion principles such as equity & social justice (12)

The Best Practices Work Group (Centre for Health Promotion, University of Toronto), over the course of several workshops, developed a set of seven principles underlying best practices in health promotion which can also be used as criteria. According to Work Group members, Best Practices in Health Promotion:

1. are based upon **core values**, including equity and empowerment, which guide all aspects of health promotion practice
2. use **processes** that are consistent with HP values, and are appropriate to achieving health promotion goals and outcomes
3. build upon and enhance **knowledge** regarding the appropriateness and effectiveness of health promotion
4. make effective use of available **resources** in achieving the goals of health promotion
5. both reflect and contribute to **theory**, i.e. a theoretical understanding of health, the multiple factors that influence health, and the strategies and interventions that can enhance health
6. are aware of and sensitive to issues of **power** and strives to increase shared power
7. recognize, respect and include **diversity** in all its forms

RISKS, BENEFITS AND CHALLENGES

At a series of Centre for Health Promotion workshops, Best Practices Work Group members and other participants identified a number of potential benefits, risks, and challenges associated with the implementation of a best practices approach to health promotion. Examples of these are included in the following table.

Table 2: Potential Benefits, Risks and Challenges

potential benefits	potential risks	potential challenges
<ul style="list-style-type: none"> • achievement of health promotion goals • increased accountability • increased credibility • increased awareness and critical thought • enhanced learning 	<ul style="list-style-type: none"> • severe restrictions to health promotion activities • reduced client-centredness • an excuse to cut costs • reduced creativity • lowered tolerance for longer time-lines in health promotion 	<ul style="list-style-type: none"> • lack of political support • lack of financial and human resources • lack of solid evidence regarding effectiveness • need to convince others regarding effectiveness • interpreting health promotion values so they are understandable to organizations

SUMMARY OF OUR THINKING TO DATE

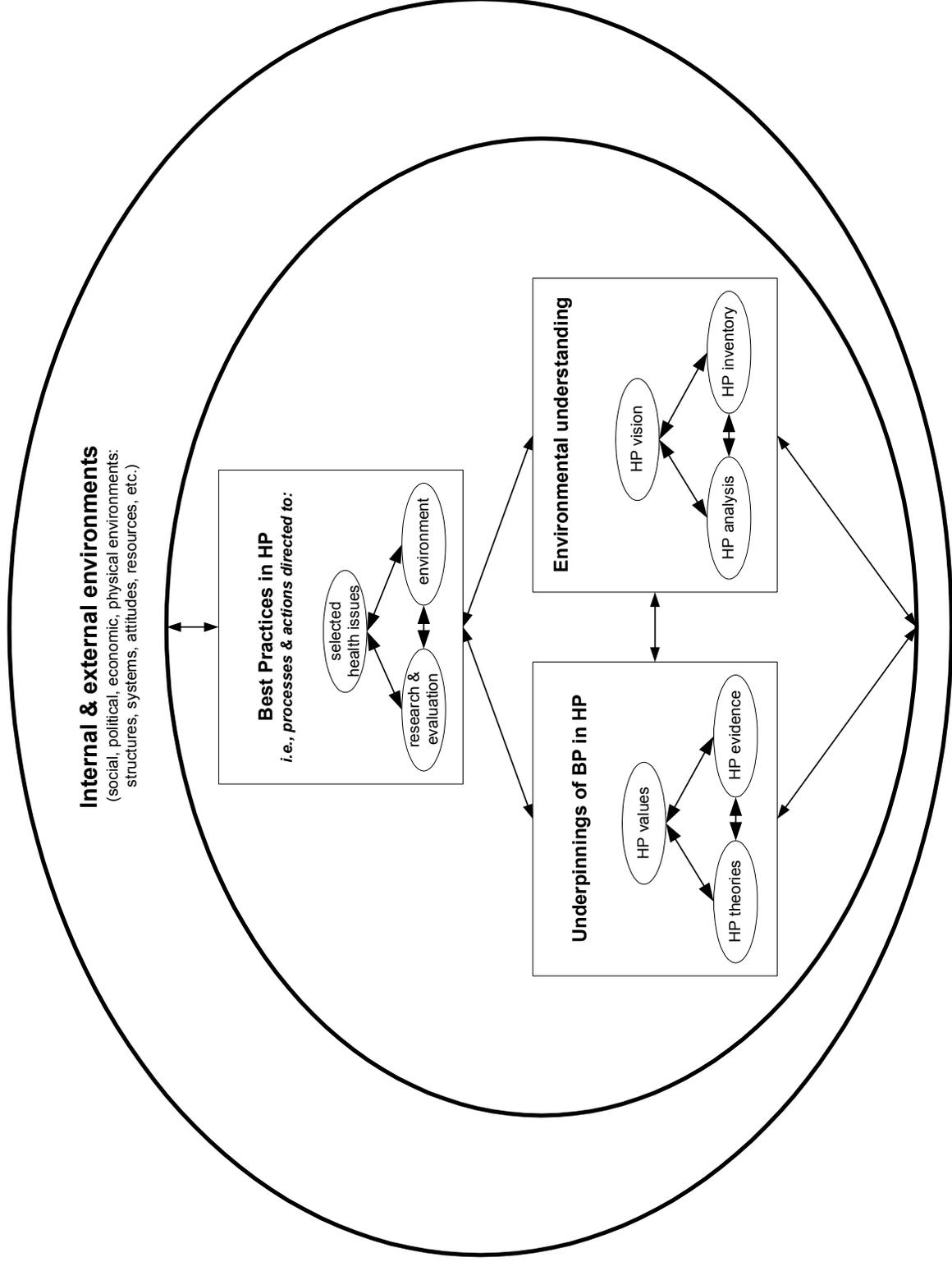
We define best practices in health promotion as “those sets of processes and actions that are consistent with health promotion values, theories, evidence, and understanding of the environment, and that are most likely to achieve health promotion goals in a given situation.” This definition is based on our Best Practices Model of factors which influence best practices in health promotion (see Figure 1), involving, within the context of environmental conditions, dynamic interrelationships among:

- **best practices underpinnings:** health promotion defined values and goals, theories and beliefs, and evidence

- ***a health promotion understanding of the internal and external environments:*** health promotion environmental vision, inventory, and analysis
- ***best practices:*** the actions and processes relating to the selected issue, environmental conditions, and research and evaluation

Best Practices Model (Kahan & Goodstadt, 1999)

FIGURE 1
Factors influencing best practices in health promotion



Arising directly out of this Model is our suggested set of Health Promotion Best Practices Criteria, outlined below.

Best practices in health promotion occur when the processes and actions relating to selected issues, research and evaluation, and the environment reflect:

1. ***health promotion values/principles/goals/ethics.*** For example: optimal health for all, power sharing and sensitivity (involving empowerment, appropriate participation, capacity building, respect for diversity), equity (involving the fair distribution of resources), and ecological respect and sensitivity.
2. ***health promotion theories/concepts/beliefs/underlying assumptions.*** For example: health is positive, holistic, multi-level, and strongly influenced by the “determinants” of health; change will occur only through an inter-sectoral effort; collectively, people have the capacities to identify and resolve the issues facing them.
3. ***health promotion relevant evidence.*** For example: health promotion relevant evidence: includes results/outcomes related to past and current practice (both internal and external to the particular initiative); is both qualitative and quantitative, and subjective and objective; is derived from ongoing research and evaluation — using a variety of methods and sources, and individual and group critical reflection; contributes to continuous learning and knowledge building.
4. ***a health promotion understanding of internal and external environments.*** A health promotion understanding of the environment relates to: social, political, and economic systems and structures; attitudes; and the physical domain. For example: this understanding involves identification of: priority issues; the etiology of issues; challenges; pathways for positive change; capacities (such as existing and potential supports, resources, opportunities).

Flowing directly out of our Model and Criteria is the Best Practices Framework we have developed, designed to identify and implement a best practices approach to health promotion which is appropriate for specific circumstances (see Table 2 below). This framework, applied to the best practices factors mentioned above (underpinnings, environmental understanding, and practice) involves four stages (diagnosis, planning, implementation, and evaluation), which assist organizations and practitioners to develop their own best practices criteria, identify gaps, and produce an action plan to address these gaps.

**Table 2: Best Practices Framework
to identify and implement a best practices approach to health
promotion**

	Diagnosis	Planning	Implementation	Evaluation
	<ul style="list-style-type: none"> • Step 1: Describe current situation • Step 2: Identify health promotion ideal • Step 3: Apply health promotion ideal to current situation • Step 4: Identify gaps between ideal & current situation 	<ul style="list-style-type: none"> • Step 5: Identify actions required to close gaps identified in Step 4 • Step 6: Identify existing & additional resources required to implement actions identified in Step 5 • Step 7: Develop action plan to implement Step 5, taking account of Step 6 	<ul style="list-style-type: none"> • Step 8: Implement action plan developed in Step 7 	<ul style="list-style-type: none"> • Step 9: Evaluate action plan implemented in Step 8 & revise plan accordingly
UNDERPINNINGS				
<i>Goals & values</i>				
<i>Theories & beliefs</i>				
<i>Evidence</i>				
ENVIRONMENTAL UNDERSTANDING				
<i>Vision of desired environment</i>				
<i>Inventory of environment</i>				
<i>Analysis of environment</i>				
PRACTICE (processes & actions)				
<i>response to selected issue(s)</i>				
<i>environmental response</i>				
<i>research & evaluation</i>				

We are currently pilot testing the Framework described above through a partnership of three organizations: the Association of Ontario Health Centres, Ontario Public Health Benchmarking, and the Centre for Health Promotion, University of Toronto. We are already learning much from the participants at each pilot site, and so far the response is positive. We look forward to joining with other potential partners in the development and implementation of a best practices approach to health promotion.