# Projects Plus

Newsletter of the Atlantic Region Prevention and Promotion Contribution Program of the Canadian Diabetes Strategy

### What is the **Prevention and Promotion Contribution Program?**

The Prevention and Promotion Contribution Program was one component of the federally-funded Canadian Diabetes Strategy. The Program provided project funding for community projects aimed at the primary prevention of type 2 diabetes. It was launched in April 2000 and was scheduled to end in March 2005. In the February 2005 federal budget, the Canadian Diabetes Strategy was renewed for an additional 5 years, until March 2010. Details about how the renewed strategy will be rolled out in the Atlantic Region will soon be available through the PHAC Atlantic Regional Office.

During the first five-year funding period, over \$2 million dollars were spent in Atlantic Canada to fund 32 community projects.

The evaluation reported in this issue of Projects Plus includes all Atlantic projects funded by the Prevention and Promotion Contribution Program in the initial four years of the program, that is: between April 2000 and March 2004.

### **Presenting: Our Evaluation Results!**

This final issue of Projects Plus presents highlights of the regional evaluation of the diabetes Prevention and Promotion Contribution Program in Atlantic Canada.

Every organization that received funding from the Prevention and Promotion Contribution Program was responsible for evaluating and reporting on its own project. Early on in the program, however, the Public Health Agency of Canada (at the time, Health Canada), provincial partners, and project sponsors worked together to plan an Atlantic-wide evaluation. The purpose of the regional evaluation was to examine the implementation of the Prevention and Promotion Contribution Program in the Atlantic Region.

The evaluation focussed on three strategies common to many of the projects: a population health approach, capacity building, and partnership development. It also looked at lasting impacts of the projects. This issue of Projects Plus summarizes the results of the regional evaluation in each of these areas.

We hope the information in this issue will encourage organizations involved in diabetes and chronic disease prevention to build on the accomplishments of projects funded through the Prevention and Promotion Contribution Program.

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Public Health Agence de santé Agency of Canada publique du Canada



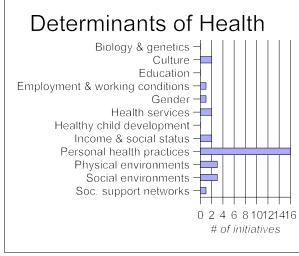
### A Population Health Approach...

### To what extent did projects use a population health approach?

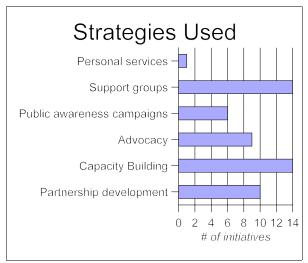
Overall, the Atlantic Region component of the Prevention and Promotion Contribution Program exemplified a population health approach. All initiatives were inter-sectoral, provided for public involvement, were population-wide in scope, and represented upstream investments. As a whole, they used a variety of health promotion strategies.

Only one key element of the population health approach was *not* characteristic of Atlantic Canada projects: *address the determinants of health and their interactions*. Most initiatives focussed on modifying personal health practices and ten focussed exclusively on this determinant of health. Only three initiatives addressed social determinants of health. One other key element of the population health approach was an issue for some projects: *accountability for health outcomes*. See page 3.

In spite of the above limitations, projects overall did reflect a population health approach. This represents a new way to address diabetes in Atlantic Canada. An environmental scan conducted during the earliest days of the Canadian Diabetes Strategy found very few population-wide healthy-eating initiatives and many health promotion practitioners who did not know how to prevent diabetes. The report of the environmental scan concluded that, at the time, there were insufficient resources, knowledge, and skills for promoting population health in the region. The Prevention and Promotion Contribution Program provided the necessary resources to make a population health approach possible.



Number of initiatives with goals or objectives reflecting a deliberate and substantial effort to influence change on a determinant of health



Number of initiatives that used each health promotion strategy

"It's hard to explain population health. A lot more education is needed. It's not just a matter of taking a tool kit or a box of resources and going away and doing it." (Project sponsor)

## KEY ELEMENTS OF THE POPULATION HEALTH APPROACH\*

### Focus on the Health of Populations

All initiatives focussed on the health of populations and more than half had a provincewide reach. The population most often targetted was school-age children.

#### Address the Determinants of Health and Their Interactions

The single determinant of health that received widespread project attention is personal health practices. Only half the initiatives addressed interactions among determinants of health.

### **Increase Upstream Investments**

All projects focussed on primary prevention of diabetes and nearly half were directed to young people.

### **Apply Multiple Strategies**

Taken together, projects used a variety of health promotion strategies. Capacity building, support groups, and partnership development were those most often used. Half the initiatives used three or more health promotion strategies.

#### Collaborate Across Sectors and Levels

✓ All initiatives reported collaboration with other sectors.

### **Employ Mechanisms for Public Involvement**

All initiatives reported target population involvement. More than half provided multiple opportunities for involvement at various levels.

#### **Base Decisions on Evidence**

? We were unable to assess the extent to which project decisions were based on evidence. To facilitate use of evidence, the Public Health Agency of Canada produced three publications with relevant, Atlantic-specific data: an analysis of epidemiological data, an environmental scan on diabetes prevention, and an analysis of the relationship between chronic disease and social inequity.

### **Demonstrate Accountability for Health Outcomes**

Project evaluations varied tremendously. Just over half the initiatives demonstrated a serious attempt at evaluation. Projects funded for one year or less duration provided no evaluation results beyond observing that the work was done.

\* Health Canada (2001).

### Community Capacity Building . . . . .

### To what extent did projects increase capacity for type 2 diabetes prevention?

- ✓ Projects reported a variety of positive impacts on community capacity:
  - increased awareness or knowledge about healthy lifestyles and type 2 diabetes
  - increased local leadership and action
  - increased skills and resources for taking action
  - increased understanding of health promotion / population health
  - partnership growth and development
- Nine initiatives deliberately set out to address several dimensions of community capacity. They provided training for local leaders, developed resource material, formed local working groups, and supported the implementation of their programs in various ways.
- Other project sponsors used the term "capacity building" very loosely in their goals and objectives, indicating a poor understanding of the concept.
- Nine sponsors of multiple projects who participated in an anonymous survey reported that support from the Public Health Agency of Canada had increased their own organization's capacity: increased leadership skills, stronger relationships with others, and a better understanding of their health issue and how to address it.

### **Lessons Learned about Capacity Building**

Rather than creating new groups and new programs, work with existing groups and provide them with new resource material to incorporate into their existing programs.

Build community capacity from within, with projects that are locally owned and developed.

Share community resources and help groups learn what other resources are available and how to use and access them.

Involve people who are traditionally excluded from decision-making, to help make the link between communities and healthy public policy.

Provide plenty of time and support to enable people to gain the knowledge, skills, and confidence to deliver a program themselves.

Community development takes a long time. Building real community capacity requires long-term funding and ongoing relationships.

### **BUILDING COMMUNITY CAPACITY**

According to Labonte (2003), a project increases community capacity to the extent that it:

- improves stakeholder participation
- develops local leadership
- builds empowering organizational structures
- increases problem assessment capacities
- enhances stakeholder ability to ask why
- improves resource mobilization
- strengthens links to other organizations and people
- creates an equitable relationship with outside agents
- increases stakeholder control over program management

These nine dimensions of capacity building were used in the regional evaluation to identify capacity building activities and impacts.

### Partnership Development .....

To what extent did projects strengthen partnerships to support type 2 diabetes prevention?

### **Project sponsors said:**

"We've built new relationships with people and groups. For example, we are now working with the Scotian Gold Food Coop. We met them through another of the diabetes projects. They approached us to work with them to test the marketability of selling apple wedges in plastic bags. The sale of this innovative local product is progressing well in the schools. The students love them."

"As a result of our partnership there is now more communication between government departments – health, culture and sport, and education. Before our project they really hadn't worked together that much on this issue. This project gave them a chance to break down some of the barriers."

"It's hard to get representation from lower to mid-income volunteers when everyone else around the table is wearing a hat from one or another organization and they are there without a hat. It takes a very special person to be able to feel comfortable with that."

An environmental scan conducted in 2000 reported that the Atlantic Region had few partnerships addressing unhealthy eating and physical inactivity. The health and recreation sectors were working independently and the food industry was generally absent. Organizations concerned about diabetes were not involved in primary prevention. The Prevention and Promotion Contribution Program changed this picture dramatically:

- All 22 initiatives brought new partners together to address diabetes prevention and/or risk factor reduction. Most of these included the health and recreation sectors working together. Diabetes stakeholders and food industry representatives were involved in several initiatives. Other initiatives brought the health and education sectors together for the first time.
- Nearly half the initiatives had partnership development as an objective. These objectives were either about strengthening existing partnerships, creating new partnerships, or about increasing collaboration in a more general way. Of these, six reported positive outcomes of their partnership building efforts.
- Project sponsors struggled with engaging partners and keeping them engaged. Even projects that successfully supported their partnership commented on the time required for supporting it and even some of these reported that their partners were disengaging as faces changed and time passed.

A successful partnership depends on open discussion at the beginning of a project. Clear agreements on roles, responsibilities, assumptions, goals, expectations can help get and keep people involved" (Price, 2004)

### Lasting Impacts....

### Did projects have any lasting impacts?

Projects funded by the Prevention and Promotion Contribution Program had a surprising number of lasting impacts beyond changes in knowledge, attitudes, and behaviours of the people directly involved. At project end, sponsors reported the following programming or policy changes that resulted from their projects:

### **New Brunswick**

- A project that developed student health committees in four Acadian Peninsula schools reported that schools planned to continue the committees. Students and teachers were already planning activities for the next year.
- Principals in all schools involved in another school food project said they intended to continue some of the classroom and extracurricular programming the following year.

#### **Newfoundland and Labrador**

- A project promoting wellness among seniors reported that 11 active living groups created during the project were still active.
- A project that worked with after-school child care sites in St. John's reported that all sites planned to continue the programming after the project ended. A vending machine that sold unhealthy foods was removed from one site.

#### Nova Scotia

- A six-month Cape Breton school project reported that a food policy had been drafted and was about to be adopted by the school.
- A longer school-based project in the Annapolis Valley reported that the school board had adopted a school food policy.
- A project working with family resource centres reported that some of the activities in their health leaders' handbook had been incorporated into the centres' regular programming.

### **Prince Edward Island**

- A workplace wellness project contributed to the adoption of provincial smoke-free workplaces legislation. As a more direct result of the project, several workplaces now have an active health committee.
- A project promoting active living in West Prince contributed to the creation of a winter frolic that provides free access to a provincial park and equipment. This event was to become an annual event extended to other provincial parks.
- A Francophone community project reported that as a result of their involvement with the provincial active living and healthy eating alliances, these groups had been producing material in both official languages. Local community and recreation centres had changed their programming to become more supportive of physical activity.
- A volunteer-led healthy lifestyle program developed with project funding, was incorporated as an ongoing program of PEI's Active Living Alliance.

In using health promotion approaches the funded projects leave behind them a legacy of wellness strategies, increased community capacity, supportive environments and settings, and healthy public policy. A few initiatives will be, or have been, sustained through funding from other sources. In other situations programs developed have been absorbed into the operational budgets of sponsors or are being sustained by volunteers. (Price, 2004)

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### **Conclusions & Recommendations** ....

### What difference has the Program made in Atlantic Canada?

The Prevention and Promotion Contribution Program increased capacity for both population health promotion and type 2 diabetes prevention. This has resulted in a new approach for addressing diabetes in Atlantic Canada. The Program also resulted in a great deal of local activity, some of which has had lasting impacts beyond the individuals directly involved in the project.

An environmental scan conducted in 2000 identified lack of resources as the main obstacle to the primary prevention of diabetes. The Prevention and Promotion Contribution Program provided an infusion of funds to temporarily overcome this obstacle, enabling activity to flourish. Whether the partnerships and capacity created through the four-year Program will be sufficient to maintain this momentum after the funding ends remains to be seen.

The spokesperson for one project summed up the thoughts of many: "We need to get the resources to the community level, to get programs in place that will last over the long term. And this work does take a long time....We continually develop strategies and talk, but if we don't get the resources on the ground, if you don't support the organizations in the community doing the work, we aren't going to make headway." (Price, 2004)

### Now what?

The results of the regional evaluation suggest ten recommendations for the Public Health Agency of Canada. While these recommendations arise from the Prevention and Promotion Contribution Program, they are relevant to other community health funding programs. They may also be relevant to other organizations seeking to increase local action on chronic disease prevention.

Two recommendations are aimed at strengthening project selfevaluations: by offering evaluation workshops for project sponsors and by asking about outcomes on project reporting forms. Both of these approaches were implemented in year two of the Program and were considered successful.

Five recommendations are aimed at strengthening knowledge and skills for health promotion practice among project sponsors and community-based organizations. They focus on three specific areas: partnership development, community capacity building, and addressing the social determinants of health in a project context.

Two recommendations are intended to ensure that projects have enough time to do the work. One recommends multi-year project funding and another recommends that projects include sufficient time for partnership development.

One final recommendation, that the Agency link community projects with higher-level decision-makers, is intended to increase the sustainability of project accomplishments.

### Method ....

### References

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### How did we do this evaluation?

The regional evaluation used three different data collection strategies. All three were based on self- reporting by project sponsors.

An outside evaluator systematically reviewed the progress reports, final reports, and evaluation reports submitted by all 22 initiatives that received project funding between April 2000 and March 2004. This review process drew heavily on work by Labonte (2003) for the Canadian Diabetes Strategy.

Representatives of most of these initiatives either completed a survey or participated in a telephone interview about the lessons they learned from their project activities. The lessons learned are reported in a separate document.

Representatives of all nine initiatives that were still active at the time completed an anonymous online survey regarding the capacity their organization gained as a result of support from the Public Health Agency of Canada.

### For further information:

Projects Plus is a publication of the Public Health Agency of Canada, Atlantic Region. For further information about the regional evaluation of the Prevention and Promotion Contribution Program or to obtain a copy of the full evaluation report, please contact Rhonda Dean by telephone at (902) 426-2187, or by email at: rhonda dean@phac-aspc.gc.ca.