

# 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.

**The purpose of the regional evaluation was to examine the implementation of the Prevention and Promotion Contribution Program in the Atlantic Region.**

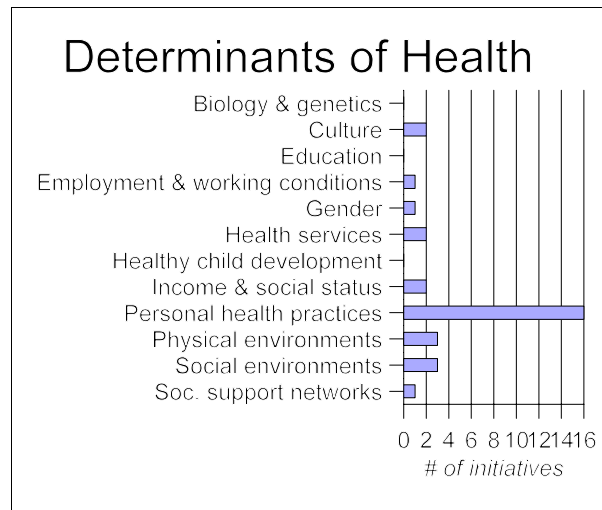
# A Population Health Approach ■■■■

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

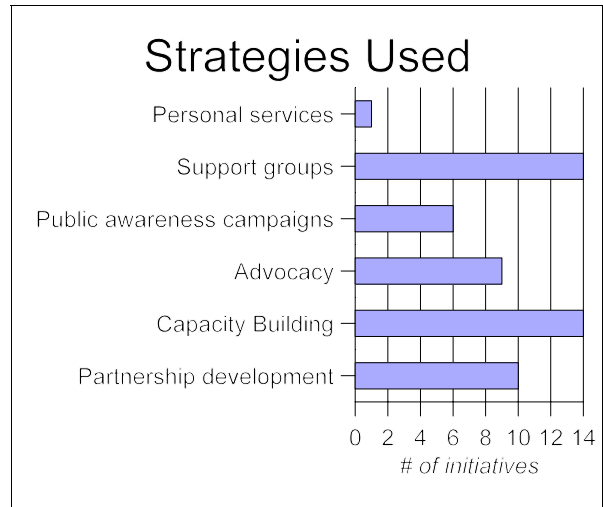
Overall, the Atlantic Region component of the Prevention and Promotion Contribution Program exemplified a population health approach. All initiatives were inter-sectoral, provided for public involvement, were population-wide in scope, and represented upstream investments. As a whole, they used a variety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



# 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.







# Method

## References

Price, Phyllis, *Diabetes Prevention in Atlantic Canada: Lessons Learned 2000-2004*, document prepared for the Community Health Promotion Network Atlantic, 2004.

Health Canada, *The Population Health Template: Key Elements and Actions That Define a Population Health Approach*, Population and Public Health Branch, Strategic Policy Directorate, Ottawa, 2001.

Labonte, Ronald, *How Our Programs Affect Population Health Determinants: A workbook for better planning and accountability*, document prepared for the Population and Public Health Branch, Manitoba and Saskatchewan Region, Health Canada, 2003.

Lilley, Susan, *Evaluation of the Canadian Diabetes Strategy Prevention and Promotion Contribution Program, Atlantic Region*, document prepared for the Public Health Agency of Canada, Atlantic Region, Halifax, 2005.

Lilley, Susan, *Preventing Diabetes in Atlantic Canada*, document prepared for the Population and Public Health Branch, Atlantic Region, Health Canada, Halifax, 2000.

## ■ 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](mailto:rhonda_dean@phac-aspc.gc.ca).