Health Promotion: Issues, Challenges & Opportunities

Dr. Brent Moloughney
Medical Director
Health Promotion, Chronic Disease and Injury Prevention
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  • Mats Junek – PHPM Resident
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  • Colleagues
Issues to Highlight – Selected Colleagues
Issues to Highlight – Standards’ Topics to Consider...
Prerequisites for Health

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Social justice & equity

Source: Ottawa Charter for Health Promotion, 1986
Key Areas of Global Change

• Climate change
• Ecotoxicity
• Resource depletion
• Species extinction
• Oceans in trouble
• Unprecedented challenges

Global Change and Public Health: Addressing the Ecological Determinants of Health. CPHA, 2015
https://www.cpha.ca/sites/default/files/assets/history/cpha100-poster_e.pdf
A Brief Look at a Few Major Challenges...
Potential Responses...
& the Health Promoter Competencies
Early Development Instrument Scores, Ontario, 2004-06 to 2015

Percent of Ontario kindergarteners vulnerable in at least one domain of development increased slightly from 28% to 29.4%

https://edi.offordcentre.com/partners/canada/edi-in-ontario/
Rates of opioid-related morbidity and mortality, Ontario, 2003 – 2016

http://www.publichealhtontario.ca/en/DataAndAnalytics/Pages/Opioid.aspx
Type of opioid present at death, Ontario, 2003 – 2016

http://www.publichealthonotario.ca/en/DataAndAnalytics/Pages/Opioid.aspx

Epidemiologic Triangle Applied to Opioid-Related Overdoses

Host/population factors:
- Age, gender
- Education, income, employment
- Underlying medical conditions
- Concurrent medication, drug, and alcohol use
- Adverse childhood experiences, resiliency, social supports

Agent-host/population interaction:
- Acquisition: prescribed vs diversion vs drug dealer
- Route of administration
- Patterns of use: dose, frequency
- Tolerance
- Medical vs non-medical use

Host-environment interaction:
- Access to addiction services, mental health care, chronic pain management
- Marginalization (Indigenous, homeless)
- Drug use setting

Outcome:
Sudden increase in opioid-related nonfatal or fatal overdoses

Agent factors:
- Production: pharmaceutical vs. illicitly-produced
- Potency
- Duration of action
- Tamper-resistant formulation
- Declared vs undeclared opioid content

Agent-environment interaction:
- Opioid prescribing practices
- Availability of prescribed opioids: prescribing guidelines and policies, types of prescribers
- Availability of illicitly-produced opioids
- Policy approach to opioid use (laws, etc.)

Environmental factors:
- Cultural
- Social
- Economic (unemployment rate, median income, cost-of-living, main industries/employers, economic growth indicators)
- Health care system (opioid prescribing patterns, pain management, addiction services, naloxone availability, first responders)
- Inequity

Obesity rate projections (ages 15-74) - OECD

www.oecd.org/health/health-data.htm
Foresight’s Map of Variables

Fundamental Premise

• “The increasing weight of people worldwide is the result of a normal response by normal people to an abnormal environment.”

Re-Framing – Creating Supportive Environments

Unsupportive Environmental Factors – “Underlying Causes”
- Busy, overscheduled lives, sedentary jobs and poor work-life balance
- Abundant, cheap and convenient food that is high in calories and low in nutrients
- Excessive marketing and promotion of less healthy foods
- Reliance on television, computers, mobile devices, media and other forms of sedentary entertainment
- Dependence on technology and labour-saving devices
- Lack of places to be active and less time for unstructured play
- Communities designed for cars rather than walking, biking or playing*

Unhealthy Eating
- Physical Inactivity

High Blood Pressure
- Obesity
- High Blood Cholesterol

Cardiovascular Diseases
- Cancers (breast & colon)
- Kidney Diseases
- Diabetes (type 2)

Independent Effects on Health Outcomes

*Source: Growing up healthy discussion framework for a childhood obesity prevention strategy Nova Scotia, 2011.

Contribution of the Built Environment

**Neighbourhood Design Features**

**Promote physical activity**
- High population/residential density
- Connected streets
- Place to walk and ride a bike
- Close to stores, school and work
- Attractive areas
- Parks, green spaces and recreation facilities
- Good public transit

**Provide healthy food options**
- Stores that sell healthy food nearby
- Farmers’ markets
- Community gardens

**Create a supportive environment**
- Places to gather
- Front porches, front yards
- Good sidewalks
- Access to attractive and green spaces
- Cultural spaces, architecture, public art

**Healthy Living**

- Physical activity
- Healthy diets
- Supportive environments

**Health**

- Reduced risk for obesity and diabetes
- Reduced risk for poor mental health
- Improved mental wellness

The Chief Public Health Officer’s Report on the State of Public Health in Canada 2017 – Designing Healthy Living
Effectiveness of Built Environment Approaches

• The CPSTF recommends intervention approaches that include one or more components from each of the boxes below:

<table>
<thead>
<tr>
<th>Pedestrian and Bicycle Transportation System Intervention Component</th>
<th>Land Use and Environment Design Intervention Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street pattern design and connectivity</td>
<td>Mixed land use</td>
</tr>
<tr>
<td>Pedestrian infrastructure</td>
<td>Increasing residential density</td>
</tr>
<tr>
<td>Bicycle infrastructure</td>
<td>Proximity to community or neighborhood destinations</td>
</tr>
<tr>
<td>Public transit infrastructure and access</td>
<td>Parks and recreational facility access</td>
</tr>
</tbody>
</table>

Areas for Potential Action: Marketing to Children; SSBs

My bill to prohibit the #marketingtokids under 17 of unhealthy food has been adopted by the Senate & sent to the House of Commons.

11:56 AM - 28 Sep 2017

11 Retweets 36 Likes

And...
- Product labelling
- Daily physical activity
- Screen time
- etc.


## Faced with Big, Complex Problems

### Challenges

- Issues are complex – have many drivers
- Require actions by many actors
- Need long-term, sustained action
- Potential for divided action

### Responses

- Aim big
- Make friends & act together
- Learn from others
- Use of data & evidence
- Celebrate success along the way
Reasons for Hope

-Taken on and been successful with big, complex problems before

-If take a step back, can see progress occurring
  - Policy shifts are often a decade or more
  - Non-linear

- Learn (and leverage experience) from others
NYC – Urgency and a Vision

CHALLENGE:
1 Million new people by the year 2030

Ten goals for the next 25 years

1. Create homes for almost a million more New Yorkers, and make housing more affordable
2. Maintain or improve travel times across New York City, as we add millions of tourists and 750,000 new jobs
3. Ensure that every New Yorker lives within a 10 minute walk of a park
4. Increase investment in critical back-up systems for our water network
5. Reach a true “state of good repair” on New York City’s roads, subways, and rails for the first time in history
6. Upgrade our energy infrastructure to give every New Yorker cleaner, more reliable power
7. Achieve the cleanest air of any big city in America
8. Clean up more than 1,700 acres of contaminated land and return it to surrounding communities
9. Preserve our existing wetlands and open 90% of our remaining polluted waterways for fishing and boating
10. Reduce emissions that cause global warming by more than 30%

Together we can make the New York of 2030 cleaner, healthier, more affordable, enjoyable, reliable, and sustainable than the city we love today.

City Policy + Implementation

Reimagining the City

Create or Enhance a Public Plaza in every Community

NYC Centre for Active Design

Design for Livability

Making the Nation’s Safest Big City Even Safer
Transportation Goals

- Cut annual traffic fatalities by 50% (from 2007 level)
- Implement system of rapid bus lines
- Double bicycle commuting from 2007 to 2012
- Institute complete-street design policy
- Institute programs to treat streets as public space
- Reduce agency energy and vehicle use
NYC – Cycling Infrastructure and Impacts

In 5 years, expanded or enhanced on-street bike network ~300 miles

+49% Growth
in the number of New Yorkers who ride a bike several times a month, 2009-2014

+340k Increase
in the number of New Yorkers who bike at least once a year, 2009-2014

Change in Times Square

Public Plazas in Communities

NYC Centre for Active Design
Building Exteriors: Contributing to the Pedestrian Environment

Maximize variety, detail, texture and continuity on the lower 1-2 floors of the building facade.

Provide multiple entries and appropriate transparency along the street to help enliven the pedestrian environment.
Cheonggyecheon Area – Seoul, KR

San Francisco Waterfront

(Previous) San Francisco Freeway

Importance of Framing

• Overall traffic collisions stable

• BUT, ↑ traffic-related fatalities for:
  • Pedestrians
  • Cyclists
  • Older adults
Risk of Pedestrian Fatality with Vehicle Speeds

Build on Success (and reframing)
Evidence, Uncertainty and the Need for Action

• Evidence-based public health action is often inhibited by a mismatch between the magnitude and importance of a public health problem, and the adequacy of evidence on potential interventions to address the problem.

Moving Forward Thoughtfully

• Beware analysis paralysis (*maybe if we just do one more SR...*)

• Actions should be based on the best *available* evidence – as opposed to waiting for the best *possible* evidence

• Learn by doing... Evidence base needs to develop alongside the delivery of novel interventions informed by available evidence and strengthened by expert advice

# Using Data & Evidence to Make the Argument

## Benefits

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>NON-HEALTH</th>
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<tbody>
<tr>
<td><strong>Physical activity</strong></td>
<td><strong>Decrease Congestion</strong></td>
</tr>
<tr>
<td>Prevent 184 premature deaths</td>
<td>Increase Productivity</td>
</tr>
<tr>
<td>($1.2 billion)/ year*</td>
<td>Average future commute:</td>
</tr>
<tr>
<td>Prevent 1000 cases of diabetes a year*</td>
<td>Without Big Move: 109 minutes • With Big Move: 77 minutes²</td>
</tr>
<tr>
<td><strong>Traffic-related air pollution</strong></td>
<td>Economic cost of congestion without public transit investment:</td>
</tr>
<tr>
<td>Prevent 154 premature deaths</td>
<td>2006: $6 billion/year • 2031: $15 billion/year²</td>
</tr>
<tr>
<td>($1 billion)/year*</td>
<td></td>
</tr>
<tr>
<td>Prevent over 90 hospitalizations/year*</td>
<td></td>
</tr>
<tr>
<td><strong>Other health benefits</strong></td>
<td><strong>Environmental Sustainability</strong></td>
</tr>
<tr>
<td>More transportation options for all • More support for aging</td>
<td>Transportation greenhouse gas emissions:</td>
</tr>
<tr>
<td>population • Improved mental health and social connectivity</td>
<td>Without Big Move: Up 30% • With Big Move: Down 1%³</td>
</tr>
<tr>
<td>Fewer injuries</td>
<td>Protection of natural space, heritage sites and farmland</td>
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<td></td>
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<tr>
<td></td>
<td><strong>Municipal Infrastructure Costs</strong></td>
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<tr>
<td></td>
<td>Down 38% upfront costs</td>
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<tr>
<td></td>
<td>Down 14% annual operating costs³</td>
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</tbody>
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## Investment

**METROLINX (THE BIG MOVE)**
- Annual: $2 billion
- Total: $50 billion

**Healthy Complete Communities**
- Law, Policy, Plans and Processes

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Importance of Collective Action

Create and raise a strong, collective voice

alianza por la salud alimentaria

The Potential for Common Messaging and Branding

Water Does Wonders

Choose to Boost Veggies and Fruit

Power Off and Play!

Run, Jump. Play. Every Day

PublicHealthOntario.ca
Summary

• Faced with big, complex problems
• We’ve succeeded in the past
• Aim big
  • Framing
  • Make friends & act together
  • Learn from others
  • Use of data & evidence
  • Celebrate success along the way
Health Promotion

• The policies and processes that enable people to increase control over and improve their health:
  • These address the needs of the population as a whole in the context of their daily lives, rather than focusing on people at risk for specific diseases; and,
  • Are directed toward action on the determinants of health.

• Action oriented and based on public policies to enable, support and protect health.

The Health Impact Pyramid

Why Develop Set of Health Promoter Competencies

Relative Importance of Health Promotion Increasing

Misunderstanding:
- Role
- Best use of health promoter positions

Diversity of potential training paths - what’s needed?

Inconsistency in:
- Defining the work
- Identifying the required K&S

Aligning Education with Workforce Needs

Be Informative to:
- Practitioners
- Managers
- Academic setting

↑Understanding of range of K&S

Inform Competency-Based:
- Position descriptions
- Assessment tools – training needs
- Training programs & continuing education

Pan-Canadian Health Promoter Competencies Project
Overview

Pan-Canadian Health Promoter Competencies Project

Competency Development

Consultations:
- Manitoba
- Nova Scotia
- British Columbia
- Alberta

Other Feedback:
- CPHA 2015
- Website
- Toolkit Eval’n

Revised Health Promoter Competencies (Fall 2015)

Include Preamble to Competencies (e.g., purpose, values, etc.)

Foundational Work (Ontario) & Initial Consultation 2006/07
Health Promoter Competencies

- Leadership & Building Organizational Capacity
- Health Promotion Knowledge & Skills
- Diversity & Inclusiveness
- Situational Assessments
- Communication
- Plan & Implement Health Promotion Programs
- Partnership & Collaboration
- Community Mobilization & Building Community Capacity
- Policy Development & Advocacy

Pan-Canadian Health Promoter Competencies Project
Accompanying Toolkit

Health Promoter Position Profile
- Rationale
- Role summary
- Proficiency levels

Practitioner Tools
- Self-assessment tool
- Examples of briefs and other outputs
- Strategies to develop competencies

Toolkit
- Overview
- Roadmap
- Evaluation survey

Manager Tools
- Sample position descriptions
- Sample interview questions
- Performance appraisal template

Additional Tools
- Comparison of Health Promoter Competencies vs. Public Health Core Competencies
- Slidedeck to communicate about the competencies

Pan-Canadian Health Promoter Competencies Project
Health Promoter Position Profile

- Provides a fuller description of context to supplement the competencies
- Rationale for health promoter positions
- Role summary
- Proficiency level examples for each competency statement

<table>
<thead>
<tr>
<th>Domain 2 – Situational Assessments</th>
<th>Level 1</th>
<th>Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A health promoter is able to:</td>
<td>Appraise an existing study or systematic review for the promotion of healthy eating and physical activity in childcare facilities and identify implications for practice</td>
<td>Contribute to/lead conduct of a systematic review of existing evidence for effective interventions for promoting active transportation to/from school</td>
</tr>
<tr>
<td>2.2. Access and critically appraise evidence (i.e. published and grey literature, systematic reviews, and promising practices) for potential health promotion action.</td>
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<td></td>
</tr>
</tbody>
</table>

Pan-Canadian Health Promoter Competencies Project
Toolkit – Position Profile: Role Summary

• Health promoters analyze the nature of a health issue or problem and provide specialized analysis and advice based on theory, evidence and experience on how to address it through the appropriate mix of health promotion strategies.
Toolkit – Position Profile: Values & Principles

• Practice is based on several values/principles:
  • equity and social justice
  • a holistic definition of health
  • covers the full range of health determinants
  • recognizes the influence of the environment on health
  • empowers people and builds individual and collective capacity
  • seeks to enhance people's social participation
  • involves intersectoral collaboration.

Pan-Canadian Health Promoter Competencies Project
Caution: A Competency Set is a Tool Not a Magic Solution

- Impact may be limited if significant potential gaps in system design:
  - Defined the mandate? (comprehensive legislation; core program standards)
  - Establish appropriate structures, positions, resources, info systems; accountability mechanisms; etc.
  - Leadership; strategy; priority setting & planning; etc.
  - Mechanisms to consult and undertake collaborative planning
Final Comments

• A lot has been accomplished in 30 years
• Much left to do – faced with big, complex issues
• Health promoters bring critical knowledge and skills
• Aim big!
For More Information About This Presentation, Contact:

brent.moloughney@oahpp.ca

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