

Ontario Public Health Association

468 Queen Street East, Suite 202 Toronto ON M5A 1T7 tel: (416) 367-3313 / 1-800-267-6817 (Ont.) fax: (416) 367-2844

e-mail: info@opha.on.ca website: www.opha.on.ca

The Use of Multiple Strategies to Improve the Health of Communities

A position paper adopted at the 1992 OPHA Annual General Meeting *Code*: 1992-02 (PP) *Status*: Active

The Ontario Public Health Association, OPHA, believes

- 1. that a population based program approach is an effective means of enhancing the health of the population at large
- 2. that a population based model of public health service delivery includes the use of community, small group and individual strategies to achieve benefits for the population as a whole
- 3. that empowerment, the key to societal change, begins with the individual within the context of his/her environment

The Ontario Public Health Association (OPHA) supports a shift in public health programming as outlined in the "Mandatory Health Program and Services Guidelines" to emphasize the use of population based strategies. However, OPHA urges that caution be used in making this shift to avoid the adoption of an approach which excludes the use of individual and small group strategies. We feel that a balanced approach is needed to promote equal access to health for all residents of Ontario.

"The Ottawa Charter for Health Promotion (World Health Organization, 1986) defines health promotion as 'the process of enabling people to increase control over, and improve, their health.' The prerequisites to health... include 'peace, shelter, education, food, income, a stable ecosystem, social justice and equity.' The Ottawa Charter defines five categories of strategies to guide the health sector: creation of supportive environments, strengthening community action, development of personal skills, building healthy public policy and reorientation of health services." (1)

1. POPULATION BASED PROGRAMMING

A Population based approach attempts to improve a community's health through promotion and support of healthier attitudes and environments, advocacy for healthy public policy and establishment of partnerships to strengthen community action. "High-risk strategies have the potential for a 'quick fix' for small vulnerable groups. Population-based strategies offer the potential for profound and long-lasting benefits." (3)

Programs that target "at risk" individuals should include the societal factors that impact on those individuals. "At risk" approaches should influence the individual and the environmental factors which limit the individual's ability to change his situation or behaviour.

2. ROLE OF INDIVIDUAL, SMALL GROUP AND COMMUNITY STRATEGIES

The health promotion focus for public health activities requires collaboration with the community at all stages of our activities. Public health professionals look for factors which impact on the health of the individual, family or group as part of the community system. Strategies to address these factors are based on partnerships with individuals, other agencies, colleagues and community representatives. ⁽³⁾ The choice of appropriate strategies will vary with the issues, communities, groups and individuals involved.

The "Equal Access" standard of the "Mandatory Health Programs and Services Guidelines, April 1989" states that board of health services, are "accessible to people in special groups for whom barriers exist... Barriers can relate to factors which include, but are not limited to: one's literacy level, geography, social factors, education or economic circumstances." (4)

To eliminate individual and small group activities would deny the fact that our communities are composed of individuals whose collective needs define community needs and many of these individuals are disadvantaged by educational, social, geographical or economic circumstances. The individual and small group levels are best suited for people at certain stages of personal development or to provide an opportunity for the support of others in similar situations.

"Public health... calls for informed individuals who have the skills to act healthfully within the limits of their personal circumstances, to engage with others in mutually supportive group activities, to support in word and action the creation of healthy environments and of public policies that will foster all of this. These are aspects of the 'new public health' outlines in the Ottawa Charter." (5)

Population based initiatives which include small group and individual strategies provide a more comprehensive, integrated and effective approach to health promotion than do either broad-based strategies or individual and small group strategies used in isolation.

3. PERSONAL EMPOWERMENT AS A FOUNDATION

Individual and small group interactions can and should reflect the principles of personal empowerment, which have been traditionally lacking in the health care system.

Ron Labonte describes the achievement of societal "health" on a continuum where strategies which stress personal empowerment build towards community development.

Personal Empowerment > Group Development > Community Development > Coalition Advocacy > Political Action (6)

In order to facilitate personal empowerment, professionals must value the individual. The role of the health professional is that of creating conditions which are supportive of personal growth and hence community development. "Research suggests that in their role as facilitators, health professionals should be connecting people to the various instruments of empowerment Community health workers are well placed to link people up with collective or community activities." (7)

As such, empowerment should be the main focus of health promotion programs. ⁽⁸⁾ Otherwise, decision-making and social policy models of health promotion can all be coercive and blaming: "particular kinds of socialization can reduce an individual's capacity for making rational, voluntaristic

choices... (while)... individuals whose socialization has provided them with self-empowering skills and experiences have a much greater degree of genuine choice." (9) To conduct health promotion campaigns without acknowledging or attempting to address these discrepancies is to deny many members of our communities the choices open to those fortunate enough to have acquired the life skills that permit free choice.

CONCLUSION:

We believe that a balanced approach of broad based, individual and small group strategies are needed for effective health promotion programming. Reaching the entire population means taking many different approaches at many levels using a variety of strategies in order to reach various sub-groups in the population. It does not imply a uniformity in strategy or activity level. While there is certainly a need for change in the delivery of public health programs, the swing from one extreme to another does not better serve our communities or the individuals who comprise these communities.

REFERENCES

- 1. Registered Nurses Association of British Columbia. Determinants of Health: "Empowering Strategies for Nursing Practice A Background Paper." 1992, RNABC.
- 2. Schabas, Dr. Richard "High Risk: Is It Real?" in PHERO (Public Health & Epidemiology Report Ontario). November 17, 1991)
- 3. Underwood, Jane. "Adding Life to Years." Presentation on OPHA Panel, November 20, 1989.
- 4. Ministry of Health, Ontario. (1989). Mandatory health programs and services guidelines. Queen's Printer for Ontario.
- 5. Milio, N. "Healthy Cities: the new public health and supportive research." Health Promotion International Vol.5.No.4. Oxford University Press 1990.
- 6. Registered Nurses Association of British Columbia. Determinants of Health: "Empowering Strategies for Nursing Practice A Background Paper." 1992, RNABC.
- 7. Lord, John and Farlow, D'Arcy. "A study of personal empowerment: implications for health promotion." Health Promotion, Fall 1990.
- 8. Tones, B.K. "Health education and the ideology of health promotion: a review of alternative approaches." Health Education Research, Theory and Practice. Vol. 1 No. 1 1986.
- 9. Ibid.

Regarding resolutions, position papers and motions:

Status: Policy statements (resolutions, position papers and motions) are categorized as:

ACTIVE, if:

- 1. The activities outlined in the policy statement's implementation plan have not yet been completed; or
- 2. The policy statement addresses an issue that is currently relevant to public health in Ontario. **ARCHIVED**, if:
 - 1. The activities outlined in the policy statement's implementation plan have been completed; or
 - 2. The policy statement addresses an issue that is not currently relevant to public health in Ontario or is not based upon the most current evidence. The statement remains the position of the OPHA until a new statement is adopted that effectively reverses or essentially negates all or major elements of an earlier statement. In this instance, the former supersedes the latter

Reproduction: This document is the property of the OPHA. It may be freely referenced with full acknowledgement of the OPHA, and may not be used for commercial purposes.