

Introduction to Section C

Building your Health Promotion Practice

Section C concludes HP101 and is composed of two modules focusing on these main themes.

Module 8 gives you the opportunity to explore a step-by-step process to apply the learnings from Modules 1-7 to your health promotion practice, in both your professional capacity and your volunteer work.

Module 9 provides you with the opportunity to explore a step-by-step process to identify future learning for your health promotion practice.

Module 8

Current Practice

Introduction

In this module, you will have the opportunity to explore a step-by-step process to what you have learned in previous sections to your health promotion practice, both in your paid work and your volunteer activities. This topic was briefly introduced in Part 1.

This module builds upon the previous modules.

You will have the opportunity to explore six sections in this module.

Introduction

Learning Outcomes

Reflective Exercise: Grounding Health Promotion Knowledge in Your Practice

Content Discussion

- Ideal and Current Practice
- A Useful Mapping Tool
- Supports and Barriers
- Winnable Action Steps
- Case Study: Professional Challenge for Student Nurses

Reflective Exercise: What are the Forces that Motivate You?

Readings and Resources

Learning Outcomes

By the end of this module, you will:

- map your current health promotion practices against the ideal;
- identify potential changes;
- identify things that support and oppose (barriers) those changes; and
- select a few purposeful action steps to advance your practice.

Reflective Exercise

Grounding Health Promotion Knowledge in Your Practice

Before you start working through this module, consider the following questions and contribute to your Reflective Journal.

Think back to a time just after you had learned some great, new important things (important to your health promotion work or perhaps some hobby, interest or commitment: e.g., parenting classes).

Points to Ponder

1. How easy was it to transfer these learnings into practice?
2. How long did your enthusiasm to apply the learnings last?
3. What got in the way?
4. What helped and continues to help you apply these new learning?

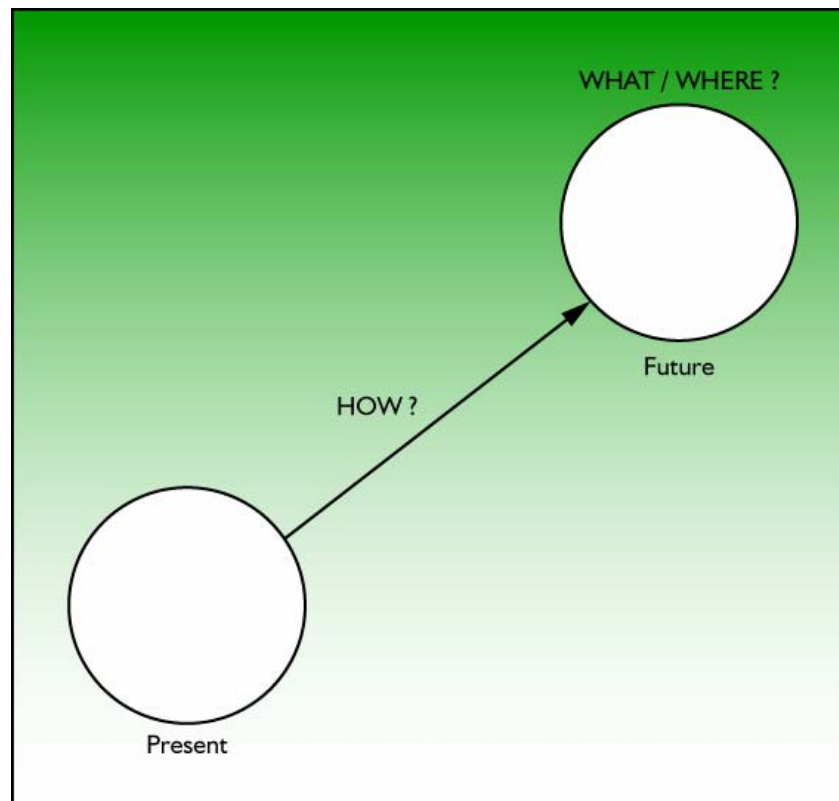
Content Discussion

Ideal and Current Practice

Learning, when most meaningful, speaks to action; it poses the question “now what?” What should I, my partners, colleagues, organization and collaborators do now? The “now what’s” are most compelling when there is a gap or tension between the ideal and the current reality.

The figure below illustrates this process. Action steps are “how” we move from our “present” to our “future.”

Figure 8.1: A Tool to Identify Potential Changes to Practice



Source: Barry, 1986.

In terms of HP101, you are now familiar with the ideal health promotion practice: i.e., one that fully uses diverse strategies (we presented seven in Module 5), manifests key features (presented in Module 6), and expresses four important values (presented in Module 7). Yet few among us act in that ideal manner across time and circumstances. There is a gap between our ideals and our reality.

Peter Senge in **The Fifth Discipline** (1990) illustrates these gaps with the picture of a person holding a rubber band between two hands. The upper hand establishes the ideal or vision. The lower hand represents the current reality. Where there is a difference, the rubber band now creates a tension that seeks to resolve itself. The simplest, easiest and wrong solution (as H.L. Mencken reminds us, these often co-exist quite happily) is to surrender and lower your vision, or to distort current reality by seeing things better than they really are. The more difficult yet better resolution is to creatively and purposefully move to close the gap, to avoid or eliminate a bad situation and/or create a good one.

Note to Learners: This module helps you to work through the process of closing the gap.

A Useful Mapping Tool

In the table below, we have listed the Strategies, Key Features and Values for Health Promotion as outlined in Modules 5, 6, and 7.

Each element has two 10 points scales with 10 being the highest score. The middle column provides a scale that represents Your Ideal Practice. Using the scale, circle the number that best represents your vision of using that strategy, manifesting that feature, and expressing that value. Then, in the third column, circle the number that best represents your view of Your Current Practice.

You may want to apply this to your practice as a whole (that is, all your projects, programs, initiatives as a whole or to one at a time). Perhaps you will assign 10 to all elements, perhaps not, depending on your vision and circumstances.

Note to Learners: You may want to print this table and keep it with your Reflective Journal.

Table 8.1: A Tool for Mapping Your Ideal and Current Practice

Mapping Ideal and Current Practice		
Health Promotion Element	Your Ideal	Your Current Reality
Using Strategies (Module 5)		
Health Communication	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Health Education	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Self Help Mutual Aid	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Organizational Change	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Community Development and Mobilization	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Policy Development	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Advocacy	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Manifesting Features (Module 6)		
Holistic View of Health	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Participatory Approaches	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Determinants of Health	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Focus on Strengths and Assets	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Using Multiple Complementary Strategies	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Expressing Values (Module 7)		
Empowerment	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Social Justice and Equity	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Inclusion	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Respect	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

Look over your ratings in Table 8.1. Identify some areas where there are big gaps between the Ideal and Current Practice. Select a few that seem most important to you, your projects and your organization. Focus on those that are most relevant now or in the next short while.

Table 8.2: Identifying Important Changes to Work on

Selected Health Promotion Elements (chosen from Table 8.1)	Desired Changes

To identify desired changes, try to use terms such as “increase” or “decrease”, or action words like “stop” or “start”. As an example, you may have seen a big gap between the ideals of community development and your practice. So, you might identify a change as: “start using a step-by-step approach to community development”. Or you might want your practice to be more inclusive and you identify a desired change such as “increase the number of volunteers who participate in decision-making.”

Supports and Barriers

Your ideas above about desired changes are sure to be good ones. However, if there were adequate supports and insignificant barriers, they may well have happened already. Thus, it makes sense to see what might be in the way.

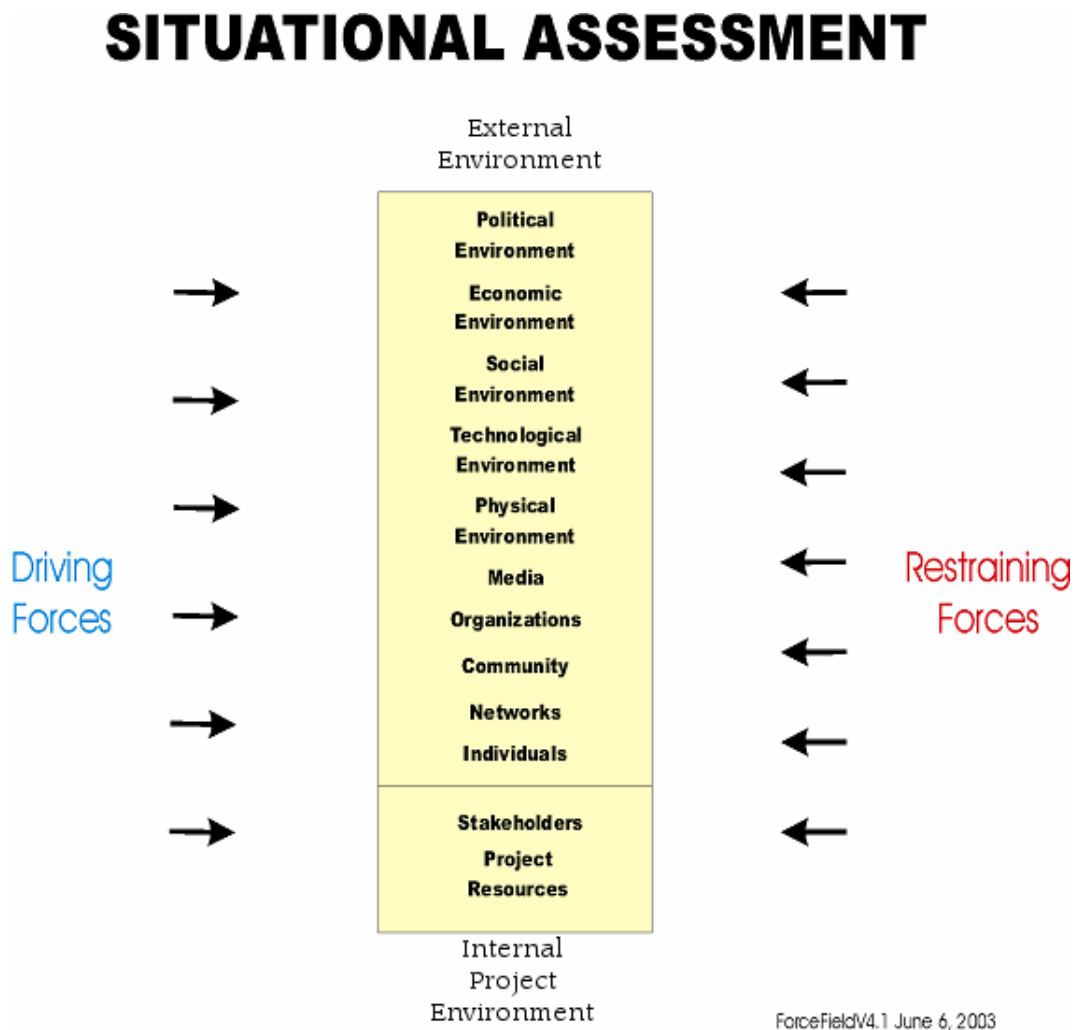
The following diagram, **Figure 8.2, Analysis**, allows you to identify those things that facilitate (**support**) the desired change and those which oppose the change (**barriers**). We have also organized the table so you can consider things closest to you as well as those more distant (albeit powerful) forces.

Note to Learners: Figure 8.2 uses the methodology of Force Field Analysis. You are also being asked to consider internal and external environments. This approach is very common to situational analyses, an important part of strategic and other planning. You can learn more about this approach at:
<http://www.thcu.ca/infoandresources/presentations/PlanningSlidesForWebOct2003.pdf>

This action step involves simply listing supports and barriers. That is, list the things that support, drive, and carry you closer to your ideal health promotion practice. At the same time, list the barriers, things that restrain/limit your progress. Obviously, the more supports you have, and the stronger they are, the more progress you will make, the closer you will come to the ideal. At the same time, reducing the number and/or strength of the barriers will allow you greater, quicker and easier progress.

In listing supports and barriers, you may want to consider a whole range of things. These will include things within you as a learner and doer – these are the things closest to you and most under your control. But also consider things within your project team, your organization, your community, and the world-at-large.

Figure 8.2: Analysis



Source: Adapted from The Communication Health Unit

Before, during or after filling out Table 8.4, we encourage you to read in the field. Hyndman (2001) for instance identifies a number of barriers to implementing health promotion policy:

- the dominance of health care
- limited mandate for health promoters over many broad determinants of health
- an overwhelmingly broad and diverse health promotion agenda
- too close a relationship to government
- lack of a citizen movement

Finally, another action step would be to look at the case study.

After reading the case study, reflect on your own recent experiences and those of colleagues.

Points to Ponder

1. Can you think of other health promotion policies that have been introduced or blocked within your community? What supports and barriers led to their adoption/rejection?

Having done this reflection, try doing your own analysis. It might include some of the following factors shown in Table 8.3.

Table 8.3: Example of an Analysis

Supports	Barriers
<i>Distant</i>	<i>Distant</i>
New attention to public health following SARS, West Nile Virus, Walkerton and other crises/scares New technologies	Government deficits Media fixated on flavour of the month, not long term solutions
<i>Close</i> (within you and your organization):	<i>Close</i> (within you and your organization)
Enthusiasm and passion for health promotion Appropriate skill sets	Lack of comfort with advocacy, personally and organizationally ("advocacy chill"); High turnover among planning group

Table 8.4: Listing Supports and Barriers

Analysis of Supports and Barriers				
Desired Change	Supports		Barriers	
	Close to you	Distant	Close to you	Distant

Note to Learners: Consider keeping a record of your Analysis in your Reflective Journal.

Winnable Action Steps

Having mapped your ideal and current practice, identified potential changes, and thought about supports and barriers, you can now proceed to select a few action steps that you consider are most winnable.

1. Using Table 8.5, column 2, identify several concrete actions that you can take to advance your practice. These actions will build on supports, reduce barriers, or both.

Typically, we are much better at generating long lists of potential actions than we are on following through.

2. So as a second step using Table 8.5, it is best to cut the list down to those that are most winnable.

Using the diagram in Figure 8.3, think about moving forward on these steps when you:

- should (because there is a need) (blue circle)
- would (because it is within your mandate) (red circle) and
- could (because you have the capacity and resources to do it) (yellow).

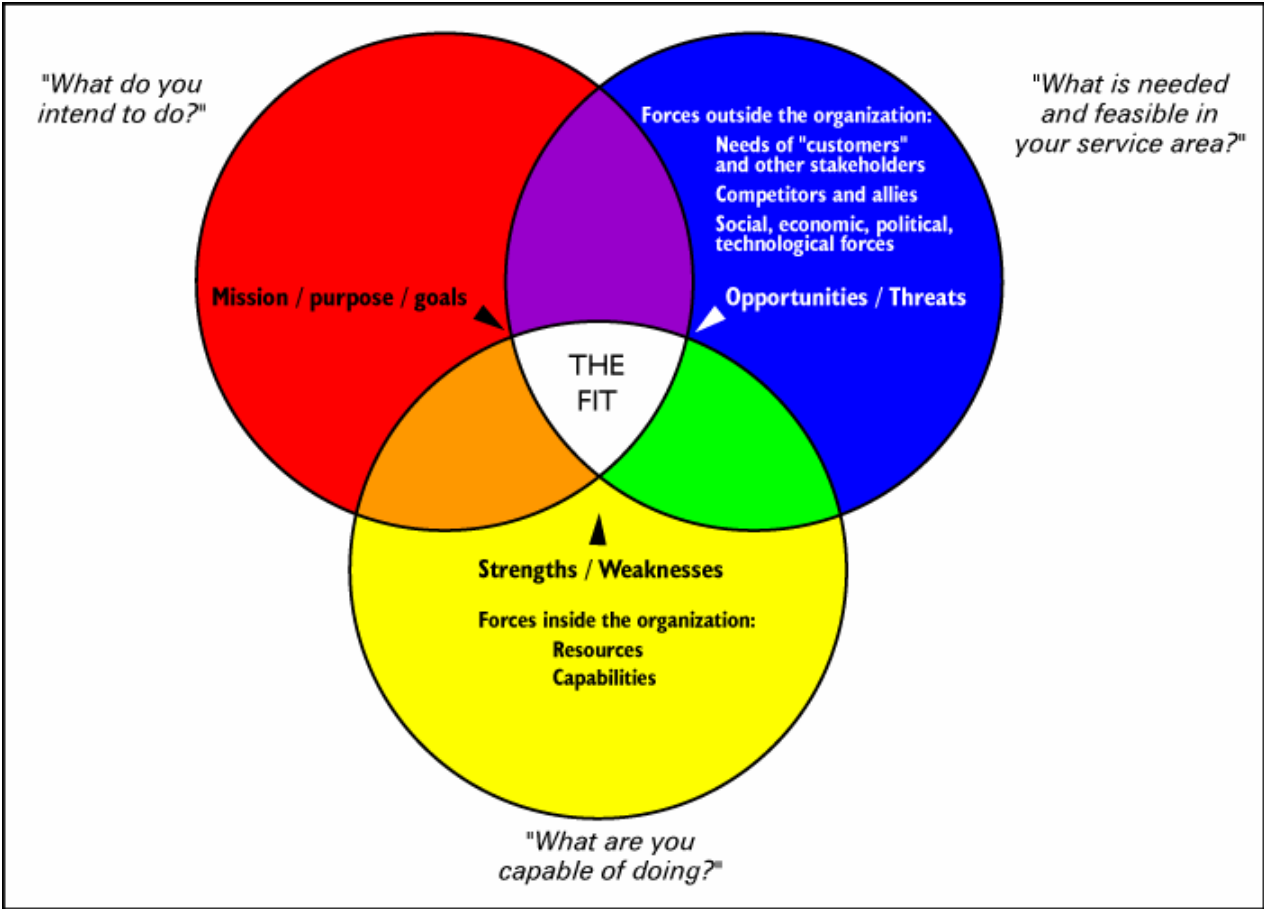
The white area in the diagram represents the best fit among the three domains that influence success – all three are necessary.

But often all three are not strong. Think of circumstances where there is a crying need and a mandate, but inadequate resources (purple), where you invest resources within your mandate but there is no need and no response (orange), or areas where something is needed and you can do it, but you are not mandated/permitted to do it (green). In my experience, many health promoters are in The Green Zone with respect to some approaches such as advocacy, and in the Orange Zone when addressing broad determinants of health.

3. Put a check mark in the third column (titled “Priority”) for the proposed action steps you think are most winnable – in other words, the best fit among the three elements.

After identifying action steps, winnowing them down, you may then complete columns 3 and 4, noting resources and timelines. Without the resources and a deadline, they are not really a plan, but simply a wish list. But having made the commitment of resources and deadline, they are important “now what’s”

Figure 8.3: Setting Priorities



Source: Barry, 1986.

4. Once you have selected your winnable steps, to make a commitment, clearly explain the step, identify needed resources, and select a reasonable deadline for completion.

Table 8.5: Selecting Action Steps

#	Action Step	Priority	Resources	Deadline

Note to Learners: Consider using your Reflective Journal to document your ideas about selecting action steps.

Case Study

Professional Challenge for Student Nurses

The Challenge

Student nurses at five Ontario universities found that they had similar issues arising in their work. They decided they needed a stronger voice to advocate for student nurses and for better care for patients.

A particularly strong leader at one university opened discussions with the student nurses at the other universities. Led by this very committed woman, the group discussed various ways they could mobilize to strengthen their voice and solve professional issues collectively. One university subsidized teleconferences for the group, which were an important communication vehicle as the universities were geographically separated and many of the students involved had work placements in small, remote communities across Ontario's north.

The leader thought that they should join an established professional organization, but they did not know how to do so in a way that would retain their identity as an identifiable group with distinct issues within the nursing profession.

Action Taken

The leader called the Ontario Prevention Clearinghouse (OPC), and a health promotion consultant there worked with her to develop an effective mobilization process. Together, they created a plan to bring the whole group together for a one-day session to help them develop a shared vision and to discuss possibilities for forming as a more deliberate, formal group. A supporting package of resources was sent to participants in advance of the session.

During the session, they discussed their history, barriers, issues, and opportunities for further development as a group. Participants all felt the session was a great success. Everyone left feeling better informed and more able to articulate common professional issues, which they agreed would make them better advocates for themselves and their patients. After the session, they felt they had more power to position themselves better as nurses both personally and by taking on leadership roles within the nursing profession.

Implications for Practice

A few months later, the group disbanded. Cutbacks led to the withdrawal of the university-sponsored teleconferences, and when the original leader moved to a new position elsewhere nobody stepped in to fill her position. Constant turnover of membership (intrinsic to a student group) presented an additional challenge.

Although they did not reach their original goal (joining a professional organization), participants built skills, knowledge and a shared vision of their role as health promoters. They recognized that they are able to advocate to effect systems change at many levels. This process increased their own satisfaction with their work and will continue to enhance the communities in which they live and work throughout their careers.

Reflective Exercise

What are the Forces That Motivate You?

Think about your learning, consider these questions and compare your thoughts now with those you described in your Journal notes when you completed the Reflective Exercise at the beginning of this module.

Points to Ponder

1. What do you feel are most important personal motivations you have for improving your health promotion practice?
2. Do these come from within you, from your colleagues, a professional organization or society at large?

Readings and Resources

You can find out more about implications for health promotion practice at these **online resources**.

Dubois, N., and Hyndman, B. **Introduction to Health Promotion Planning**. Toronto: The Health Communication Unit, 2003.
<http://www.thcu.ca/infoandresources/presentations/PlanningSlidesForWebOct2003.pdf>

Hyndman, B. "Promoting Healthy Policy Decisions: Can the Focus be Improved?" **Ontario Health Promotion Email Bulletin 237**, December 7, 2001.
<http://www.ohpe.ca>

For those of you who may want more information on health promotion practice, **these additional printed materials** may be of interest. If they are not available at your local library, you could consider requesting them through Inter Library Loan.

Barry, B. **Strategy Planning Workbook for Nonprofit Organizations**. Amherst H. Wilder Foundation, 1986.

Naidoo, J., and Wills, J. **Practising Health Promotion: Dilemmas and Challenges**. London: Bailliere Tindall, 1998.

For those of you who may want more information on the **concept of the learning organization**, Senge's book is a good place to start.

Senge, P.M. **The Fifth Discipline: The Art and Practice of the Learning Organization**. New York: Doubleday, 1990.