

Module 9

Future Considerations

Introduction

In this module, you will have the opportunity to explore a step-by-step process to identify future learning for your health promotion practice. This topic was briefly introduced in Part 1.

The module provides three cornerstones for ongoing learning in the field of health promotion. These three cornerstones are: self-reflection, understanding and assessing your own health promotion capacities, and having the knowledge and skills to access health promotion learning resources.

This module builds upon the previous modules, particularly Module 8.

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

Introduction

Learning Outcomes

Reflective Exercise: How Do You Maintain Your Professional Learning

Content Discussion

- Three Cornerstones
- Self-Reflective Practice: The First Cornerstone
- Health Promotion Capacities: The Second Cornerstone
- Learning Resources: The Third Cornerstone
- Developing a Personal Learning Plan

Reflective Exercise: Applying Learning in Your Practice

Readings and Resources

Learning Outcomes

By the end of this module, you will:

- reflect upon your current health promotion practices;
- assess your personal competence;
- identify a variety of resources that support learning; and
- select a few strategic action steps to advance your ongoing learning.

Reflective Exercise

How Do You Maintain Your Professional Learning?

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

Take a moment to think of how you currently maintain your professional learning.

Points to Ponder

1. What has really worked well for you in the past, your top method? What has not worked? What might work now?
2. Take another minute and review how you keep abreast of things for your favourite hobby, sport, and leisure or community service activity.

Content Discussion

Three Cornerstones

Your ongoing learning and development in health promotion rests upon the same three cornerstones that underlie any successful endeavour:

- the will to grow and change
- a sound plan
- adequate resources

In this module, the will to grow and change derives from a **self-reflective practice**; the sound plan comes from understanding the **capacities of health promotion** and assessing one's skill set against those capacities; and building your store of **resources** comes from accessing a variety of learning situations. The end point for this module is to identify a few action steps which you can take to improve your skill set, using accessible and effective resources, in a few areas about which you deeply care.

Self-reflective Practice: The First Cornerstone

Learning in health promotion must blend where theory meets practice. In other words, theories build models of how the world works, and therefore suggest directions for action. At the same time, in the real world, people do and learn things, which are often difficult to identify and explain at first blush.

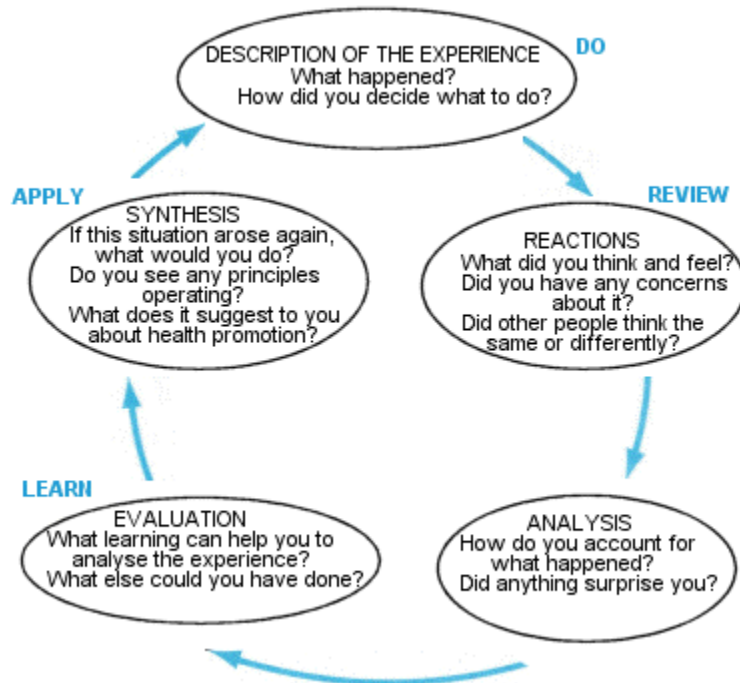
As Heine points out, "If the facts do not agree with the theory, so much the worse for the facts." Thus one can not be blinded by theory. On the other hand, as Hegel pointed out, "Experience is a good teacher, but the fees are high." Thus, one cannot let personal experience trump accumulated wisdom in the health promotion literature.

The reflective practitioner learns by applying theory to practice, and incorporating lessons from practice into his/her theories, models and tools.

Schön (1983) outlined a model which involved:

- doing and describing the experience
- reviewing reactions
- analyzing what happened
- evaluating what happened and learning from it
- synthesizing and applying what was learnt to the next situation

Figure 9.1: Schon's Model



Source: Naidoo and Willis

Health Promotion Capacities: The Second Cornerstone

The second cornerstone of ongoing learning is a self-assessment of the capacities required to be an effective health promotion practitioner. There are a variety of capacity development lists, profiles and survey instruments.

The Ontario Health Promotion Resource System (OHPRS) conducted a capacity assessment, using an instrument developed by Brian Rush, Ph.D. and Karen Urbanoski, MSc. of VIRGO Planning and Evaluation Consultants, in cooperation with the Evaluation and Needs Assessment Committee of the OHPRS. The results, and the instrument, can be found in a report entitled **Ontario Health Promotion Capacity: Baseline Assessment 2002**.

OHPRS (www.ohprs.ca) is a network of more than 20 organizations working to improve the capacity of health promotion practitioners across Ontario. The member organizations provide training through workshops, e-learning and other events; consultations; and a variety of resources. One of the major activities is evaluation, needs assessments and monitoring. The capacity assessment was conducted to determine existing strengths and shortfalls among individuals and organizations so that priorities could be set.

This survey is recent and is based on previous work in the health promotion field. It selected a representative (and still large) number of skill sets for self-assessment. **You are welcome to try it:**

Example:

Using *the past two years* as the time frame of reference, please rate each of the following aspects of health promotion in terms of your own capacity on each question.

Please use the following scale in giving your ratings for Column A.

1 = poor 2 = fair 3 = average 4 = good 5 = excellent

Enter NA in the column if it does not apply to your situation.

EXAMPLE:		A yourself personally
1.	Involve stakeholders/participants in the planning process	4

Table 9.1: A Tool to Rate Your Health Promotion Capacity

Capacity Assessment Tool

(A)

**yourself
personally**

ASSESSMENT AND PLANNING:

1. Involve stakeholders/participants in the planning process _____
2. Ensure that the diversity of your community is reflected throughout the planning process _____
3. Develop appropriate and measurable objectives _____
4. Plan specific services/activities in French _____
5. Understand and apply theories to guide design and implementation of programs/activities (e.g., models of community or behaviour change) _____
6. Select valid and reliable sources of information on community needs, strengths and issues _____
7. Collect valid and reliable information on community needs, strengths and issues where insufficient information exists _____
8. Access relevant information on priority issues _____
9. Critically analyze research findings to identify practical program implications _____
10. Identify and analyze the social, cultural, economic and environmental factors affecting population health status _____
11. Develop proposals for funding _____

PROGRAM IMPLEMENTATION:

- 12. Involve stakeholders/participants in program implementation _____
- 13. Ensure that the diversity of your community is reflected throughout the implementation process _____
- 14. Address barriers to participation in programs/activities (e.g., promotion, child care, transportation, cost) _____
- 15. Develop and implement services/activities in French _____
- 16. Develop and implement health promotion policy options _____
- 17. Facilitate mutual support or self help, including small group development _____
- 18. Facilitate community development (e.g., conflict resolution; sharing power, nurturing relationships) _____
- 19. Deliver educational/behaviour change programs _____
- 20. Manage projects (e.g., human resources, finances, operations, monitoring the workplan) _____
- 21. Develop and implement health communications activities (e.g., social marketing campaign; working with the media, newsletters) _____
- 22. Demonstrate leadership skills _____
- 23. Recruit, co-ordinate and support volunteers _____
- 24. Build partnership and coalitions _____
- 25. Market the value and cost-benefit of health promotion in the community _____
- 26. Work with health service(s) to go beyond the traditional provision of clinical and curative services _____
- 27. Refer individuals and groups to health promoting organizations and sources of information on health-related issues _____

PROGRAM EVALUATION:

- 28. Collect information to assess implementation of health promotion programs/activities (e.g., tracking number and type of participants; documenting activities) _____
- 29. Collect information to determine if the health promotion activities are meeting outcome objectives _____
- 30. Use evaluation findings to improve your health promotion programs/activities _____

SUSTAINABILITY AND TRANSFERABILITY:

- 31. Identify options for sustainability (e.g., securing funding; transfer to alternate organization) _____
- 32. Transfer skill sets and/or strategies (e.g., from one health issue to another; from one community to another) _____

Source: Adapted from Ontario Health Promotion Resource System, **Ontario Health Promotion Capacity Survey**, 2002.

Here are some of the major findings of that survey:

Table 9.2: Distribution of Responses to Personal Capacity Ratings

Capacity	Poor	Fair	Average	Good	Excellent	NA Missing	Mean	SD
(1) Involve stakeholders/participants in the planning process	1.5	2.6	19.9	57.2	14.7	4.1	3.84	0.77
(2) Ensure that the diversity of your community is reflected throughout the planning process	2.1	6.5	29.3	46.0	12.6	3.5	3.63	0.87
(3) Develop appropriate and measurable objectives	1.2	6.5	26.1	48.1	15.0	3.2	3.72	0.85
(4) Understand and apply theories to guide design and implementation of programs/ activities (e.g., models of community or behaviour change)	2.1	7.9	30.2	39.6	15.2	5.0	3.61	0.93
(5) Select valid and reliable sources of information on community needs, strengths and issues	0.9	3.2	20.5	53.1	18.5	3.8	3.88	0.78
(6) Collect valid and reliable information or community needs, strengths and issues where insufficient information exists	2.3	7.6	29.0	41.3	12.6	7.0	3.58	0.91
(7) Access relevant information on priority issues	0.9	2.6	17.6	55.1	18.8	5.0	3.93	0.76
(8) Critically analyze research findings to identify practical program implications	3.2	7.9	31.1	38.7	12.6	6.5	3.53	0.95
(9) Identify and analyze the social, cultural, economic and environmental factors affecting population health status	3.8	7.9	30.8	39.0	13.2	5.3	3.53	0.97
(10) Develop proposals for funding	8.8	12.0	22.3	30.8	13.5	12.6	3.32	1.19
(11) Involve stakeholders/participants in program implementation	2.6	5.9	19.6	48.7	17.6	5.6	3.77	0.92
(12) Ensure that the diversity of your community is reflected throughout the implementation process	2.9	6.2	32.8	43.7	8.8	5.6	3.52	0.87
(13) Address barriers to participation in programs/activities (e.g., promotion,	2.1	8.8	22.0	43.1	17.9	6.2	3.70	0.96

Capacity	Poor	Fair	Average	Good	Excellent	NA Missing	Mean	SD
child care, transportation, cost)								
(14) Develop and implement health promotion policy options	5.9	15.0	33.7	24.3	6.7	14.4	3.13	1.02
(15) Facilitate mutual support or self help, including small group development	4.4	11.7	28.4	34.0	9.4	12.0	3.37	1.01
(16) Facilitate community development (e.g., conflict resolution; sharing power, nurturing relationships)	2.1	7.3	24.3	41.6	15.8	8.8	3.68	0.93
(17) Deliver educational/behaviour change programs	1.5	4.7	20.2	46.9	17.9	8.8	3.82	0.86
(18) Manage projects (e.g., human resources, finances, operations, monitoring the workplan)	2.3	5.3	17.3	45.2	19.4	10.6	3.83	0.92
(19) Develop and implement health communications activities (e.g., social marketing campaign; working with the media, newsletters)	2.3	5.6	23.2	40.2	19.1	9.7	3.75	0.94
(20) Demonstrate leadership skills	0.0	1.2	15.8	52.8	24.9	5.3	4.07	0.69
(21) Recruit, coordinate and support volunteers	9.1	11.1	24.9	23.5	8.5	22.9	3.14	1.16
(22) Build partnerships and coalitions	1.2	2.9	21.1	46.3	19.1	9.4	3.87	0.82
(23) Market the value and cost-benefit of health promotion in the community	8.5	13.2	33.4	23.8	7.3	13.8	3.10	1.08
(24) Work with health service(s) to go beyond the traditional provision of clinical and curative services	5.0	9.1	20.8	37.2	14.1	13.8	3.54	1.07
(25) Refer individuals and groups to health promoting organizations and sources of info on health-related issues	1.2	3.2	10.6	49.6	28.4	7.0	4.09	0.82
(26) Collect information to assess implementation of health promotion programs/activities (e.g., tracking number/type of participants; documenting activity)	1.5	5.3	19.9	44.0	22.0	7.3	3.86	0.90
(27) Collect information to determine if the health promotion activities are meeting outcome objectives	2.9	7.3	29.0	39.6	13.2	7.9	3.57	0.94
(28) Use evaluation findings to improve	3.5	6.5	24.6	43.4	15.0	7.0	3.64	0.96

Capacity	Poor	Fair	Average	Good	Excellent	NA Missing	Mean	SD
your health promotion programs/ activities								
(29) Identify options for sustainability (e.g., securing funding; transfer to alternate organization)	6.2	11.4	28.2	30.5	8.8	15.0	3.29	1.06
(30) Transfer skill sets and/or strategies (e.g., from 1 health issue/ community to another)	2.9	6.2	22.3	42.8	15.5	10.3	3.69	0.95

Source: Adapted from Ontario Health Promotion Resource System, **Ontario Health Promotion Capacity Survey, 2002.**

Learning Resources: The Third Cornerstone

There are many ways to access learning and learning resources in health promotion. The listing provided here draws heavily from the Stirling and Churchill (2004) e-bulletin 350, produced jointly by the Ontario Prevention Clearinghouse and The Health Communication Unit, entitled "*Learning Health Promotion: Many Journeys, Many Paths*" (referred to as OHPE 350). Four major categories are presented:

- Journals, Listservs and Mentoring
- Workshops and Conferences
- Formal Learning Options
- Distance Learning

We hope this gives you a good base of information to decide how, when and where to continue your learning.

Journals, Listservs and Mentoring

Journals/Bulletins The weekly Ontario Health Promote E-bulletin, which contains major features and resource listings every two weeks, is a great resource for the practitioner working in Ontario. Moreover, over 350 issues are archived, with both open-ended and structured searches available to you. See <http://www.ohpe.ca/ebulletin/>

The Health Communication Unit maintains a list of journals of interest to health promotion and health communication practitioners. Many of these journals can be accessed online, so a growing practitioner may well want to identify a few key journals and read from them selectively. To link to HP journals, see <http://www.thcu.ca/infoandresources/journals.htmlinks>

listservs

Two good listservs (online discussion forums) are: CLICK4HP
CLICK4HP (maintained by OPC and hosted by York University) at:
<http://www.lsoft.com/scripts/wl.exe?SL1=CLICK4HP&H=YORKU.CA>

SOCIAL MARKETING LISTSERV Anyone interested in social marketing should subscribe to the Social Marketing Listserv started by Georgetown professor, Dr. Alan Andreasen. The listserv is a forum for talking about social marketing research, practice, and teaching. To join, subscribe to listproc@listproc.georgetown.edu through email and type "subscribe soc-mktg" in the message body.

For more information on listservs:

http://www.opc.on.ca/english/our_programs/hlth_promo/resources/hlth_prom_htlnks.htm

Mentoring; Peer Support

As Stirling and Churchill point out:

“Ideally, a mentor is someone who has an understanding of the field you want to develop in and/or has a similar work style that you can learn from and apply to your field. Another good feature in a mentor is someone who is a good coach and generous with constructive advice. It may not be as difficult as you think. Mentorship is a two-way street. A good mentor may provide you with a sounding board, perhaps steer you in the right direction, or offer helpful suggestions, but remember the work is up to you. If you can contribute to the work that your mentor is engaged in, you'll learn while you help each other meet different goals. One of the most rewarding aspects of lifelong learning is that, unlike most formal education, you often have a chance to actually apply your studies to your work. “

And of course, mentors are only one type of personal support. Be sure to learn from and contribute to the learning of your peers and keep up with contacts you meet through professional associations and conferences.

Workshops and Conferences

Workshops

Provincial organizations such as The Health Communication Unit (<http://www.thcu.ca>), Program Training and Consultation Centre (<http://www.ptcc-cfc.on.ca/>), Canadian centres for health promotion (<http://www.utoronto.ca/chp/chp/consort/>), and universities conduct periodic workshops. See OHPE 350 for more information.

Conferences and Events

There are many national and international conferences, chronic disease organization events, and national or provincial public health conferences. There is no one central list, but listservs and bulletins are good sources for finding out about such opportunities; check the OPC page above for a good list.

Formal Learning Options

Courses and Short Programs

Ontario Health Promotion Summer School, Prairie Region summer school is worth considering attending. See OHPE 350.2 for more information.

Community colleges and universities offer short programs and courses. Note that many of these courses are offered as distance education and/or as continuing education credits. Several community colleges offer health promotion courses, some as part of other programs such as nursing, and others as specialized programs, such as workplace health promotion. Some colleges offer post-graduate certificate or diploma

programs in health promotion: e.g., Canadore College in North Bay. See OHPE 350.2 for more information.

http://www.ohpe.ca/ebulletin/ViewResources.cfm?ISSUE_ID=350&startrow=1

University Degrees

Undergraduate (e.g., University of Waterloo, Ryerson, Dalhousie University, Brock University, Athabasca University)

Graduate (e.g., University of Toronto, University of Ottawa, University of Waterloo, University of Alberta, Dalhousie University, University of Montreal, Laval University, Lakehead University, Athabasca University)

Post-graduate (e.g., University of Toronto, Saskatchewan Population Health and Evaluation Unit at the University of Saskatchewan, Laval University, University of Alberta)

(See OHPE 350 for more information)

http://www.ohpe.ca/ebulletin/ViewResources.cfm?ISSUE_ID=350&startrow=1

Distance Learning

Overview

A **distance learning course** is one you take without meeting a teacher in a classroom. You can study from home or at work, whenever you like. These courses can be semester based with specific start and end dates or can be set on a personal timeline. One or more media may be used to deliver a course, including texts, manuals, and study guides, CD-ROMs, web pages, and video or audio. Some courses have an in-person component, so you may want to find out about how a course is designed before rejecting it because “I’ll never see anyone in person”.

While the distance learning approach can be a convenient way to take courses, it is not suited to everyone's learning needs. At Humber College, the prospective student interested in distance learning is asked to do self-assessment through an online the Readiness Checklist, courtesy of Monroe Community College, at <http://www.monroecc.edu/depts/distlearn/minicrs/OnlineForm.htm>.

Another good overview of online courses and the aptitude, ability, and resources to find and participate in online courses can be found at Ontario's Volunteers Online five-part E-Learning Module:

<http://www.volunteersonline.ca/modules.php?name=Content&pa=showpage&pid=167>.

Canadian Virtual University (r) (CVU) is a partnership of 11 universities across Canada committed to delivering university-level programs that can be completed from anywhere

in the country or beyond. Students can enroll in online courses from several Canadian universities from one web site: <http://www.cvu-uvc.ca/>.

The Distance Studies website, <http://www.distancestudies.com/index.cfm>, lists courses in Canada and the US.

Master's Degrees

Here are some examples of distance learning in health and health promotion at a Master's level:

Athabasca University, Master of Health Studies,
http://www.athabascau.ca/calendar/03/grad/health_02.html

Lakehead University, Master of Public Health <http://www.lakeheadu.ca/mph/> (thesis)

University of Alberta, Master of Science,
http://www.chps.ualberta.ca/grad_prog/distance_students.htm (courses)

Developing a Personal Learning Plan

A personal learning plan can help you to sort through the options you just read about. As you develop your plan, be realistic, since it would be better to succeed with a few key strategic actions, than be overwhelmed by unrealistic expectations.

Before you develop your plan, read the following scenario and see what A. Learner does to keep up and expand his learning. A. Learner has been in the Health Promotion field for many years, and manages a Resource Centre. He learns a lot from his clients (by observation and by often requesting copies of articles or tools they use), moving from one organization and situation as he provides training and consultation. Beyond that, he relies on OHPE to keep abreast of news happenings; like many other readers, he does not regularly read the features, but relies on the search engine for stuff *when he needs it*. He subscribes to a few listservs such as Click4HP and the Social Marketing listserv.

He often requests hard copies of journal articles that catch his attention and reads them while traveling. A. plans to attend one professional development opportunity a year but has not regularly done so because of other pressures. After reading this module, A. is considering the role a mentor might play.

Table 9.3: Example of a Filled in Personal Learning Plan

Action	Not a Priority	Continue	Will Start	Starting Date
Subscribe to OHPE		X		
Read a few journals regularly			X	
Subscribe to LISTSERV's		X		
Find a mentor			?	
Attend workshops		X		
Take courses for credit				
Pursue studies for health promotion degree				
Sharing with colleagues				

Now why don't you fill in your plan?

Table 9.4: Your Personal Learning Plan

Action	Not a Priority	Continue	Will Start	Starting Date
Subscribe to OHPE				
Read a few journals regularly				
Subscribe to LISTSERV's				
Find a mentor				
Attend workshops				
Take courses for credit				
Pursue studies for health promotion degree				
etc.				

Note to Learners: Consider keeping a record of your plan in your Reflective Journal so you can update it periodically.

Reflective Exercise

Applying Learning in Your Practice

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. Think of times in your health promotion life when you have been too theoretical. How could you have been more open to feedback from the situation, from cues and clues that offered possibilities of learning and change?
2. Think of times in your life when you jumped into situations without any models or theories about the situation at hand. What could you have done differently?

Readings and Resources

You can find out more about ongoing learning in health promotion practice at these **online resources**.

Rush, B., and Urbanoski, K. **Ontario Health Promotion Capacity: Baseline Assessment 2002**.

For more information, contact:

<http://www.ohprs.ca/resources/publications.html#capreport>

Note to Learners: For more information about this survey or the complete results please contact:

Schön, D. **The Reflective Practitioner. How Professionals Think in Action**. London: Temple Smith, 1983. <http://www.infed.org/thinkers/et-schon.htm>

Stirling, A., and Churchill, K. "Learning Health Promotion; Many Journeys, Many Paths" **Ontario Health Promotion Email Bulletin 350**, February 27, 2004.

<http://www.ohpe.ca/ebulletin/> (350.1)

http://www.ohpe.ca/ebulletin/ViewFeatures.cfm?ISSUE_ID=350&startrow=1(350.2)

http://www.ohpe.ca/ebulletin/ViewResources.cfm?ISSUE_ID=350&startrow=1