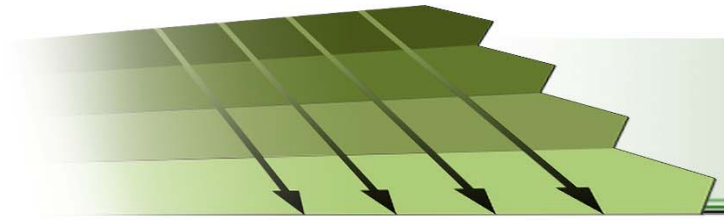

CORE
Public Health Functions for BC

Model Core Program Paper:
Healthy Communities

BC Health Authorities

Population Health and Wellness
BC Ministry of Health

April 2007

This Model Core Program Paper was prepared by a working group consisting of representatives of the BC Ministry of Health and BC's health authorities.

This paper is based upon a review of evidence and best practice, and as such may include practices that are not currently implemented throughout the public health system in BC. This is to be expected, as the purpose of the Core Public Health Functions process—consistent with the quality improvement approach widely adopted in private and public sector organizations across Canada—is to put in place a performance improvement process to move the public health system in BC towards evidence-based best practice. Where warranted, health authorities will develop public performance improvement plans with feasible performance targets and will develop and implement performance improvement strategies that move them towards best practice in the program component areas identified in this Model Program Paper.

This Model Program Paper should be read in conjunction with the accompanying review of evidence and best practice.

Model Core Program Paper approved by:
Core Functions Steering Committee (April 2007)
Population Health and Wellness, BC Ministry of Health (April 2007)

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EXECUTIVE SUMMARY

This paper identifies the core elements that are provided by British Columbia health authorities in the delivery of healthy communities programs. It is intended, as part of the BC Core Functions in Public Health, to reflect evidence-based practice and support continuous performance improvement.

A Working Group of representatives from the Ministry of Health and the health authorities worked together in the development of this paper. They agreed that the overall goal of healthy communities is to improve the health, well-being and quality of life of people where they live, learn, work and play. Specific objectives are:

- To support positive "health-promoting" environments for all BC citizens by facilitating healthy local governments, healthy schools, healthy workplaces and healthy health care.
- To enhance the health of vulnerable community populations that are at high-risk for poor health.
- To provide surveillance, monitoring and evaluation of healthy communities programs.

The Working Group agreed that the key elements of a healthy communities program should include:

- Healthy communities policies and strategies.
- Specific strategies for:
    - Healthy local governments.
    - Healthy schools.
    - Healthy workplaces.
    - Healthy health care.
- Surveillance, monitoring and evaluation of healthy communities.

It was recognized that a number of policies and strategies are fundamental to achieving progress and successful outcomes in this program, including:

- Shifting the culture of an organization/community, on all levels, to integrate "health-promoting" values and priorities.
- Expanding the linkages, collaboration and partnerships among groups and organizations to build upon, supplement, expand and strengthen initiatives across programs and sectors, especially across core public health programs.
- Building "political" commitment to the process throughout the community, including decision-makers, the grassroots and special interests.
- Advocating for healthy public policies that would contribute to healthier communities.

- Identifying meaningful priorities through consultation, a "population lens", an "inequities lens" and/or other group health assessment processes.
- Strong community development, capacity-building and community development resources and processes.
- Comprehensive planning and sustained program funding over the long-term.

Health promotion and disease and injury prevention span a broad range from clinical prevention by physicians, to the much more wide-ranging work of community-based coalitions. This range of activity makes it difficult to prescribe "best" practices that can be applied to all projects. Although proposed activities are included under each component, health providers and community groups need to translate general, evidence-based principles into practice approaches tailored to the unique needs of each community and each setting. The principles of the Ottawa Charter for Health Promotion (World Health Organization, 1986) are proposed as the framework for organizing specific healthy community initiatives for each setting. The principles are:

- Develop healthy public policies.
- Create supportive environments.
- Strengthen community action.
- Develop personal skills.
- Re-orient health services.

Indicators for healthy community programs are presented for the initiatives related to each of these principles, to provide a basis for ongoing performance review and evaluation.

1.0 OVERVIEW/SETTING THE CONTEXT

As demonstrated in recent Canadian reports, public health needs to be better structured and resourced, in order to improve the health of the population. The Framework for Core Functions in Public Health is a component of that renewal in British Columbia. It defines and describes the core public health activities of a comprehensive public health system. This policy framework was accepted in 2005 by the Ministry of Health and the health authorities.

Implementation of core functions will establish a performance improvement process for public health developed in collaboration between the Ministry of Health, the health authorities and the public health field. This process will result in greater consistency of public health services across the province, increased capacity and quality of public health services and improved health of the population. To ensure collaboration and feasibility of implementation, the oversight of the development of the performance improvement process is managed by a Provincial Steering Committee with membership representing all health authorities and the ministry.

What are core programs? They are long-term programs representing public health services that health authorities provide in a renewed and modern public health system. Core programs are organized to improve health; they can be assessed ultimately in terms of improved health and well-being and/or reductions in disease, disability and injury. In total 21 programs have been identified as "core programs", of which healthy communities is but one. Many of the programs are interconnected and thus require collaboration and coordination between them.

In a "model core program paper", each program will have clear goals, measurable objectives and an evidentiary base that shows it can improve people's health and prevent disease disability, and/or injury. Programs will be supported through the identification of best practices and national and international benchmarks (where such benchmarks exist). Each paper will be informed by: an evidence paper; other key documents related to the program area; and by key expert input obtained through a working group with representatives from each health authority and the Ministry of Health.

The Provincial Steering Committee has indicated that an approved model core program paper constitutes a model of good practice, while recognizing it will need to be modified to meet local context and needs. The performance measures identified are appropriate indicators of program performance that could be used in a performance improvement plan. The model core program paper is a resource to health authorities that they can use to develop their core program through a performance improvement planning process. While health authorities must deliver all core programs, how each is provided is the responsibility of the health authority, as are the performance improvement targets they set for themselves.

It is envisioned that the performance improvement process will be implemented over several years. During that time the process will contribute to and benefit from related initiatives in public health infrastructure, health information and surveillance systems, workforce competence assessment and development and research and evaluation at the regional, provincial and national levels. Over time these improvement processes and related activities will improve the quality and

strengthen the capacity of public health programs, and this in turn will contribute to improving the health of the population.

1.1 An Introduction to This Paper

This model core program paper for healthy communities is one element in an overall public health performance improvement strategy developed by the Ministry of Health in collaboration with provincial health authorities and experts in the field of public health. It builds on previous work from a number of sources.

In March 2005, the Ministry of Health released a document entitled *A Framework for Core Functions in Public Health*. This document was prepared in consultation with representatives of health authorities and experts in the field of public health. It identifies the core programs that must be provided by health authorities, including healthy communities, and the public health strategies that can be used to implement these core programs. It provides an overall framework for the development of this document.

As well, two evidence reviews were conducted to support the development of this program:

- *Healthy Communities Evidence Review* (2006), by V.J. Barr, S. Pedersen, & I. Rootman, for the Public Health Association of BC.
- *Creating Healthy Health Care Workplaces in British Columbia: Evidence for Action, a Discussion Paper* (2006), by G.S. Lowe.

These documents provide the basis for identifying and documenting the evidence, best/promising practices and some of the key indicators for the program components.

A Working Group for Healthy Communities, formed of experts in the field from the Ministry of Health and the health authorities, was formed in the spring of 2006. The group provided guidance and direction in the development of the model core program paper during meetings in June and November 2006, as well as through regular telephone and e-mail discussions.

1.2 Introduction to Healthy Communities

The World Health Organization states “Health is created and lived by people within the settings of their everyday life”, and that people cannot achieve their fullest potential unless they are able to take control of the factors that determine their well-being (World Health Organization [WHO], 1986). Researchers have provided evidence that “the social environment in which people live, as well as their lifestyles and behaviours, can influence the incidence of illness within a population” (Institute of Medicine, 1988, as cited in Centers for Disease Control and Prevention [CDC], 1997). They have demonstrated “that a population can achieve long-term health improvements when people become involved in their community and work together to effect change” (Hanson, 1989).

In light of this evidence, health promotion professionals have expanded their efforts to create positive environments and strong community action, and to use public policy in new ways that support community health (WHO, 1986). This approach stresses the importance of engaging the

community in health decision-making and improving community participation in health promotion, health protection and disease prevention efforts (Fawcett et al., 1993).

In working toward healthy communities, the definition of 'community' is generally self-defined by participants. Thus, community may refer to a group of people united by common characteristics, such as geography, shared interests, values, experiences, traditions, age, gender, race, ethnicity, etc. (Canadian Broadcasting Corporation, 1994, as cited in CDC, 1997). Community may also be viewed as a system or sector that has distinct characteristics or specialized functions (such as schools, or health care systems) (Thompson & Kinne, 1990).

Community engagement is the "process of working collaboratively with and through groups of people…to address issues affecting the well-being of those people. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices" (Fawcett, et al., 1993). Community development and community capacity building are activities used to "enhance the ability of an individual, organization or a community to address their health issues and concerns" (Ontario Prevention Clearinghouse, 2002). It describes the set of knowledge, skills, participation, leadership and other resources needed by community groups to effectively address local issues and concerns (NSW Health Department, 2001).

The settings approach that emerged from the *Ottawa Charter for Health Promotion* (WHO, 1986) focused on working with people in the physical and social settings in which they live, learn, work, play, shop and lead their daily lives. Thus, the vision of healthy communities highlights major settings such as healthy health care systems, healthy workplaces and healthy schools. Other settings may also be included depending upon interests, needs and priorities.

School-based health promotion has been effective for a range of risk behaviours, including smoking, drug use, nutrition, sexual activity, eating disorders, violence, mental health services and physical activity. However, research has shown that adolescent health is influenced by several interlinked factors, requiring a more comprehensive approach that addresses the broader context of health (WHO, 1986). According to Public Health Agency of Canada (2004), comprehensive school health is an integrated approach to health promotion that not only provides opportunities for students to observe and learn health behaviours, but also the healthy environments in which students and educators live, learn and work.

Healthy workplaces are an important component, as work environments can have a major influence on health and well-being. Working long hours, work-life imbalance, lack of workplace social support and perceived lack of control are significant factors that may result in increased job strain and stress—factors that are associated with increased cardiovascular disease, anxiety, depression, substance abuse, back pain, musculoskeletal tension/injuries and colorectal cancer (Barr, Pedersen, & Rootman, 2006).

Healthy health care can contribute significantly to creating health-promoting environments internally within hospitals as well as in the wider community. For example, health care staff are in a strong position to influence health-related decisions by community groups, and to provide role models for healthy work environments.

Social, economic and environmental determinants of health are central to considering the health status of community populations. Socio-economic status, Aboriginal identity, educational level, gender and geographic location are some important factors associated with health disparities in the province. For example:

- People in the lowest income groups are more often sick or injured, and so use approximately twice as much health care services as those in higher income groups (Health Disparities Task Group, 2004); men in the lowest income quintile live an average of five years less than men in the highest quintile—the gap among women is two years.

- Aboriginal people are at high-risk for poor nutrition, and suffer from higher than average rates of obesity, diabetes and micronutrient deficiencies (Riches et al., 2004); they also have the highest rate of injuries, including suicides ("four times the rate for the rest of Canada" [Health Disparities Task Group, 2004]).

- The smoking rate for those age 15 years and older varies considerably by location: the highest smoking rates are in Northern Health (23 per cent) (Health Disparities Task Group, 2004), in Interior Health (22.2 per cent), and among Aboriginal peoples (53 per cent) (BC Stats, 2005), while the BC average is 18.9 per cent (2005/2006) (BC Stats, 2006).

- Personal health practices, such as smoking, diet and physical activity, vary with education and income levels (Health Disparities Task Group, 2004).

The healthy communities core program is closely associated with many other public health core programs. It can be a catalyst and a partner in promoting healthy living, food security, healthy infant and child development, communicable disease prevention and control, chronic disease prevention, injury prevention, health emergency management, air quality, food safety, water quality, and of course, healthy community environments. Linkages with other ministries, such as the Ministry of Education and Ministry of Children and Family Development, are essential, as well as with municipal councils (e.g., smoke-free by-laws, bike paths, safe transportation/ walking routes, etc.). It can contribute to healthier built environments, strengthened individual/ community capacity, and to addressing fundamental issues such as community poverty, environmental sustainability, social development and economic vitality.

Finally, it should be noted that the overall evidence base in this field is not definitive, primarily because traditional quantitative research is difficult to apply to broad, community-based health promotion work. In addition, there is no accepted set of indicators that can help to assess the health or capacity of communities (Crilly, 2003), and no consistent standards for defining success for any given indicators (Frankish, Kwan, & Flores, 2002).

2.0 SCOPE AND AUTHORITY FOR HEALTHY COMMUNITIES

In order to develop and enhance healthy communities, there must be clarity on the roles of the Ministry of Health, the health authorities and other ministries and levels of government involved in this area.

2.1 Federal Roles and Responsibilities

On the federal level, the Public Health Agency of Canada has a Healthy Communities Division within the Centre for Healthy Human Development. The division is a centre of excellence for the issues of physical activity, mental health, family violence, rural health and injury prevention. It works with partners and stakeholders to develop policy frameworks and national action plans to build community capacity to improve the health of Canadians.

2.2 Provincial Roles and Responsibilities

The Ministry of Health has three major roles and responsibilities:

- Providing overall stewardship of the health care system in British Columbia, including conducting strategic interventions with health authorities to ensure continuation of the delivery of efficient, appropriate, equitable and effective health services to British Columbians.
- Working with the health authorities to provide accountability to government, the public and the recipients of health services.
- Providing resources to health authorities to enable them to deliver health-related services to British Columbians.

More specifically with regard to healthy communities, the Ministry of Health plays a role in:

- Coordinating healthy communities policy, program development and research/evaluation initiatives at the provincial-level, and across the province.
- Enhancing collaboration, coordination and communications with provincial coalitions to support healthy communities, including healthy schools, healthy workplaces and healthy health care.
- Advocating with other provincial ministries to collaborate on provincial, regional and local levels in support of healthy community priorities and initiatives.
- Coordinating initiatives on healthy communities with the federal government.

With respect to core public health programs, the Ministry of Health works with the health authorities and relevant provincial-level partners to identify and prioritize provincial-level core functions needed to support core programs, and to develop performance improvement plans for those functions.

A number of provincial agencies and ministries are actively involved in supporting healthy communities through collaborative measures with the Ministry of Health, and in many cases,

with health authorities on a regional and local level. For example, the Provincial Health Services Authority acts as a resource to health authorities on many issues, such as facilitating the design and implementation of school health surveys. The Ministry of Health and the Ministry of Education work in partnership to enhance "healthy schools", and "active schools" programs, while the Ministry of Community Services and the Ministry of Environment are involved in supporting sustainable communities. The Ministry of Labour and Citizens' Services works to foster fair, productive and harmonious workplaces. The Ministry of Transportation supports cycling routes and other safe transportation systems. Healthy communities have also been identified by the ActNow BC Assistant Deputy Minister's Committee as a strategic priority, relating as it does to the goal of ActNow BC to build capacity, and to create healthy, environmentally sustainable and economically viable communities.

WorkSafeBC manages and enforces the *Workers Compensation Act* and Occupational Health and Safety Regulation, which require that employers provide a safe workplace for all workers. The legislation specifically covers health care, including: health care workplaces, joint occupational health and safety committees, food services, laboratories, laundry, maintenance and patient care. In addition, WorkSafeBC provides prevention resources on specific hazards in the health care workplace such as: musculoskeletal injuries and ergonomics; violence; needlestick injuries; infectious disease and respiratory illness; latex allergies; and cytotoxic/antineoplastic drugs.[1]

2.3 Health Authorities Roles and Responsibilities

The overall role of the health authorities is to identify and assess the health needs in the region, to deliver health services (excluding physician services and BC Pharmacare) to British Columbians in an efficient, appropriate, equitable and effective manner, and to monitor and evaluate the services that are provided. With respect to healthy communities, it is recommended that health authorities:

- Develop policies and plans to facilitate healthy community programs across the region.
- Facilitate community engagement, and community capacity building, to enhance the health of communities.
- Collaborate with local governments, schools districts, key community organizations and groups in promoting healthy local governments, healthy schools and healthy work environments.
- Develop healthy work practices and facilities in health authority settings.
- Surveillance, monitoring and evaluation of healthy communities initiatives (including monitoring and reviewing access to community-based services).

[1] As physical safety, injuries and workplace hazards are addressed through WorkSafeBC, these topics will not be the primary focus of this paper.

2.4 Other Organizations Roles and Responsibilities

There are a number of BC organizations and groups that work in collaboration on a provincial, regional and community level in supporting the development of healthy communities. These include the BC Population Health Network, BC Healthy Communities Initiative, Union of British Columbia Municipalities, BC Healthy Living Alliance, the Association for Community Education in British Columbia, British Columbia Arts Council, and the Social Planning and Research Council of British Columbia.

2.5 Legislation and Policy Direction

The overall legislative and policy direction for the healthy communities program is derived from:

- The following acts and regulations: *Health Act, Hospital Act, Workers Compensation Act* and Occupational Health and Safety Regulation.
- A *Framework for Core Functions in Public Health* (March 2005).
- The ActNow BC strategic planning documents.
- Other government policies on immunization, nutrition, physical activity and tobacco control, including the Ministry of Education's *Guidelines for Food and Beverage Sales in BC Schools* (2005) and municipal smoke-free by-laws.
- Specific policies/priorities that may be established by the health authority, the Ministry of Health or the provincial government.

3.0 PRINCIPLES

The following principles can guide the direction of policies and practices in the development of healthy communities:

- Respect for the views of the community.
- Partnerships with community groups/organizations based on equal relationships, inclusion, diversity, dignity and self-esteem.
- A holistic approach to health.
- Focus on vulnerable groups and health disparities.
- Program sustainability (i.e., effective programs should be planned for the long-term).
- Evidence-based.
- Evaluation and continuous quality improvement.

4.0 GOALS AND OBJECTIVES

The overall goal of healthy communities is to improve the health, well-being and quality of life of people where they live, learn, work and play. The specific objectives for achieving this goal are:

- To support positive "health-promoting" environments for all BC citizens by facilitating healthy local governments, healthy schools, healthy workplaces, and healthy health care.
- To enhance the health of vulnerable community populations that are at high-risk for poor health.
- To provide surveillance, monitoring and evaluation of healthy communities programs.

5.0 MAIN COMPONENTS AND SUPPORTING EVIDENCE

5.1 Introduction

The following key elements are encompassed within the healthy communities program:

- Healthy communities policies and strategies.
- Specific strategies for healthy community settings:
    - Healthy local governments.
    - Healthy schools.
    - Healthy workplaces.
    - Healthy health care.
- Surveillance, monitoring and evaluation of healthy communities.

5.2 Healthy Communities Policies and Strategies

Health authorities have a leadership role in creating healthy communities. However, this role varies according to the level of responsibility that health authorities have for the respective communities. For example, the health authority has:

- Direct responsibility for healthy health care delivery systems and healthy workplaces for its staff members.
- A health promotion role in encouraging healthy local governments, schools and workplaces. An important element in this role is modeling healthy workplaces as a prerequisite to advocating for healthy workplace practices in other organizations.

It is recognized that a strong policy base and clear strategic directions are fundamental to effective healthy communities programs. The following combination of key strategies has been shown to be important in successful, healthy communities:

- Shifting the culture of the organization/community, on all levels, to integrate "health-promoting" values and priorities.
- Expanding the linkages, collaboration and partnerships among groups and organizations to build upon, supplement, expand and strengthen initiatives across sectors, and across programs.
- Building "political" commitment throughout the community to the development process, including decision-makers, the grassroots, special interests (e.g., health and social service sectors, municipal and regional governments, non-profit organizations, ad-hoc community groups, and individual citizens).
- Advocating for healthy public policies that contribute to healthier communities.

- Identifying meaningful priorities through consultation, a "population lens", an "inequities lens" and/or other group health assessment processes.
- Developing strong community capacity building and community development resources and processes.
- Providing comprehensive planning and sustained program funding over the long-term.

Community development and community capacity building are the foundation for effective health promotion. They can

> build strong social networks and social support, thus creating the social capital and social cohesion that has been strongly linked to the overall health and well-being of people in both spatial and non-spatial communities. This process not only has benefits for individuals directly, in that their sense of self-efficacy and other aspects of psycho-social well-being are increased, but also benefits the community as a whole, through the establishment of partnerships among a variety of community organizations. It also provides communities with the capacity to address a wide variety of issues that affect health (Ministry of Health, 2005).

A multidisciplinary approach is also recognized as an important factor in building healthy communities. To avoid an isolated, fragmented approach among individual settings, networking across settings is necessary to strengthen the integration of priorities and initiatives and to supplement and strengthen their overall impact. The literature notes that "the weight of evidence confirms that multi-component or comprehensive interventions have higher effectiveness and cost-effectiveness compared to those programs that focus on a single component" (Barr et al., 2006).

There are a wide variety of social and physical communities that can be defined as neighbourhood, local and regional priorities. The community settings already mentioned are key "communities"; however, others might be considered such as homes, universities/colleges, or seniors' facilities. As well, communities can be defined as population groups, including: Aboriginal communities, mental health groups, immigrant groups, the low-income seniors' population, etc. Priorities could also be placed on physical environments and land-use planning issues that significantly impact health (this issue is primarily addressed within the community environment core program in the environmental health area).

5.3 Strategies for Specific Healthy Community Settings

The World Health Organization's *Ottawa Charter for Health Promotion* (WHO, 1986) is proposed throughout this paper as the foundation for developing healthy communities programs. These strategies are:

- Developing healthy public policies.
- Creating supportive environments.
- Strengthening community action.

- Developing personal skills.
- Re-orienting health services.

The process of health promotion requires that health authorities model healthy policies and programs, both in terms of service delivery and workplace health, as a prerequisite to advocating for healthy approaches by other organizations. Health authorities can only take direct action in their own facilities and workplaces and must exert "influence" on other organizations.

Key model core program linkages for collaboration and integration of healthy communities include: healthy living, chronic disease prevention, reproductive health, healthy development, food security, prevention of disease, healthy community environments, injury and disability prevention, food safety, dental health and primary care. Healthy living in particular is a key element in this component.

5.3.1 Healthy Local Governments

Health authorities work with local government officials responsible for municipalities, regional districts and First Nations communities, as well as other community groups, to assist them in creating healthy and "green" sustainable communities for their citizens. This may include:

- Developing healthy community policies/plans
    - Advocating with local government officials to develop and implement policies and strategic plans for community health priorities.
- Creating supportive environments
    - Encouraging key community organizations to build commitment to addressing key health issues.
    - Providing evidence-based information to enhance knowledge and decision-making.
- Strengthening community action
    - Facilitating intersectoral collaboration to build partnerships and consensus between local governments and other key groups on major health issues (the health authority may lead the process on health authority priorities, partner with the community on health issues of mutual priority or provide support on other issues).
    - Collaborating with priority populations experiencing major health disparities (e.g., Aboriginal people, low-income families, immigrants, seniors, etc.).
    - Liaising with other relevant community development activities to build upon other initiatives.
- Developing skills

  - Facilitating training of community members in leadership development and other skills that will optimize planning and implementation of health initiatives.

- Re-orienting health care services
  - Planning and implementing community health care services in a manner that responds to the unique needs of the community.

Key program linkages for healthy local governments include: healthy development, healthy living, food security, healthy community environments, water quality, air quality, food safety, chronic disease prevention, injury and disability prevention, reproductive health, dental health and primary care.

Evidence on best practices notes the importance of: intersectoral collaboration and open communication, the value of process as well as outcome, accessible and transparent decision-making structures, the need to build on existing structures of community representation, and skills development and education for all stakeholders as required (Burton et al., 2004).

5.3.2 Healthy Schools

Health authorities have an important role in working with both public and private schools, as follows:

- Developing healthy public policy
  - Playing an advocacy role in encouraging and advising schools on establishing comprehensive health-promoting school policies and practices. These could include: tobacco control and smoke-free campuses, nutrition guidelines, physical activity policies, self-care policies and promotion, sexual health, addictions prevention, mental health, etc.
- Creating supportive environments
  - Partnering with school districts, school boards and community agencies in formal ongoing relationships on key issues, such as child care settings in schools, “green” schools, etc. The Healthy Schools Network is an example of an important partnership that health authorities should link to.
  - Encouraging and supporting health champions within the school system.
- Strengthening Capacity
  - Providing resources, materials and tools to assist with school-based health issues and health priorities.
  - Collaborating with vulnerable populations to address their needs.
- Developing Skills

  - Partnering with school districts and school boards in educating school board members, administrators, educators, parents and students on key health issues.
  - Advising schools on health curricula.

- Re-orienting health services
  - Providing selected preventive health services utilizing appropriate health care providers (e.g., public health immunization clinics).
  - Enhancing the level of health promotion targeted to children and families.
  - Integrating school health priorities and school representatives in community health projects.

Key program linkages for healthy schools include: reproductive health, early childhood development, child and youth development, healthy living, food security, injury and disease prevention, prevention of violence, abuse and neglect, chronic disease prevention, dental health, primary care, mental health and healthy community environments.

Applied to the school setting, the principles of the *Ottawa Charter* result in a shift from school-based health promotion to the concept of the "health-promoting school", where the context and the characteristics of the school environment are seen as fundamental to health (Barr et al., 2006). The World Health Organization defines a "health-promoting" school as "one that constantly strengthens its capacity as a healthy setting for living, learning and working". Over the last decade, health-promoting schools and networks have been implemented in many countries, including Scotland, Northern Ireland, Canada, Australia and New Zealand. In BC, the Ministry of Education and Ministry of Health have jointly established a healthy school program.

A number of studies have identified key characteristics of successful healthy schools. A report of the International Union for Health Promotion and Education (Leger & Nutbeam, 2000) found that school health interventions are most effective if: cognitive and social outcomes are a joint priority with behaviour change; programs are comprehensive and holistic, linking the school with agencies and sectors dealing with health; the intervention is substantial, over several school years, and relevant to changes in young peoples' social and cognitive environment; adequate attention is given to capacity building through teacher training and provision of resources; and school health programs address all or a combination of the curriculum, the environment, health services, partnerships and/or school policies.

Similarly, a summary of evidence (Barr et al., 2006) noted that

> programs have an increased likelihood for success if they: are interactive instead of didactic; have a sufficient daily and weekly dosage; are led by well-trained program staff with suitable skills; involve changes to the environment and context for behaviour; and include partnerships with parents and/or community organizations.

5.3.3 Healthy Workplaces

The role of health authorities in enhancing healthy workplaces could include the following:

- Developing healthy policies/plans
    - Establishing strong policies and leadership to support healthy workplaces within the health authority.
    - Developing and implementing a comprehensive health authority strategic plan for the health authority workplace, with priorities and initiatives such as: health promotion; physical health, safety and psychosocial health; healthy workplace structures/processes; healthy physical environment and design; balancing work and family; and respect for diversity.
- Creating supportive environments
    - Facilitating input by health authority employees to identify and prioritize workplace health risks, and plan workplace interventions.
    - Preventing and managing health risks such as: exposure to chemical or biological agents, violent patients/clients and work-related injuries.
- Strengthening community action
    - Establishing priorities for advising other organizations in developing healthy workplaces, considering the organizations' internal capacity and resources, influence in their community, readiness for change, size, needs, etc.
    - Capacity building with other employers/employees by providing guidance and advice on developing healthy workplaces (e.g., guidance on planning processes, return on investment analysis, health issues, healthy work structures, etc.).
    - Partnering with other organizations that work to increase training, education and awareness for healthy workplaces, including WorkSafeBC, the Chamber of Commerce, employers, unions and employer and professional associations.
- Developing skills
    - Distributing public education resources to increase awareness of the importance of healthy workplaces, including strategies, tools, information, community health profiles, the inequalities lens, etc.
- Re-orienting health care services
    - Adjusting policies and practices within the health authority to support healthy workplace environments.

Key program linkages for healthy health care include: prevention of the adverse health effects of the health care system, injury and disease prevention, prevention of violence, healthy living, mental health promotion, chronic disease prevention and primary care.

The Auditor General's Report *In Sickness and In Health: Healthy Workplaces for British Columbia's Health Care Workers* (2005) stresses the importance of a healthy work environment in health care facilities, and the need for health authorities to take a strong leadership role in mitigating risks and increasing the health and safety of employees.

The Effective Public Health Practice Project (2001) concluded that the best outcomes resulted from: sustained programs based on principles of empowerment and/or community-oriented models, using multiple methods visibly supported by top management and engaging the involvement of all levels; a focus on a definable and modifiable risk factor, which constitutes a priority for the specific worker group; and interventions that are participatory and tailor-made to the characteristics and needs of the employees.

Breucker and Schroer (2000) conducted a review of 650 studies, which showed "a remarkable weight of evidence indicating a positive effect of workplace health promotion programs in individual health awareness and behavior as well as long-term health and social outcomes." The reviews found the strongest evidence for workplace health promotion programs targeting hypertension/blood pressure control, smoking cessation and fitness. The authors also identified the following factors as being associated with successful workplace health promotion programs: interdisciplinary effort involving many different players in the company; participation and cooperation of all players; and a comprehensive approach, combining activities that focus on the individual with those that address the design of the working and organizational conditions (Breucker & Schroer, 2000).

5.3.4 Healthy Health Care

Health authorities can create quality care practices and health-promoting environments within the programs and facilities they operate, and thus contribute to health-promoting environments within their communities. They may target:

- Developing healthy policies/plans
    - Establishing a healthy corporate culture through strong commitment to people-centred care, healthy work environments and participatory decision-making, including strategic plans and budgets for health promotion.
    - Working towards all hospitals meeting "baby friendly" standards as endorsed by UNICEF.
- Creating supportive environments
    - Providing people-centred care, with support for gender equality and cultural diversity.
    - Ensuring that physical environments within and surrounding health care facilities and health authority work environments are healthy and safe (e.g.,

"green" building design and maintenance practices, adequate ventilation, reduced noise levels, smoke-free campuses, bicycle lock-ups, etc.).

  - Designing space to support social connectedness for patients and families.

- Strengthening community action
  - Integrating health promotion principles into the day-to-day care guidelines and practice of all staff.
  - Supporting family caregivers through respite care, hospice care and caregiver support groups.
- Developing skills
  - Training staff to enhance their skills in health promotion practices.
  - Teaching self-care to patients and their families, including effective chronic disease management, and healthy lifestyles.
- Re-orienting health care services
  - Adjusting the delivery of services as needed to enhance the healing environment for patients.

Key program linkages for healthy health care include: prevention of the adverse health effects of the health care system, injury and disease prevention, prevention of disability, prevention of violence, reproductive health, early childhood development, healthy living, mental health promotion, chronic disease prevention and primary care.

Although multi-faceted "health-promoting hospitals" are a relatively new concept, there is an international health-promoting hospital network and numerous national and local initiatives, as well as a significant body of evidence that demonstrates that the individual components of such programs, including patient-centered care, improve the physical environment of facilities and contribute to community capacity, and thus improve the health and quality of life among patients, staff and the community (Barr et al., 2006).

Pelikan et al. (2005) suggest practices that are most effective in building "health-promoting" health care organizations. These include: health promotion as an explicit aim and value in the mission statement; clear commitment by top management demonstrated through structured health promotion strategic policies and an annual health promotion plan with a specific budget; a culture and structure that values and facilitates health promotion: a health promotion team that provides continuous support; the integration of health promotion into standards, guidelines, and clinical pathways for routine decision-making and action; and active networking with external health services providers and other stakeholders.

5.4 Surveillance, Monitoring and Evaluation

Surveillance and monitoring of healthy community programs is necessary to clarify the health status, needs and priorities of communities, particularly for at-risk populations. Thus, health authorities should be actively involved in:

- Gathering statistical information from a range of sources on the health status of specific at-risk groups and sub-populations on a community level, using social and economic determinants of health and an "inequality lens" (common, or standardized, surveillance indicators may be effectively developed in collaboration with other health authorities and the Ministry of Health).
- Collaborating with community groups and other health professionals in gathering relevant information and trends regarding community health issues and needs.
- Maintaining an inventory of relevant community resources, community services and development projects, with ongoing updating to monitor community development activities (to coordinate planning, build on related initiatives, and avoid duplication).
- Establishing assessment processes, including program evaluation frameworks, for healthy community projects and programs supported by the health authority.

6.0 BEST PRACTICES

Often, there is no one "best practice" that is agreed upon; rather, there are practices that may have been successful in other settings and should be considered by health authorities. The terms "promising practices" or "better practices" are often preferred to reflect the evolving and developmental nature of performance improvement.

Healthy communities spans an extremely broad area covering many settings and activities. This wide range of functions makes it difficult to provide "guidelines" that can be applied to all projects. "A 'cookbook' approach to good practice in community development and community capacity building does not work. Instead, community groups need to translate general, evidence-based principles into practice approaches tailored to the needs of their neighborhood and the wider context" (Work Group on Health Promotion and Community Development, 2006).

A number of general approaches that are widely accepted have already been identified in this paper. They include:

- Shifting organizational cultures to integrate "health-promoting" values and priorities.
- Expanding the linkages, collaboration and partnerships among groups and organizations to build upon and strengthen initiatives across sectors, and across programs.
- Focusing on social, environmental and economic health determinants in determining health needs and priorities.
- Using the *Ottawa Charter for Health Promotion* framework for health promotion and community capacity building.
- Building support, participation and skill levels through community development and community capacity building.
- Providing comprehensive planning and sustained program funding over the long-term.

Additional "better practices", not previously mentioned, may also be helpful in the effective implementation of programs:

- "Healthy communities work is best done with the community itself directing the efforts as much as possible" (Barr et al., 2006).
- "An appropriate mix of interventions that balance both individual and population-wide strategies" (Barr et al., 2006).
- Use of a "green team" to consider environmental design, environmentally friendly purchasing, energy use/recycling, air and water management, taking into account criteria and standards (e.g., see the resources available on the Healthcare EnviroNet (http://www.c2p2online.com) operated by the Canadian Centre for Pollution Prevention).
- Appropriate use of technology for a range of community services to support self-reliance and self-determination (WHO, 1978).

7.0 INDICATORS, BENCHMARKS AND PERFORMANCE TARGETS

7.1 Introduction

It is important to define what one means by the terms *indicators*, *benchmarks* and *performance targets*. An indicator is a representation (usually numerical) of something that constitutes an important reflection of some aspect of a given program or service. Indicators also need to be standardized in some manner so that they can be compared across different organizational entities such as health regions. Benchmarks are usually numerical representations. However, they are reflective of "best" practices. They represent performance that health authorities should strive to emulate. Benchmarks are determined by: reviewing the literature; reviewing the best practice experience in other jurisdictions; or by determining "consensus" opinion of leading experts and practitioners in the field. Performance targets, on the other hand, are locally determined targets that represent a realistic and achievable improvement in performance for a local health authority.

This section presents a number of key indicators or performance measures for a healthy communities program. It may be that some of the suggested benchmarks can apply across the province, while other benchmarks may need to be modified to account for key variables such as geographic size and population density of the health authority, and cultural issues. Once there is a set of agreed-upon benchmarks, health authorities can use the indicators, benchmarks and performance targets to monitor their own performance and to address any gaps that may exist between the indicators for their regions and the agreed-upon benchmarks. It is anticipated that the Ministry of Health will work with health authorities to, over time, develop a greater consensus on key indicators and benchmarks for the healthy communities program. As well, one or two key performance indicators may be selected to represent overall functioning of the healthy communities program in the Health System Performance Frameworks between the Ministry of Health and health authorities.

Per the draft Public Health Logic Model, one can develop indicators related to the inputs, activities, outputs and outcomes (immediate, intermediate or final) of each of the respective healthy community programs. Thus, it is not necessary to only have outcome-related indicators and benchmarks. Furthermore, indicators need to be understood within a broader context. For example, a low per capita cost for a specific program could reflect on the efficiency and effectiveness of the program, or it may reflect a program that is under-resourced. In general, it is best to consider a number of indicators, taken together, before formulating a view on the performance of a given program. Indicators and benchmarks work best as flags to indicate a variance from accepted norms and standards. Further investigation is usually required to determine the causes of any given variance from such norms or standards.

A health authority could determine its performance target by assessing its current (and perhaps historical) level of performance and then, based on a consideration of local factors (e.g., capacity, resources, new technology, staff training etc.), it could establish a realistic performance target. This performance target would be consistent with the goal of performance improvement, but would be "doable" within a reasonable period of time. Initially, performance targets will be set by health authorities for a number of indicators. However, over time and particularly if consistent data collection methods and definitions are applied, it would be realistic for health

authorities to share information related to their performance targets and then develop a consensus with other health authorities to determine a provincial benchmark for these indicators. In other words, locally developed performance targets, over time, could lead to the development of additional provincial benchmarks.

7.2 Indicators for Healthy Communities

Although it is recognized that in many instances, the health authorities will have relatively little influence or control over healthy communities indicators, it is important to identify indicators that can assist in monitoring developments and trends in the field. The majority of the following indicators measure processes and activities; however, the indicators included under Section 7.7 measure some of the anticipated outputs and outcomes. It is recognized that health authorities are at different stages of development and that they may wish to choose those indicators that are most relevant to their circumstances or to identify others that reflect their unique needs.

Table 1: Indicators for Healthy Communities (General Indicators)

Indicator	Definition/Description	Benchmark
1.1 Formal health authority organizational initiatives	a) Health authority culture has integrated "health-promoting" values and priorities, and has commitment to healthy communities. For example, the health authority has:	
	• a written policy for health promotion. (yes/no)	Yes
	• a strategic plan that includes healthy communities. (yes/no)	Yes
	• a budget for healthy communities. (yes/no)	
	• dedicated community development staff. (yes/no)	Yes
	c) Health authority uses an "inequities lens" to identify vulnerable populations. (yes/no)	Benchmark not available
	d) health authority prepares/participates in developing "community profiles" for priority settings and at-risk population groups. (yes/no)	Yes

Indicator	Definition/Description	Benchmark
1.2 Level of community capacity building activities.	a) Health authority has collaborative partnerships with communities/population groups. For example: • Collaboration is used for analysis/prioritization of issues. (yes/no) • Decision-making processes are transparent. (yes/no) b) Number of health authority community capacity building workshops held annually. c) Level of community readiness* (communities over 5,000, or, as appropriate) for community development.	 Yes Yes Benchmark not available Benchmark not available
1.3 Level of staff training and commitment to capacity building.	a) Number of public health professional staff who receive health authority-sponsored training in community-capacity building. (yes/no) b) Percentage of health authority public health staff who consider capacity building to be part of their role.	Benchmark not available Benchmark not available

* Health authorities may find *The BVI Handbook* by Mike Stolte (Centre for Innovative and Entrepreneurial Leadership, Nelson, BC) to be useful as the handbook provides a method for assessing community readiness and vitality (www.BusinesVitalityIndex.com). Or, health authorities may wish to develop their own measurement tool.

7.3 Indicators for Healthy Local Governments

Table 2: Indicators for Healthy Local Governments

Indicator	Definition/Description	Benchmark
2.1 Level of activity in developing healthy local governments.	a) Health authority works collaboratively with local governments. For example, the health authority	
	• advocates with councils to establish healthy community plans and strategies. (yes/no)	Yes
	• provides local governments with information on local health risks and health determinants. (yes/no)	Yes
	• facilitates collaboration between local governments and other key groups on health issues. (yes/no)	Yes
	b) Health authority collaborates with priority populations (e.g., Aboriginal communities, immigrant populations and others) to address major inequities. (yes/no)	Yes

7.4 Indicators for Healthy Schools

Table 3: Indicators for Healthy Schools

Indicator	Definition/Description	Benchmark
3.1 Health authority plans and policies.	a) Health authority promotes healthy schools with school boards/districts and private schools as an integral component in healthy communities. (yes/no)	Yes
	b) Health authority uses an "inequities lens" to identify priority school-aged populations. (yes/no)	Yes
	c) Health authority has a structured, collaborative relationship with school boards/districts and private schools. (yes/no)	Yes

Indicator	Definition/Description	Benchmark
3.2 Level of Health authority activity in supporting healthy schools.	a) Health authority collaborates with school districts/boards in enhancing school health promotion and health resources. (yes/no) b) Health authority collaborates with school boards/districts in integrating school health priorities into community programs. (yes/no)	Yes Yes
3.3 Patterns in healthy school initiatives.	Percentage of health authority school boards committed to "healthy school"* policies.	Benchmark not available

* "Healthy schools" are described by the BC Ministry of Education as including: healthy physical school environments; healthy social environments; promoting healthy food choices and physical activities; enhancing health-related learning in and outside the classroom; services within schools that support students to be physically and emotionally healthy; partnerships, community links and support services that promote health.

7.5 Indicators for Healthy Workplaces

Table 4: Indicators for Healthy Workplaces

Indicator	Definition/Description	Benchmark
4.1 Health authority plans and strategies.	a) Health authority has a formal workplace health strategic plan. (yes/no) b) The workplace plan was developed with input from employees. (yes/no) c) Workplace health strategies include: • Personal health practices. (yes/no) • Physical environment/safety. (yes/no) • Healthy workflow and work processes/practices. (yes/no) • Initiatives to balance work and life demands. (yes/no) • Social and cultural environment. (yes/no)	Yes Yes Yes Yes Yes Yes
4.2 Level of workplace health promotion with other organizations.	a) Health authority provides guidance/advice to other employers on healthy workplaces. (yes/no) b) Health authority partners with Chamber of Commerce and other groups to promote workplace health. (yes/no)	Yes Yes

7.6 Indicators for Healthy Health Care

Table 5: Indicators for Healthy Health Care

Indicator	Definition/Description	Benchmark
5.1 Health authority plans and strategies.	a) Health authority strategic plan includes health promotion strategies for health authority programs/services, including:	
	• Health promotion principles integrated into the role of all professional care staff. (yes/no)	Yes
	• Staff training in health promotion. (yes/no)	Yes
	• People-centred care. (yes/no)	Yes
	• Self-care education for patients/clients, and families (yes/no).	Yes
	• Primary care teams included in health promotion. (yes/no)	Yes
	• Caregiver support/respite care for family caregivers. (yes/no)	Yes
	b) Health authority has environmentally-friendly:	
	• "Green-team" or environmental management plan. (yes/no)	Yes
	• Building design standards. (yes/no)	Yes
	• Guidelines for resource management (e.g., purchasing, energy use, recycling, etc.). (yes/no)	Yes

7.7 Indicators for Surveillance, Monitoring and Evaluation of Healthy Communities Programs

Although health authorities may have relatively little influence or control over the performance of some of these indicators, it is important to identify and monitor overall developments and trends in this field.

Table 6: Indicators for Surveillance, Monitoring and Evaluation

Indicator	Definition/Description	Benchmark
6.1 Community trends and patterns.	a) Number of communities (over 5,000) that have: • Identified community health priorities. • A health promotion strategic plan. • Food security policies/plans. b) Improvements to the physical environment: • Percentage increase in bike paths. • Percentage increase in urban parks. • Percentage of communities with smoke-free by-laws.	Benchmarks not available
6.2 Patterns in healthy school initiatives.	a) Percentage of health authority schools with smoke-free campuses. b) Percentage of health authority schools with healthy food policies and food action plans. c) Percentage of health authority schools that have adopted "Action Schools BC."*	Benchmarks not available
6.3 Patterns in health authority employee satisfaction and health.	a) Percentage of health authority staff resignations per year. b) Average number of sick leave days for health authority staff per year. c) Percentage of health authority staff on long-term disability per year. d) Staff injury rates e) Staff satisfaction surveys	Benchmarks not available

Indicator	Definition/Description	Benchmark
6.4 Trends in healthy health care.	Health authority policies have been implemented for:	
	• People-centred care. (yes/no)	Yes
	• Smoke-free campuses. (yes/no)	Yes
	• Healthy food policies in hospitals. (yes/no)	Yes
	• Environmentally sustainable/green health care policies. (yes/no)	Yes
	• WHO "baby friendly" policies. (yes/no)	Yes

* Data available on "Action Schools" (a best practice model to assist BC elementary schools in creating individualized school action plans to promote physical activity) can be found on its website, at: http://www.actionschoolsbc.ca. Statistics are updated monthly on a provincial and health service delivery area (HSDA) level.

8.0 EXTERNAL CAPACITY AND SUPPORT REQUIREMENTS

8.1 Key Success Factors/System Strategies

The previous sections outlined the main components and best practices that health authorities could include in their healthy communities programs. However, it must be emphasized that successful implementation of effective programs in this field will also depend on having in place key success factors/system strategies. These include:

- Strong support from the Board and management of the health authorities regarding the importance of all aspects of the healthy communities program in their regions and the role it plays in protecting the health of the population.
- Allocation by the health authorities of sufficient resources to meet the priority needs identified in their health improvement plan.
- Well-trained and competent staff with the necessary policies and equipment to carry out their work efficiently.
- An information system that provides staff with appropriate support, provides management with the information it needs to drive good policy and decisions, and provides the public with access to healthy communities information.
- Clear mechanisms of reporting and accountability to the health authority and external bodies.

8.2 Intersectoral Collaboration and Integration/Coordination

Intersectoral collaboration is essential in healthy communities programs. It is important to recognize that effective partnerships can only be implemented with strong involvement, participation and support from other key groups within the health sector, such as a range of public health programs (e.g., chronic disease prevention, pregnancy outreach and infant/child and youth health services). On the local and regional levels, the important linkages are with elementary and secondary schools, municipal councils, employer groups, child care programs, recreational centres, and local service agencies providing support to low-income children and families, seniors, aboriginal peoples, teen parents and other at-risk populations. At the federal level, it is important to collaborate with Health Canada and Indian and Northern Affairs Canada in enhancing services to Aboriginal peoples.

8.3 Assessment and Monitoring of the Healthy Communities Program

It will be important for health authorities to review their existing information and monitoring systems with respect to integrating and coordinating the measurement and monitoring of performance indicators. It may be necessary to:

- Establish new policies and procedures for some activities to ensure that the necessary records are kept.
- Plan regular survey or sampling projects, either individually or in partnership with other health authorities, to assess performance on certain indicators.

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APPENDIX 1: THE EVIDENCE BASE FOR A MODEL CORE PROGRAM FOR HEALTHY COMMUNITIES

Taken from: *Healthy Communities Evidence Review,* by Barr, V.J., Pedersen, S., & Rootman, I., (2006, April 7). Victoria, BC: Public Health Association of BC.

As one of the strategies to emerge from the Ottawa Charter for Health Promotion (World Health Organization, 1986), the settings approach to health promotion works with people in the physical and social settings in which they live, work, play, shop and lead their daily lives. Such settings combine the physical and social environments and involve large sections of the population who share a wide range of risk factors for illness and injury. The Ministry of Health's vision of healthy communities includes healthy schools, healthy workplaces, healthy care facilities and community development and capacity building.

Healthy communities have a number of key characteristics, including:

- Clean and safe physical environments.
- Peace, equity and social justice.
- Adequate access to food, clean water, shelter, income, safety, work and recreation for all.
- Strong, mutually-supportive relationships and networks.
- Wide participation of residents in decision-making.
- Opportunities for learning and skill development.
- Strong local cultural and spiritual heritage.
- Diverse and robust economy.
- Strong civic engagement.
- Access to health services, including public health and preventive programs.
- Protection of the natural environment (Ontario Healthy Communities Coalition, 2003).

Because effective use of healthy communities strategies necessarily incorporates the social determinants of health, the interaction of multiple risk factors that can be linked to the development of disease or injury is complex. Those risk factors have genetic, biological, behavioural, psychological, environmental, social, economic and cultural aspects, and they are not easily teased apart for the purposes of evaluation and research.

The purpose of this evidence review is to provide an evidentiary base from which to formulate the best practices for health authority programs in the area of healthy communities. The focus of this paper is broad health promotion interventions that are designed to enhance health and improve the physical and social environments in which people live, work, study and play.

Specific programs intended to prevent particular diseases and injuries are, by and large, not the focus here, but are included in other evidence review papers as part of the Ministry of Health's core public health functions process.

There is a large body of literature on creating healthy settings and healthy communities, a thorough review of which is beyond the scope of this paper. This evidence review is a review of reviews, with an emphasis on systematic reviews, meta-analysis and other reviews of evidence related to healthy workplaces, schools and health care facilities, and community capacity building.

APPENDIX 2: PROGRAM SCHEMATIC - MODEL CORE PROGRAM FOR HEALTHY COMMUNITIES

Objectives: To support positive "health-promoting" environments for all BC citizens by facilitating healthy local governments, healthy schools, healthy workplaces and healthy health care;
To enhance the health of vulnerable community populations that are at high-risk for poor health;
To provide surveillance, monitoring and evaluation of healthy communities programs.

Main Components	Implementation Objectives (Best Practices)	Outputs	Linking Constructs	Short-term Outcomes	Long-term Outcomes
Healthy community policies and strategies	• Shifting the culture of organizations/communities to integrate "health-promoting" values and priorities. • Expanding linkages, collaboration and partnerships among groups and organizations. • Building political commitment to healthy communities throughout the organization. • Advocating for healthy public policies. • Identifying priorities through consultation, "population lens", "inequalities lens". • Strengthening community capacity building and community development processes.	• Policies/information on health authority role and strategies. • Linkages and partnerships developed. • Staff trained in capacity building.	• Increased clarity/ commitment to healthy communities. • Increased knowledge about health promotion and capacity building in a settings approach.	• Increased support throughout the health authority for healthy communities. • Enhanced skill in community capacity building.	Health-promoting environments created in communities and schools
Healthy local government strategy	• Developing policies: advocating with local governments to develop and implement policies and strategic plans for municipal health priorities. • Creating supportive environments: providing evidence-based information to enhance community knowledge and decision-making. • Strengthen community action: facilitating intersectoral collaboration to build partnerships and consensus between local governments and other key groups; and collaborating with priority populations experiencing major health disparities. • Developing skills: capacity building with community members in leadership, planning and implementation skills. • Re-orienting health care services: implementing services in a manner that responds to the unique needs of the community.	• Meetings and proposals. • Information and educational materials. • Partnerships developed. • Capacity building with local governments and groups.	• Local governments establish health priorities, plans and strategies. • Collaboration with at-risk populations to address health inequities. • Community members trained in leading, planning and implementing health projects.	• Increased action and capacity to address key community health issues. • Health promotion programs targeted to vulnerable populations.	
Healthy schools strategy	• Developing policies: advocating with school districts/school boards to establish comprehensive health-promoting school policies and practices. • Creating supportive environments: partnering with school districts on key issues. • Strengthen community action: providing resources, materials and tools to assist with school-based health issues and health priorities. • Developing skills: partnering with schools districts/boards in educating board members, administrators, educators, parents and students on key health issues. • Re-orienting health care services: enhancing the level of health promotion targeted to children and facilities; and integrating school health priorities into community health projects.	• Meetings and proposals. • Resources, materials and tools on health priorities. • Partnerships on key health issues for school-aged children.	• Collaborative planning with schools districts/boards on priority health issues. • Increased knowledge and resources on health issues for school boards and teachers.	• Improved response by schools to key health issues for school-aged children.	

Main Components	Implementation Objectives (Best Practices)	Outputs	Linking Constructs	Short-term Outcomes	Long-term Outcomes
Healthy workplaces strategy	• Developing policies: establishing policies within the health authority, and implementing a comprehensive workplace health plan for the health authority. • Creating supportive environments: facilitating employee input into workplace health priorities including prevention and management of health risks. • Strengthen community action: establishing priorities for advising other organizations on workplace health; guiding and advising other employers/employees; and building capacity through partnerships with other organizations (Chamber of Commerce, WorkSafeBC, unions, etc.). • Developing skills: providing public education resources and tools. • Re-orienting health care services: adjusting policies/practices to support workplace health.	• Policies and plans for health authority workplace health. • Public information and tools distributed on workplace health. • Joint education projects. • Guidance and advice provided to other employers/employees.	• Clear commitment to a health authority workplace health strategic plan. • Increased knowledge about workplace health. • Guidance for other employers/employees on healthy workplaces.	• Increased safety, health and satisfaction of employees. Reduced injuries, disabilities and sick days.	Health-promoting environments created in workplaces and health care systems Enhanced health of at-risk populations
Healthy health care strategy	• Developing policies: establishing healthy corporate culture including commitment to people-centred care, participatory decision-making etc. • Creating supportive environments: providing people-centred care, and ensuring physical environments are healthy, safe and conducive to social connectedness for patients and families. • Strengthen community action: integrating health promotion principles into day-to-day practices of all care staff . • Developing skills: training staff in health promotion skills and strategies, and teaching self-care to patients and their families. • Reorienting health care services: adjusting delivery of health care services to enhance the healing environment.	• Health authority policies on people-centred care and healthy physical environments. • "Green" team. • Health authority professional staff trained in health promotion. • Health promotion integrated into care practices.	• Health promotion strategies clarified and integrated into patient care. • Increased staff skill levels in delivering people-centred care and teaching self-care for chronic diseases. • Environmentally friendly resource management.	• Enhanced health outcomes for patients in health care facilities. • Healthy social and physical environments.	
Surveillance, monitoring and evaluation	• Gathering statistical information on the health status of specific at-risk groups on a community level, using social and economic determinants of health. • Collaborating with community groups in gathering relevant information and trends regarding community health issues and needs. • Maintaining an inventory of relevant community development projects. • Establishing assessment processes, including program evaluation frameworks for health authority healthy community projects.	• Statistical information on health status of at-risk community groups. • Collaboration with community groups. • Assess healthy community processes and programs.	• Increased knowledge about the health status of at-risk groups. • Increased community input into health issues and trends. • Improved knowledge about the effectiveness of healthy community processes and programs.	• Improved healthy communities program design and delivery. • Improved responsiveness to the needs of communities.	