Community action in public health: What does the international literature tell us after 20 Years?

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The Ottawa Charter: Strengthening community action and the new public health

- Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health.
- At the heart of this process is the empowerment of communities

 their ownership and control of their own endeavours and destinies.
- Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters.
- This requires full and continuous access to information, learning opportunities for health, as well as funding support.



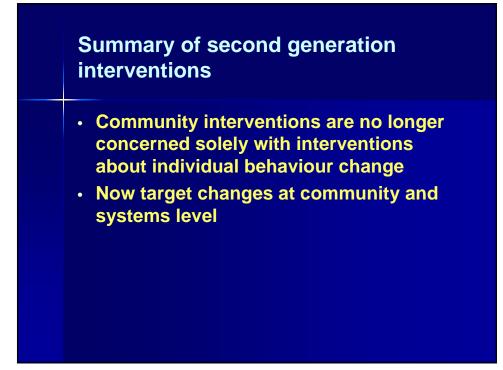
Lessons learned (Roussos & Fawcett)

- Enhance community engagement and reduce researcher power and control
- Increase community participation in decisionmaking in all phases of the intervention process
- Enhance collaboration with other sectors
- Increase involvement of those experiencing the health issue/problem
- Address the issue of sustainability early in the project

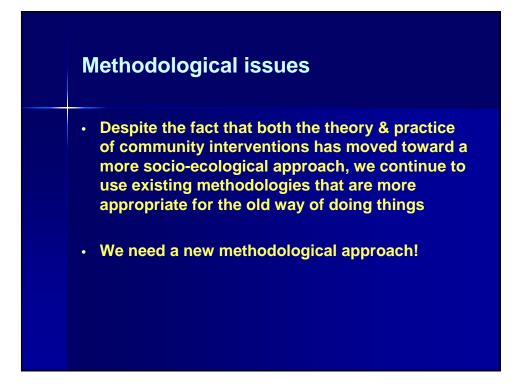
| | Second Generation |
|---|--|
| • | Collaboration and/or coalitions became the central focus of the intervention not merely one strategy amongst others |
| | This new approach was seen as the means to address some of the issues raised by the lessons of the first generation |
| • | A renewed emphasis on 'multi-level' interventions, with a focus on community-level and systems-level changes as key outcomes |
| • | The aim of these interventions was to shift community norms |
| • | Shift of responsibility <i>from</i> the individual <i>to</i> the community and the society at large |
| | |

Five characteristics of communitywide interventions (Potvin & Richard, 2001)

- 1) Broad focus, seeks small changes across entire populations
- 2) Complex, multiple strategies at multiple levels; many organizations, many partners.
- 3) Participation as key element, both at the individual and community level; community organization as key strategy
- 4) Longevity of programs to promote change
- 5) Flexibility and adaptability are essential



The Evidence: disjuncture between practice and research Many evaluations and some systematic reviews of community interventions have been carried out Most focus on particular diseases or risk factors Most are structured to measure and assess individual behaviour change This literature finds, at most, ambiguous or mixed results Individual behaviour changes have ranged from modest to disappointing Where it has been evaluated, community and system changes have been more promising



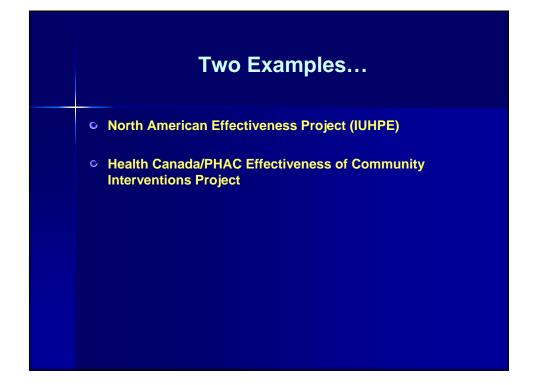
Realist synthesis approach (Pawson, 2000)

Based on philosophy of science that argues that it is possible to have a logic of comparison that is not exclusively statistical.....more about abstraction

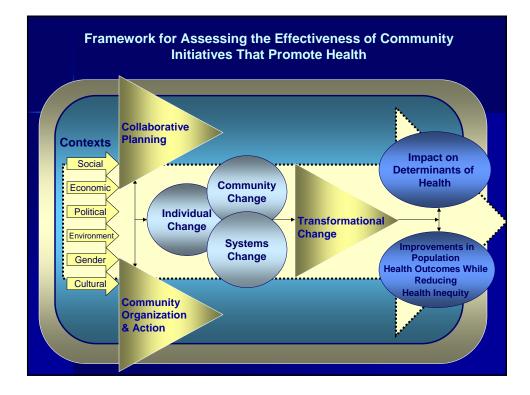
Causal powers of an intervention (program) lie in its underlying mechanism/s - its basic theory about how program resources will affect participant's action in certain contexts

NOT ...does the program work ? ...BUT what are the conditions (context) under which the resources the program offers have an impact on participant's actions

| Mechanisms, Contexts, Outcomes |
|---|
| Want to discover those contexts that have produced solid and successful outcomes FROMthose contexts that induce failure All cases are importantsuccessful policy depends as much on avoiding previous errors as by "imitating" successes |
| |



| HC/PHAC Project |
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| Literature review – identify key components & "candidate" mechanisms (e.g. participation) |
| Evidence of the "candidate" mechanisms that drive the initiative towards improved health outcomes |
| • Repeated rounds of analysis |
| • Internal expert review |
| Initial Validation – evaluation of specific interventions Case studies |
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Component 2: Community Organization and Action

- 1) Ongoing education and training opportunities
- 2) Evolving leadership
- 3) Sustained mobilization of resources
- 4) Critical reflection and systematic monitoring





