

The IDM Manual

a guide to the IDM (Interactive Domain Model) Best Practices Approach to Better Health

◆ Using the IDM Framework ◆

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***IDM Manual* sections:**

- ◆ Basics
- ◆ Suggested Guidelines
- ◆ Evidence Framework
- ◆ Research & Evaluation
- ◆ Using the IDM Framework
- ◆ Reports on Using the IDM

Other IDM resources of interest:

- ◆ IDM Best Practices Road Map for Coaches
- ◆ Best Practices Check-In Forms
- ◆ IDM Computer Program
- ◆ IDM Best Practices peer-reviewed journal article

- ◆ The *IDM Manual*, other IDM resources and links to general health-related resources are available from www.idmbestpractices.ca.
- ◆ The *IDM Manual* is also available from www.utoronto.ca/chp/bestp.html.
- ◆ Egalement disponible en français de www.opc.on.ca/francais/nosprogrammes/centre/projets/meilleurespratiques.htm.
- ◆ See also www.bestpractices-healthpromotion.com.

The IDM Manual

The IDM (Interactive Domain Model) Best Practices Approach to Better Health

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- ◆ The *IDM Manual* is written from the perspective of health promotion and public health practitioners of all types and at all levels. That is, “we” refers to program implementers (front-line staff and managers), policy and decision makers, and researchers.
- ◆ **IDM** refers to Interactive Domain Model.

TABLE OF CONTENTS

About This Section	1
Using the Framework In Brief	2
Before Starting	4
Who the Framework is meant for	4
What to expect	6
Requirements for using	8
Challenges to prepare for	9
Points to keep in mind	12
Checklist	14
Getting Going	16
Group facilitation overview	16
Options	17
How it might feel	20
Helpful Materials	21
IDM terminology	21
Examples	27
Using the IDM Computer Program version 2.12	47

ABOUT THIS SECTION

While some people take to the Framework as the proverbial ducks to water, many of us need to become more familiar with it before we speed ahead. In addition, while the rewards of using the Framework may be great, there are many challenges along the way; being prepared for these challenges makes the process much easier and more likely to succeed. This section, based on the experiences of a number of people who have worked with the Framework, provides information in a number of areas to make the process smoother. It includes suggestions, points to remember, and materials which can assist groups as they use the IDM Framework.

USING THE FRAMEWORK IN BRIEF

The following two pages provide a summary of things to keep in mind when using the IDM Framework. Many of these points are discussed in greater detail later in the section.

- ◆ Check for basics, for example, do we have:
 - a point person, resource person, recorder
 - supportive management and committed participants
 - awareness of challenges and realistic expectations
 - safeguards (such as agreement for confidentiality)
 - a selected issue

- ◆ Establish a common understanding:
 - Increase understanding where necessary (e.g., of health promotion or public health).
 - Identify similarities and differences re. health, health promotion, empowerment, equity, etc. (that is, in how people define and understand concepts and terms).
 - Identify ways to work with differences or build consensus if appropriate.

- ◆ Introduce IDM & Framework:
 - Use adult education principles (e.g. everyone has expertise to offer based on their years of experience) and a participatory hands-on approach.
 - Make sure everyone understands basics before moving on.

- ◆ Use the Framework:
 - Find a way that is comfortable for the group (e.g. in a set order or not in a set order).
 - Start where people are at (based on the current situation and people's own experiences).
 - Use exercises or informal discussion questions to draw out information where appropriate (e.g. ask "what are we currently planning/doing, and why?").
 - Initially, brainstorm rather than get bogged down in details (forget "right" and "wrong").
 - Initially, work in regular concentrated blocks of time, not sporadic short periods.
 - Combine individual, small group and large group work.
 - Choose medium (paper, flip charts, word processor, computer program, or combination).
 - Schedule regular reviews once the initial Framework process is complete.

- ◆ Address challenges as they occur, for example regarding:
 - identification of general guidelines:
 - identify specifics first, then generalize
 - provide “real life” examples
 - confusion around the complexity of the IDM:
 - accept as a normal stage
 - learn by doing (it becomes clearer)
 - frustration with delay in “action”:
 - stress importance of laying a solid groundwork to achieve more effective practice
 - staff turnover:
 - review Framework results with new members to ensure continuity
 - time pressures:
 - revisit priorities
 - recognize short-term pain for long-term gain
 - integrate use of Framework into regular tasks (e.g. planning, visioning)

“the more you work at it, the more you understand it and become more proficient; and, while doing it you may have difficulty with the flow, but when you go back you can see the pattern”

Keep in mind key IDM principles:

- ◆ engagement of all key stakeholders
- ◆ ongoing reflection and improvement
- ◆ practice based on values, theories, evidence, context

BEFORE STARTING

Who the Framework is meant for

The Framework is meant for anyone working in the field of health promotion or public health. Those working in other fields might also use it. It can be used with:

- ◆ **any issue.** For example, the issue might be: a specific disease (cancer, diabetes), a question of lifestyle (addictions, physical activity), enhancing health/preventing illness among a specific population (teens, First Nations), a determinant of health (income inequity, lack of power/control).
Note: Part of the Framework process is to examine which issues are priorities. As a result, the selected issues might change when using the Framework.
- ◆ **any stage of the initiative.** Use the Framework to develop a new program or project. Or, use it to revise or further develop an existing program or project.
- ◆ **any level of health promotion or public health understanding.** The Framework is designed to accommodate different levels of health promotion or public health understanding. Using the Framework gives people the opportunity to increase their own understanding and to share their understanding, skills and experience with others. While community members and volunteers may not have specific knowledge of health promotion or public health, they will have other life-based knowledge which is often transferable to health promotion and public health.
Note: A group with a wide variation in understanding levels may prove a challenge in some respects but provides a chance for everyone, regardless of their initial levels, to grow and learn in a variety of different ways — as long as this challenge is approached positively.
- ◆ **any kind of organization.** A community health centre, hospital, and public health department have successfully pilot tested the Framework. The organization could also be: a community based non-profit group, government department, academic/research institution, for-profit business, a funder.
Note: The challenges associated with using the Framework depend on the nature of

the organization, for example, it may be easier to use with smaller organizations.

- ◆ **any organizational level.** The Framework process could involve the whole organization or be restricted to a specific work team within the organization. The Framework can also involve several organizations, for example with a partnership.
Note: The Framework process will have most impact if it is a group effort, but can also be done individually or in pairs.
- ◆ **any professional or practice background.** Health promotion and public health practitioners come in many stripes: some are clinical (doctors, nurses, dietitians, physiotherapists), others have specific health promotion or public health credentials or have backgrounds in health education, health communication, psychology, or any of a number of other areas. In other words health promotion and public health are interdisciplinary fields and the Framework is designed to accommodate this.
Note: The challenges associated with people from different backgrounds working together on the Framework is an opportunity for growth and gaining a better understanding of other perspectives.
- ◆ **role in the organization.** People participating in the Framework process can be: front line practitioners, managers, board members, community members/volunteers.
Note: If only front line practitioners are actively participating, it is very important to have support from managers and others in the organization. Also, it is important not to exclude any group that is directly involved in the initiative or organizational level that the Framework is focusing on, for example volunteers.

What to expect

It is very important to have realistic expectations of the Framework. For example, it is fair to expect that the Framework will provide a process to address work issues and improve practice effectiveness over a period of time. It would, however, set the Framework and ourselves up for failure to expect the Framework to immediately solve all our problems. How helpful the Framework can be depends on a number of factors such as:

- ◆ the amount of time, thought and energy we are able and willing to put into it
- ◆ to what degree we are willing to change
- ◆ whether or not underlying issues are identified and addressed
- ◆ the degree and nature of supports and resources available to us, our knowledge of these supports/resources, and our ability to develop and make use of them
- ◆ how extensively all key stakeholders are involved in the process

potential benefits

As the Framework develops and is used more, we will be better able to document its benefits. In the meantime, if used appropriately, we can reasonably expect the following results:

- ◆ deeper understanding of health promotion or public health
- ◆ stronger groups/organizations
- ◆ better communication within the group, and between the group and other groups
- ◆ a more comprehensive and systematic approach to planning and evaluation
- ◆ new insights into issues and how to address them
- ◆ greater credibility
- ◆ improved work conditions
- ◆ achievement of our project's or initiative's goals (due to more realistic goal setting, and increased effectiveness of practice)

potential pitfalls

Hopefully, if the Framework is used appropriately, pitfalls will be avoided. As the Framework develops and is used more, we will have a better idea of potential pitfalls. Some of the likely ones to be aware of are:

- ◆ People may get “turned off” the project if they are excluded from using the Framework, or if it is done in such a way that they feel out of their depth.
- ◆ People may use the Framework infrequently rather than continuously.
- ◆ The Framework may be shelved rather than applied.
- ◆ An inappropriate balance between filling out the Framework and applying the Framework may occur.

Requirements for using

While anyone can use the Framework, there are a number of ingredients which, if present, will increase its effectiveness.

The most important ingredients are for at least some Framework participants to have **enthusiasm** for using the Framework, and for participants to have the **will** and **ability** to:

- ◆ carve out time to use the Framework despite competing demands
- ◆ be open to new ideas, feelings, ways of working
- ◆ think about things we don't usually think about, that is, to examine values and beliefs, our ideas and knowledge base, what we do and how we do it
- ◆ delve deeply into issues to identify their underlying roots and foundations
- ◆ accept the complexity and holistic nature of issues
- ◆ share with others our thoughts, ideas and perceptions
- ◆ be respectful towards others and their thoughts, ideas and perceptions

The positive potential of the Framework increases if participants have **appropriate attitudes**:

- ◆ reflection has a valuable role to play in improving individual, team and organizational effectiveness
- ◆ processes are as important as outcomes
- ◆ challenges are opportunities for growth and positive change rather than something to avoid or resent
- ◆ deep-rooted and long-lasting positive change is a long-term process and should not be expected to occur overnight

In very immediate terms, it is crucial to have **organizational support**:

- ◆ intangible support in the form of encouragement from management
- ◆ concrete support in the form of time allowed to work on the Framework

Ultimately, ensuring **involvement by all key stakeholders** (ranging from volunteers to CEOs) in using the Framework will increase the likelihood of positive long-lasting results.

Challenges to prepare for

Practitioners may encounter a number of challenges as they work through the Framework as part of a group. Simply knowing that challenges in general are an inevitable part of the process, and knowing which challenges in particular to expect, will help. In addition, active steps can be taken to minimize some of the challenges. A brief discussion of possible challenges follows.

- ◆ **different levels of familiarity with health promotion or public health.** If differences of this nature exist, the risk is that some participants will find the process slow and repetitive while others will find it too fast and overwhelming. It is important to determine from the outset the extent of differences and then to accommodate them as much as possible, perhaps with preliminary “catch up” sessions. The attitude that everyone can learn from another person is helpful (as well as being true!). Sometimes people unfamiliar with health promotion or public health will have perceptive insights because they are new and have a fresh eye, and will bring ideas from different areas, which can encourage creativity. And, people with little specific health promotion/public health understanding will have life understanding which is often transferable to other areas. A general adult education principle to keep in mind when attempting to share knowledge or understanding is that people learn better when they figure it out for themselves than when they are told.
- ◆ **differences in practice background.** People’s practice backgrounds, for example clinical or non-clinical, can make a major difference to their perspective, understanding and priorities. This can be a major issue — as well as a major benefit — especially with the trend to interdisciplinary teams. It is important to understand everyone’s perspective, and as a group to come to some kind of accommodation that is acceptable to everyone.
- ◆ **differences in learning styles.** Using the Framework is in part a learning process, and what is comfortable for one person may be uncomfortable for another. Awareness of how each group member learns best, and taking these learning styles into account, will make using the Framework easier and more pleasant.
- ◆ **differences in values, ideas, beliefs.** We often assume that our values, ideas and beliefs are similar to others and are surprised when something happens to highlight

the differences that exist. In retrospect we then realize that these differences were responsible for some of our ongoing difficulties. For this reason, it is important at the outset of any group process to identify similarities and differences in values/ideas/beliefs and the implications of these differences. One obvious implication of differences is the possibility of conflict. A less obvious implication is that different sets of values/ideas/beliefs correspond to different sets of activities/strategies/processes. For example, people understand health promotion in different ways — whether health promotion is defined as primarily a matter of life style issues, structural issues, or a combination of both makes a huge difference to practice choices.

It is also important to decide on a group position concerning comfort with levels of agreement/difference. Is it enough for the group to know where the areas of agreement and difference are, and carry on from there, or is it important to have consensus? If consensus is desirable, how is this to be achieved? These are the kinds of questions that need to be identified and answered.

- ◆ **lack of openness and/or depth.** For a number of reasons, people in a work situation may be reluctant to be open about such things as their values/beliefs, social/political analyses, and identification of challenges/capacities, or to dig too deeply in exploring these. Unfortunately, the more superficially the Framework is approached, the less it will assist in accomplishing long-lasting positive change. Rather than getting too discouraged, it is important to remember that the Framework is a process and while initially people may be reserved in sharing their personal views and reluctant to delve deeply into issues, as time goes on this may change. It is also important to put in place whatever supports we can to make it as easy as possible for people to be open and to dig deeply. These supports may include a policy of complete confidentiality, use of a facilitator everyone feels comfortable with, or development of skills such as how to deal positively with areas of disagreement.
- ◆ **differences in approach to challenges.** Some people see challenges as a negative and prefer to ignore them, while others see them as opportunities for positive growth and change. Given that challenges of one sort or another are inevitable, often intensifying when ignored rather than disappearing, the second attitude is more

appropriate for people using the Framework. However people view challenges, it may be helpful to have a defined process for preventing them before they occur or addressing them as they present themselves. For example, having a regular time for discussion of issues makes it easier to bring forward potential problems than if there isn't a designated forum for constructive problem solving.

- ◆ **time pressure.** This challenge appears to be universal in health promotion and public health. Although time management skills can increase our efficiency (a number of courses and books provide information on this), sometimes there is simply not enough time to do everything and it may be that the Framework is one of the things that doesn't get done. It helps to schedule a specific time to work on it rather than waiting for a time to fit it in; try to make working on the Framework a habit like brushing teeth. It may also help to make a conscious decision that using the Framework is a top priority, recognizing that spending extra time on it now will not only save time in the long run but will also make our work more effective.
- ◆ **confusion.** Confusion is inevitable when we are learning anything significantly new; it is a positive rather than a negative sign. The presence of confusion means that we are reassessing old ways of doing and thinking and trying to integrate new ways into our approach to work and/or life. Activities that may help include talking things through with others, breaking things down into smaller pieces, and taking a break.
- ◆ **impatience.** Many people, often because of the many pressures on us to “produce” and “achieve,” or because of demands from funders, are geared towards immediate action and resent taking time out for reflection. Using the Framework is, however, a very reflective process, although not reflection for the sake of reflection — the reflection is geared to improving action and increasing the effectiveness of our practice. To maintain interest in and energy for the less tangible foundational and more abstract pieces of the Framework (i.e. our underpinnings and understanding of the environment) it is necessary to make the link between these pieces and practice, that is, to recognize that rather than impeding practice, well thought through and well understood underpinnings and environmental understanding will facilitate practice.

Points to keep in mind

There are no right or wrong ways to go about applying the Framework — only ways that are successful for any particular group and ways that aren't. Experiment to identify which is which. What works at one time or in one situation might not work at another time or in a different situation, and what works for one person may not work for someone else.

Here are a few points to keep in mind when using the Framework. Read them over before you start, and review them again once you have begun (they might make more sense then!).

- ◆ When using the Framework, don't worry about making mistakes or not understanding well enough. It is much better and more fun to plunge right in and get something down as quickly as possible. "Learning by doing" for many people is the best way to learn — from this perspective, mistakes and struggling to understand are good. By trying to figure out how to do things better and how to understand things more clearly, we attain a deeper and longer lasting understanding, allowing us to apply what we have learned more effectively. In addition, plunging in without worrying about mistakes prevents our "internal critics" from interfering with our creativity and intuition. It is easier to build on something down on paper (or on the computer) than on something swimming around without form in our heads. Once we have something down, we can bring our rational and critical skills into play to make changes.
- ◆ Using the Framework is like filing. It may not always be easy to figure out what goes where (for example there may be an overlap between "theory" and "analysis of the environment"). Ultimately it doesn't matter as long as our filing system makes sense to us; and if we decide it doesn't make sense, we can always refile. In some cases it makes sense to put the same information in more than one place in the Framework.
- ◆ While the Framework may appear static, in practice it is best used dynamically and interactively, in the same way that the domains it is based on are dynamic and interactive. It is sometimes better not to follow the steps in sequence. In practice, we may start in the middle rather than at the beginning, go back and forth several times

Don't worry about mistakes — plunging in is the best way to learn and understand.

Use the Framework "filing system" that makes most sense to you.

Use the Framework in a non-linear fashion.

between two steps before moving on, or work on several steps concurrently.

- ◆ Some people prefer to work from the general to the specific, whereas others find it easier to work from the specific to the general. In the Framework it is all right to work either way. We might want to complete the “current” situation before doing anything else, because this is concrete, allowing us to generalize from the specifics of the familiar to formulate our general guidelines. Or we might define the general first, using this to guide us in identifying the specifics. Either way, expect movement back and forth between specifics and the general before we are satisfied.
- ◆ If unclear about which health-related issue to focus on, start with “analysis of health-related issue” in the current situation. This will help determine which issue to select.
- ◆ If we apply the Framework to an initiative still in the preliminary stage, we may only be able to fill in parts of the current situation, such as which theories or evidence sources are applicable to this particular program or project.
- ◆ Using the Framework may feel repetitive. Some things we work through several times, although each time from a different angle (for example: general guidelines for health promotion/public health values, values currently used in the project, values we want to use in future in our picture of the ideal situation). Sometimes for the sake of clarity or consensus we may have several discussions on one point (for example what “equity” really means in the context of our particular project). Sometimes we go back and add to or revise what we wrote for a particular step because we gained an insight or had our memory jogged when working through another step.
- ◆ Using the Framework is an ongoing process that is never truly finished; rather, the Framework keeps evolving — as circumstances change, awareness grows, and new issues arise, we re-examine and modify the content and thinking that goes into the Framework. For example, once we implement our action and evaluation plan, many features of our picture of the ideal situation become our “current” situation, after which we repeat the whole process, although likely more quickly the second time.
- ◆ The Framework is modifiable. In other words, it is a tool that is supposed to help us — if changing it will improve its usefulness to us, then we should change it (as long as the integrity of the Framework is not compromised simply for the sake of convenience).

Go from the general to the specific or the specific to the general, whichever is easiest.

Repetition and revision is part of the process.

The Framework keeps evolving.

The Framework is a tool to help us, for us to modify as necessary.

Checklist

Before we start using the Framework, we need to ensure a number of pieces are in place:

- ◆ **Is there general agreement that using the Framework is a good thing to do?** If not, either consensus building is required, or we should wait till there is a higher level of commitment to using the Framework.
- ◆ **Do we have the requirements listed in *requirements for using*?** Examples include enthusiasm, a willingness to think about things we don't usually think about, and attitudes such as that processes are as important as outcomes.
- ◆ **Are we aware of, and have we prepared for, potential challenges?** Examples of possible challenges are listed in the section *challenges to prepare for* and range from differences in learning styles to differences in values.
- ◆ **Do we have organizational support?** In particular, approval to spend adequate amounts of time working on the Framework is essential.
- ◆ **Do we know who is going to participate in the Framework process and how?** Who are the key stakeholders associated with the selected issue, and what is the best way for each of them to participate?
- ◆ **Will someone take the lead in coordinating or facilitating the process?** Without someone to take primary responsibility for ensuring the Framework receives the right quantity and kind of attention, the process might get derailed.
- ◆ **Have we decided who is going to do the other tasks that need doing?** Who, for example, will take notes of discussions for future reference, arrange times and meeting places for working on the Framework together, and ensure everyone is informed of what is going on?
- ◆ **Do we have a beginning point for the issue we want to focus on?** The Framework itself can help define the specific issue to focus on, but we need to have something, no matter how general, to start with.
- ◆ **Do we share the same understanding of health promotion or public health?** It

makes sense to have one or two sessions to familiarize members with key health promotion or public health concepts and issues. This will increase comfort levels and the likelihood of “speaking the same language.”

- ◆ **Have we defined our expectations and decided which are attainable?**
- ◆ **Have we organized a time, place and process for a group introduction to the Framework?** This will ensure that participants have a common understanding of the Framework.
- ◆ **Have we organized a time, place and process for a group introduction to either the IDM computer program or this Manual?** This will ensure that participants are familiar with the tools and resources specific to the IDM Framework, making the process more efficient.
- ◆ **Have we set aside regular scheduled times to work on the Framework?** Keeping up the “flow” and momentum of the process helps decrease the frustration of having to take time to “get back into it.”
- ◆ **Have we put safeguards in place?** Examples of safeguards include: guidelines for confidentiality to encourage more open expression, a process to prevent or resolve potential conflicts, a system for keeping everyone up to date.
- ◆ **Are all the necessary resources available?** Examples of resources include: databases, guidebooks, tools such as other frameworks or kits, knowledgeable people to call on for assistance.
- ◆ **Do we have an agreed-upon set of general guidelines for working together?** Examples of guidelines include: treat everyone respectfully, keep everyone informed, value everyone’s input, encourage active participation from everyone.
- ◆ **Do we have an agreed-upon process for working together?** This might involve details such as who will facilitate each Framework session and what this facilitation involves, the role of the note taker (e.g., to note only conclusions or to capture discussion points along the way), and the particular approaches to use (as described in the section *different approaches*).

GETTING GOING

Group facilitation overview

While it is possible to work through the Framework individually, in most work situations it makes more sense to do it as a group. For this reason it is important to consider how we can best facilitate the process of group work.

In one of the Best Practices Work Group's Framework sessions, members identified facilitation as containing a number of roles, including: moving the group forward, making sure everyone is heard, reaching consensus, ensuring all points are followed up on, contributing expertise as appropriate, and providing social and emotional support (including conflict resolution). Examples of other roles might include: clarifying, ensuring all agenda items are covered, encouraging learning, building on the group's strengths, and helping to identify and resolve group "blockages."

Ultimately, facilitation is to help a group achieve its goals or purpose in a positive way. One definition states that, "Facilitation is about honoring each group member and encouraging full participation while having the group task achieved effectively and efficiently. Always approach group members as capable, aware and fully functioning people who are committed to the group purpose" (Hunter, D., Bailey, A., Taylor, B. *The Zen of Groups: The Handbook for People Meeting with a Purpose*. U.S.: Fisher Books, 1995).

In the ideal group, everyone is a facilitator and contributes as they can to each of these roles. In the worst case scenario, no one takes on the role of facilitator, either formally or informally. Traditionally one person is designated the "official" facilitator (often the responsibility of a chairperson). Some groups might decide to divide up the facilitation roles among a few people (one person keeps time, another ensures everyone gets a chance to talk, etc.). Whether the responsibility of one person, several, or the whole group, facilitating is a valuable contribution to group process. See the *IDM Best Practices Road Map for Coaches* for tips for facilitating workshops.

Options

Options to choose from when using the Framework fall under the following categories: for which purpose will the Framework be used; who should facilitate and how do members participate in the process of using the Framework; whether to use paper or computer, or a table or non-table format; in what order to go through the Framework; and, what kind of process to employ for using the Framework. Options are outlined below. Options within the same category are not necessarily exclusive and often can be used in combination with each other.

purpose

Use the Framework to:

- ◆ increase knowledge of health promotion or public health concepts and issues
- ◆ clarify underpinnings and understanding of the environment
- ◆ build teams
- ◆ improve communication
- ◆ prepare an action and evaluate plan

Note: How much of the Framework to use depends on the purpose. For example, use the Framework's first two columns to increase knowledge of health promotion or public health; use the whole Framework for planning and evaluation.

IDM awareness

- ◆ All group members are aware that they are using the IDM Framework and learn about basic IDM concepts.
- ◆ One person who is familiar with the IDM leads the group through the Framework process. While group members participate in the process, for example identifying values and how to translate these values into practice, the IDM is not necessarily identified as the process they are using.

facilitation and participation

- ◆ One group member acts as the group's coach or facilitator.
- ◆ Several group members share facilitation roles.
- ◆ An external facilitator guides the process.
- ◆ The whole group works through the Framework together.
- ◆ Members work through the Framework individually. Results are then synthesized.
- ◆ Sub-committees of the group tackle different sections. Results are then shared.

Note: Who facilitates depends on time, interest, knowledge of the IDM and of health promotion/public health, group dynamics, and financial resources. How group members participate also depends on group dynamics and size, and on preferred working styles.

complementary use

Use the Framework in a complementary fashion with other frameworks and tools to save time and work with better information and processes. Options are to:

- ◆ Use the Framework as the primary tool, supplemented as necessary with other tools.
- ◆ Use the Framework to supplement other tools.

identifying Framework information

Extract information from:

- ◆ written materials such as vision and mission statements, annual reports, evaluations, meeting minutes
- ◆ exercises such as those presented in the *IDM Best Practices Road Map for Coaches*. (See Module 4 and Modules 6 through 11.)
- ◆ worksheets, such as worksheets in IDM Manual section *Evidence Framework*
- ◆ the IDM computer program's guiding questions and/or checklists
- ◆ results from informal discussion sessions focusing on key questions such as: What are we currently doing? Why are we doing it? What would we like to do more of?
- ◆ other frameworks and tools

Note: Relevant information is often both explicit and implicit in what members say or write.

order, speed and depth

- ◆ Use the Framework in the order presented, completing each step fully before going on to the next. Complete one column at a time (that is, work up and down) or one row at a time (that is, work across).
- ◆ Skip around, working on whichever steps make most sense regardless of position, or, alternatively, work on the steps that are easiest to complete. Work quickly, jotting down the thoughts that spring immediately to mind or the information that is readily at hand. Later on take time to expand and revise.

format and medium

- ◆ Use a table format similar to the way the Framework is presented.
- ◆ Use a non-table format with Framework headings, but without rows and columns.
- ◆ Use large sized flip charts or regular sized paper filled in by hand.
- ◆ Use a computer word processing program.
- ◆ Use the IDM computer program.

Note: Whether to use paper or computers, or table or non-table formats, depends on what the group is most comfortable with.

How it might feel

Using the Framework is not always easy. We are dealing with new ideas and complex issues in a way that many of us are not used to. We are asked to be highly reflective when we have extreme pressure to be out there “doing” and getting immediate results. Here are several common sticking points that we might experience as we use the Framework.

- ◆ Feeling confused and overwhelmed is common, especially initially. Eventually, however, the Framework begins to make sense and the process becomes easier. Finally, there is clarity and progress. As one person commented, “the more you work at it, the more you understand it and become more proficient; and, while doing it you may have difficulty with the flow, but when you go back you see the pattern.”
- ◆ While some people love using the Framework, for example, to identify, define and understand values fully including their implications for practice, many get frustrated with the slow repetitious process that is sometimes required when more than a couple of people are involved. At times it may feel like the whole process has bogged down, making everyone anxious to get to the “doing” part. But in the end, most people who have used the Framework indicate they were glad to have taken the time to think through their underpinnings and understanding of the environment because of the link between this kind of reflection and effective practice. Even those who found it slow and repetitious felt that it was a highly valuable exercise.
- ◆ Feeling threatened and intruded upon with respect to personal perspectives on values, beliefs and ideas is also a possibility. Hopefully, as time goes on, this feeling will diminish if we are part of a group that feels safe and comfortable and where members treat each other with respect.

from confusion to clarity

from feeling bogged down to appreciation

a group that feels safe encourages openness

HELPFUL MATERIALS

IDM terminology

This alphabetical list defines key terms as used in the IDM approach.

action and evaluation plan

- ◆ details on how to achieve a set of specific objectives, including who does which activities/tasks/processes, when, taking into account resources and challenges

analysis

- ◆ identification of the factors involved in a given issue and their respective roles and relationships, for the purposes of clarification and understanding

best practices in health promotion or public health

- ◆ “those sets of processes and activities that are consistent with health promotion or public health values/goals/ethics, theories/beliefs, evidence, and understanding of the environment, and that are most likely to achieve health promotion goals in a given situation.” (Kahan and Goodstadt, 2001)

capacities

- ◆ the potential to acquire, develop and apply understanding and skills

challenges

- ◆ circumstances with the potential to hinder achievement of an objective, whether tangible (e.g., inadequate funding, equipment, space) or intangible (e.g., inadequate skills, understanding, commitment levels), existing at any level (e.g. organizational, regional, national, international)

current

- ◆ what is happening now

determinants of health

- ◆ “those factors which contribute to the health of populations or individuals in those populations” (Health Canada, 1997)

- ◆ determinants of health work synergistically and operate on individual, community and societal levels; they include income (individual income and degree of societal income equity); status; education/learning; power/control; social cohesion/support; social, political, economic, psychological and physical environments; individual health-related behaviour, resilience and genetics

document

- ◆ make note or keep track of

domain

- ◆ a cluster of factors relating to underpinnings, understanding of the environment, or practice, each of which significantly affects best practices in health promotion or public health (see also *sub-domain*)

effectiveness

- ◆ the achievement of health promotion or public health goals
- ◆ effectiveness pre-requisite: practice consistent with health promotion/public health values/goals, theories/beliefs, evidence, and understanding of the environment

environment

- ◆ the circumstances, objects, or conditions around us, e.g.: people; social, political, and economic systems and structures; psychological and physical conditions
- ◆ environments exist at a number of levels, e.g., organizational, provincial, national, and international (see also *organizational* and *health-related environments*)

ethical principles

- ◆ guidelines for appropriate values-based conduct

evaluation

- ◆ a set of research questions and methods geared to reviewing processes, activities and strategies for the purpose of improving them in order to achieve better results (see also *research*)

evidence

- ◆ information that is used in making decisions (from Butcher 1999)

goals

- ◆ what we strive to achieve; the concrete manifestation of values

guidelines

- ◆ suggestions for what to use to assess or guide action (processes and activities)

health

- ◆ “the extent to which an individual or group is able, on the one hand, to realize aspirations and to satisfy needs and, on the other hand, to change or cope with the environment” (WHO European Region, 1984)

health environment

- ◆ structures, systems and conditions, at a number of levels (from organizational to international), that affect health directly or indirectly

health-related issues

- ◆ situations or conditions related to health requiring action; factors which contribute to or detract from health, requiring maintenance/enhancement or reduction/prevention

health promotion

- ◆ “the process of enabling people and communities to increase control over factors that influence their health, and thereby to improve their health” (adapted from *Ottawa Charter Of Health Promotion*, 1986)

healthy public policy

- ◆ “Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by an accountability for health impact” (WHO, Adelaide Conference on Healthy Public Policy, 1988)

ideal

- ◆ standard of excellence; the ultimate aim or object for which we are striving

implementation

- ◆ carrying out identified activities/tasks/processes

indicator

- ◆ something that tells us (that is, indicates) whether we have achieved an objective or answered a question

objectives

- ◆ what we need to accomplish in order to achieve a more general goal; objectives are generally designed to be observable or measurable

organizational environment

- ◆ the structures, systems and conditions, existing at a number of levels (e.g., organizational, community, regional, national, and international) that directly or indirectly affect our work and/or our organization

organizational issues

- ◆ situations or conditions related to the organization which require action; factors that facilitate or interfere with the effectiveness of practice, requiring either maintenance/enhancement or reduction/prevention

outcomes

- ◆ intended or unintended results (short- or long-term) of activities/strategies/processes

picture of ideal situation

- ◆ concrete details of what our situation would look like if it were consistent with our health promotion/public health general guidelines

practice

- ◆ one of the domains of the Interactive Domain Model; its sub-domains include addressing organizational and health-related issues, and conducting research/evaluation
- ◆ includes both activities and processes involved in conducting our work; sets of practice activities/processes make up “strategies”

public health

- ◆ a set of activities organized at municipal, regional or national levels to prevent disease and maintain health on a population-wide basis

research

- ◆ sets of activities designed to answer selected questions (see also evaluation)

resources

- ◆ include tangibles such as funding, equipment, physical space, and people, and intangibles such as time, skills, understanding, and attitudes

revise

- ◆ make changes

sub-domain

- ◆ one of several factors clustering together with other factors to form a domain
- ◆ underpinnings sub-domains: values, goals, ethics; theories, concepts, beliefs; evidence
- ◆ understanding of the environment sub-domains: vision, and analysis, of (a) health-related issues, and (b) organizational issues
- ◆ practice sub-domains: addressing organizational and health-related issues, and conducting research and evaluation

theories/concepts

- ◆ theories/concepts explain how and why things happen, and predict how things might happen (these can be simple or complex, formal or informal)

underlying beliefs and assumptions

- ◆ determine our approach to life and guide us in our decision choices; they do not necessarily refer to external/objective evidence

underpinnings

- ◆ one of the domains of the Interactive Domain Model; its sub-domains include values, goals, ethics: theories, concepts, underlying beliefs: and evidence

understanding of the environment

- ◆ one of the domains of the Interactive Domain Model; its sub-domains include vision, and analysis, of organizational and health-related issues

values

- ◆ what is most important to us

vision

- ◆ a picture or image of how we would like things to be

Examples

IDM General Framework Steps 1 & 2

This example is presented to give an idea of how a group might fill in the IDM Framework.

re. values and evidence: Against Breast Cancer, a hypothetical application of the IDM Framework

ABC (Against Breast Cancer) was formed a couple of months ago, when over 50 people — women with breast cancer, family members, health professionals, and other concerned citizens — met to address the issue of breast cancer in their community. It was decided the main goals would be prevention of breast cancer and improving quality of life for breast cancer survivors. ABC currently receives no funding from government, corporations, or other organizations; it is dependent on memberships, donations, and volunteer time. There is an elected executive, and no paid staff. At the last meeting of the executive, the executive decided to use the IDM Operational Framework as a planning tool in the identification and implementation of a best practices approach to health promotion in addressing the issue of breast cancer. They set aside one day last month to begin applying the Framework to their initiative. What they accomplished at that time concerning the application of the Framework to “values” and “evidence” is found in the table below.

values

Step 1: Foundation			Step 2: Action & Evaluation Plan			
guidelines	current situation	picture of ideal situation	achieving the ideal	resources	challenges	evaluation
<p>values agreed upon by the executive group to act as our health promotion criteria:</p> <ul style="list-style-type: none"> health social justice the individual community the environment <p>our health promotion guiding principles re. values:</p> <ul style="list-style-type: none"> the whole organization will participate in identifying and defining values values are reviewed on a regular basis 	<p>current values listed by members of the ABC executive:</p> <ul style="list-style-type: none"> good health quality of life prevention vs. treatment empowerment of women with breast cancer self-determination respect for different opinions accessibility of services for all women community participation ongoing learning being supportive of others efficiency cost effectiveness sustainability <p>the only values initially listed by all members were: health, accessibility of services, prevention</p> <p>currently there are no processes in place for a regular review of values by the whole membership</p>	<p>our values as they ideally apply to the issue of breast cancer (based on health promotion criteria agreed upon by executive group):</p> <ul style="list-style-type: none"> health: increase/enhance health of women with breast cancer; prevent breast cancer in other women; support the health of those who live or work with women with breast cancer (e.g. family members, health professionals) the individual: treat women with breast cancer with respect and dignity; accept, appreciate and accommodate for diversity (whether in terms of cultural differences, differences in treatment choices, etc.) social justice: ensure that: all women with breast cancer have equitable access to services by addressing barriers that affect some women more than others, gender inequities within the health care system adversely affecting women with breast cancer are redressed, women with breast cancer are full participants in making decisions concerning themselves and have as much control over their lives as possible (as long as others are not negatively affected), all women with breast cancer are able to enjoy the highest possible quality of life community: positive interactions and links among women with breast cancer, their friends and families, and others are fostered so that social and practical support is available when necessary the environment: ensure that all environments surrounding women with breast cancer are as supportive as possible, that the environment and its associated resources are respected when addressing breast cancer issues so that resources will not be wasted or damaged <p>ideal processes re. values:</p> <ul style="list-style-type: none"> the whole membership of ABC will have an opportunity to identify and define ABC's values these values will be reviewed regularly to make sure we still agree with them and to make sure we are actively integrating them into ABC's work we will decide whether to aim for consensus and how to handle disagreements constructively there will be a process in place to ensure that the actions we choose reflect our values 	<p>tasks/activities to meet objective <i>to have a regular membership review of values</i>:</p> <ul style="list-style-type: none"> distribute to membership the values drafted by executive ask for written or oral feedback call a meeting to discuss ABC's values: set a time, book space, send out notices, find someone who is skilled at consensus building and dealing with disagreements constructively to facilitate the meeting set up a values committee who will be responsible for organizing processes to ensure ABC's actions reflect values and that values are reviewed regularly set a time to further discuss who does what, and timelines 	<ul style="list-style-type: none"> time (available in small amounts; works best for group if spread out over a longer period) meeting space (available: room in local church) expertise: one member knows a consultant in organizational development who might be a good facilitator or might be able to recommend one volunteers (required): to be on values committee desire and commitment to follow through (enthusiastically available): e.g. designing, producing and distributing notice; collecting feedback from members set a time to further discuss: available/ additional resources required, actions/tasks to attain/use resources, who does what, timelines 	<ul style="list-style-type: none"> set a time to meet re. identification of challenges likely to present themselves in carrying out actions/tasks, the actions/tasks to address challenges, who does what, and timelines 	<ul style="list-style-type: none"> set a time to meet re. identification of evaluation questions, measurable objectives, sources, methods; actions/tasks for evaluation; who does what; timelines

evidence

Step 1: Foundation			Step 2: Action & Evaluation Plan			
guidelines	current situation	picture of ideal situation	achieving the ideal	resources	challenges	evaluation
<p>evidence should:</p> <ul style="list-style-type: none"> include results & outcomes of past and current practice (from both the specific project itself and other projects); and the relationship between these results & outcomes and processes be qualitative and quantitative, subjective and objective derive from ongoing research and evaluation, including individual and group critical reflection derive from a variety of methods and sources including key informants and key stakeholders contribute to continuous learning and knowledge building be reliable, trustworthy, credible be appropriate to the issue, setting, etc. include information supporting new ideas and evidence that contradicts generally accepted ideas (i.e. not restricted to supporting conventional wisdom) be reviewed and updated regularly 	<ul style="list-style-type: none"> some members shared and recorded experiences at initial meeting; general membership has been asked to supply summaries of their experiences (whether in a personal or professional capacity) one member has searched Medline re. screening issues (e.g. age and frequency for mammograms, breast self exams) another member is collecting material on tamoxifen as a preventive sources for demographic information e.g. mortality/morbidity rates were identified it was agreed the unknowns and conflicting evidence re. breast cancer indicate a need for more evidence re.: screening, tamoxifen, possible contributors to breast cancer (e.g. diet, alcohol, organochlorine compounds, hormone replacement therapy, radiation, exercise, electromagnetic fields) 	<ul style="list-style-type: none"> we will have a comprehensive set of information: <ul style="list-style-type: none"> results of activities by groups similar to ABC (locally, nationally, internationally) and what contributed to these results (including processes) basic demographics of people with breast cancer in our area morbidity and mortality statistics according to sub-populations for our area the range of opinion and data concerning breast cancer prevention (including traditional medical approaches and non-traditional complementary or alternative approaches) the feelings, observations, experiences of people directly affected by breast cancer in our area the information we gather will be from: <ul style="list-style-type: none"> women with breast cancer <ul style="list-style-type: none"> their families and friends professionals involved in breast cancer issues <ul style="list-style-type: none"> researchers community breast cancer groups others with an interest in breast cancer (e.g. government bureaucrats, hospital administrators) we will draw on written and oral sources before acting on information collected we will ensure it fits our area's circumstances we will scrutinize it to make sure it is reliable (e.g. believable sources, proper methodology, etc.) we will make this information available to our members and others through bi-monthly bulletins we will review and update information regularly through an ABC "evidence" committee we will regularly evaluate our own processes and activities, and act on the results we will conduct comprehensive literature search and review on relevant breast cancer topics we will compile required statistics we will identify procedures for figuring out which information is appropriate to our area and which information is reliable we will produce bi-monthly newsletter which will include column on evidence we will design evaluation processes 	<p>tasks/activities to meet objectives listed in "picture of ideal":</p> <ul style="list-style-type: none"> identify: relevant journals, databases, organizations; key informants, key stakeholders identify contact info (e.g. phone numbers, email addresses) design collection tools e.g. interview/survey questions review what others have done re. criteria for judging which information is appropriate and reliable collect, synthesize, analyze data organize the newsletter (solicit/write material, input it, lay it out, print it, distribute it, etc.) identify and review evaluation options set up committees for different tasks: e.g. collect evidence, produce newsletter, evaluate set a time to further discuss who does what, and timelines 	<ul style="list-style-type: none"> volunteers: for committees skills: internet searches, research and evaluation, group, publications equipment: computer with internet access, printer, photocopier resource centres such as libraries people willing to take on tasks time money: for printing newsletter, long distance phone costs, postage, transportation, copying/obtaining material cooperation: of key informants & stakeholders set a time to discuss which available/ additional resources are required to carry out actions/ tasks, the actions/tasks to attain/use resources, who does what, and timelines 	<ul style="list-style-type: none"> set a time to meet re. identification of challenges likely to present themselves in carrying out actions/ tasks, the actions/tasks to address challenges, who does what, and timelines 	<ul style="list-style-type: none"> set a time to meet re. identification of evaluation questions, measurable objectives, sources, methods; actions/tasks for evaluation; who does what; timelines

using the IDM Evidence Framework

IDM Evidence Framework applied to a health-related issue

A hypothetical example illustrating the steps of the Evidence Framework follows.

A partnership of inner-city community-based organizations is focusing on income as a key determinant of health. This partnership currently supports the local Food Bank and sponsors a community economic development project for adults without a high school education. In line with its main goal of increasing income equity in their community, the partnership has recently decided to make policy recommendations to the provincial government to increase the income of welfare recipients and the working poor. Draft recommendations include raising welfare rates, raising the minimum wage, eliminating the provincial sales tax, and making provincial income tax more progressive. Partnership members know that these recommendations will be a tough sell; in order to make as strong a case as possible for their recommendations, and to make sure that they are indeed on the right track, they have decided to concentrate initially on researching a raise in welfare rates by asking the following questions:

- ◆ What positive and negative effects would raising welfare rates have on the health of welfare recipients and the health of the community at large?
- ◆ What strengths and challenges exist to implement a policy of raising welfare rates?
- ◆ How can these strengths be built on and the challenges addressed?
- ◆ Do other options exist that would more effectively and/or more easily achieve the same goal of increased income equity?

Members of the partnership's research and evaluation committee have reviewed these questions to make sure they are consistent with health promotion. They have decided that these questions are health promotion questions, since they include an emphasis on:

- ◆ equity and health (*health promotion values*)
- ◆ an understanding of income equity as a broad determinant of health (*health promotion theory/concept*)
- ◆ a healthy and equitable community (*health promotion vision of the environment*)
- ◆ an analysis of environmental strengths and challenges (*health promotion analysis of the environment*)

Step 1: Ask health promotion or public health questions.

The research and evaluation committee is now working on a plan to answer the partnership's health promotion questions by exploring the evidence that is **specific to their** situation and the evidence that is available from **other** situations. They hope to find people at the local university and in government to help them:

- ◆ access Social Services data to identify how many people are on welfare and why
- ◆ review peer-reviewed journal articles and unpublished reports to find out:
 - which jurisdictions have raised welfare rates in the last 10 years, by how much, and the results
 - the theoretical considerations for increasing welfare rates
- ◆ interview local experts and experts from other areas who are knowledgeable about: determinants of health; community health; welfare; economics; policy
- ◆ conduct a focus group of welfare recipients
- ◆ interview former welfare recipients
- ◆ ask each political party to outline their policy perspective on raising welfare rates
- ◆ conduct a survey of people working with welfare recipients

After they analyze the information they have gathered and summarized the findings, the research and evaluation committee plans to review the results to ensure they are relevant to their questions, consistent with their underpinnings and understanding of the environment, high quality, and applicable to their situation.

They will use the resulting evidence, along with their values, theories, and understanding of the environment, to finalize and present recommendations to the government. They plan to review their recommendations and efforts to implement them in three years. They have agreed to revise the recommendations and their advocacy efforts depending on the results of the review.

Step 2: Conduct research to answer the questions:

- ◆ identify & select information sources
- ◆ gather, analyze and summarize/synthesize information, from our own *and* from other situations
- ◆ accept as evidence only information that is:
 - relevant to the questions
 - consistent with underpinnings & understanding of the environment
 - high quality
 - applicable to our situation
- ◆ report on findings

Step 3: Use evidence, other underpinnings, & understanding of the environment to make best practices decisions.

Steps 4, 5 & 6: Implement decisions in practice; evaluate & revise where necessary.

IDM Evidence Framework applied to an organizational issue

A hypothetical example illustrating the steps of the Evidence Framework follows.

A project relating to income equity has a three-year old community advisory committee. Some of the committee members have recently raised a number of issues:

- ◆ the committee is not truly reflective of the community
- ◆ some members are dominating the group
- ◆ the real community needs and capacities are not being expressed

Given these concerns, the committee as a group agrees with one member's suggestion that it would be a good idea to ask the following question:

“In what ways can we increase the level and quality of participation of the community advisory committee in order to help us get closer to our health promotion goal of greater income equity?”

Two members of the committee volunteer to get together and figure out if this is a health promotion question. They decide it is a health promotion question, since it emphasizes:

- ◆ equity and participation (*health promotion values*)
- ◆ income equity as a broad determinant of health (*health promotion theory/concept*)
- ◆ high quality community participation as a requirement for the success of health promotion practice in achieving health promotion goals (*health promotion theory/concept/belief*)
- ◆ a vision of a group working on a true power-sharing basis and going beyond token community representation
- ◆ an analysis of (a) how internal processes are working regarding the advisory committee, (b) how the community relates to the organization, and (c) how the organization (in this case represented by the advisory committee) can play an effective role in supporting the project goal of greater income equity (*health promotion understanding of the environment*)

Step 1: Ask health promotion or public health questions.

to set up two sub-committees, one to explore the evidence that is **specific to their** situation, and the other to explore the evidence that is available from **other** situations.

The recommendations of the sub-committee researching the evidence **specific to their situation** follows:

- ◆ Examine the community advisory committee's membership list for the previous three years with respect to the composition of the committee and its turnover rate.
- ◆ Examine the minutes — these vary in the amount of detail they provide, depending on who was taking the minutes, but will give a sense of who has been talking and who hasn't.
- ◆ Have an observer at a couple of meetings to observe and document the community advisory committee's dynamics.
- ◆ Track down an evaluation of the community advisory committee's operations that they heard was completed three years ago by a student as a university course assignment.
- ◆ Examine Statistics Canada information to see if the community's demographics are similar to the committee's demographics.
- ◆ Get an outside person to talk in confidence to individual committee members regarding their feelings — do they feel heard and respected by other committee members, do they feel their input is valued, have they had an influence on the committee's decisions, do they feel marginalized?
- ◆ Ask former committee members why they left; inquire about the reasons why community members' had declined invitations to join the advisory committee.
- ◆ Ask a few community members if they agree with the summary of advisory committee's assessment of community needs and capacities.
- ◆ If funding can be found, undertake a formal assessment of community needs/capacities
- ◆ Institute a process of ongoing evaluation—possibly in the form of short feedback forms to be filled out at the end of each meeting.

Step 2: Conduct research to answer the questions:

- ◆ identify & select information sources
- ◆ gather, analyze and summarize/synthesize information, from our own *and* from other situations
- ◆ accept as evidence only information that is:
 - relevant to the questions
 - consistent with underpinnings & understanding of the environment
 - high quality
 - applicable to our situation
- ◆ report on findings

Recommendations of the sub-committee researching the evidence available from **other**

situations follow:

- ◆ Talk to a group similar to this community advisory committee that has been going for several years in another province.
- ◆ Use the local library to undertake a literature search—including a search to see if there are any systematic reviews of the evidence and experience related to the committee's concerns/questions.
- ◆ Put out a request on health promotion listservs (e.g., CLICK4HP) related to other people's experience with these issues.
- ◆ Contact an expert who is supposed to know a lot about community participation.
- ◆ Contact local organizations (e.g., health promotion branch/department of the provincial ministry of health; community health department of the nearest university; local branch of the Canadian Public Health Association), for suggestions about evidence related to the advisory committee's concerns/issues, and follow up on the ones that look most promising.

The advisory committee has arranged for two students to work with them as part of a class project to analyze and summarize the information they will gather. Committee members have made a commitment to implement all of the results which are consistent with their question, underpinnings, understanding of the environment, and which are high quality and appropriate for their situation. They plan a review a year after making changes based on the evidence they have identified to check if things have improved and what new changes they might need to make.

Step 3: Use evidence, other underpinnings, & understanding of the environment to make best practices decisions.

Steps 4, 5 & 6: Implement decisions in practice; evaluate & revise where necessary.

example of guidelines to ensure consistency between evidence and other sub-domains

The following consistency guidelines relate evidence to each of the sub-domains (i.e. decision-making factors) of the *Interactive Domain Model*.

EVIDENCE and

practice implications

values

health

- ◆ health promotion or public health evidence should be relevant to enhancement of health
- ◆ all processes and activities related to health promotion or public health evidence (e.g., identification, analysis, decision making, communication, application) should be carried out in a way that promotes the health of everyone involved

social justice

- ◆ the body of health promotion or public health evidence should be relevant to enhancement of health of all groups of people
- ◆ the body of health promotion or public health evidence should include evidence relevant to increasing equity and respect for diversity
- ◆ every effort should be made to make health promotion or public health evidence as easily available and accessible as possible to all stakeholder groups
- ◆ every effort should be made to include key stakeholders (regardless of professional status) in an appropriate/relevant way in all processes and activities related to identification of, decision making about, and application of health promotion or public health evidence

power sharing

- ◆ the body of health promotion or public health evidence should include evidence relevant to increasing power sharing (i.e., reduction of power differentials, increasing individual and community empowerment, increasing participation by relevant stakeholders in decision-making, increasing individual and community capacity development)
- ◆ all processes and activities related to health promotion or public health evidence (e.g., identification, analysis, decision making, communication, application) should promote power sharing (e.g., through capacity building)

the environment

- ◆ every effort should be made to ensure decisions made concerning application of evidence will not

EVIDENCE and

practice implications

harm the environment (but rather will demonstrate ecological respect and sensitivity)

- ◆ the body of health promotion or public health evidence should include evidence relevant to increasing ecological respect and sensitivity
- ◆ all processes and activities related to health promotion or public health evidence (e.g., identification, analysis, decision making, communication, application) should be carried out in an ecologically respectful and sensitive way

enrichment of individual and community life

- ◆ the body of health promotion or public health evidence should include evidence relevant to increasing the enrichment of individual and community life
- ◆ every effort should be made to ensure that all processes and activities related to health promotion or public health evidence (e.g., identification, analysis, decision-making, communication, application) promote or demonstrate authenticity, creativity, critical reflection, joy, meaningfulness, social connectedness, etc.

goals

- ◆ all health promotion or public health evidence should be relevant to the achievement of health promotion or public health goals

ethics

- ◆ health promotion or public health evidence should provide guidance where appropriate for determining ethical courses of action
- ◆ all processes and activities related to health promotion or public health evidence (e.g., identification, decision making, communication, application) should follow ethical principles (e.g., maintaining anonymity/confidentiality where appropriate, doing good rather than harm, ensuring reciprocal benefit between all research participants regardless of role)

theories /concepts

- ◆ health promotion or public health evidence should be used in an ongoing way to add to theoretical knowledge and understanding by confirming or refuting theories and concepts
- ◆ all processes and activities related to health promotion or public health evidence (identification etc.) should have a well-grounded theoretical base

underlying beliefs

- ◆ health promotion or public health evidence should be used in an ongoing way to assess and revise underlying beliefs and assumptions

EVIDENCE and

practice implications

/assumptions

- ◆ all processes and activities related to health promotion or public health evidence (identification etc.) should be based on underlying health promotion or public health beliefs and assumptions

**understanding
of the
environment**

health promotion or public health evidence should

- ◆ contribute to the identification/development of a health promotion or public health vision related to the health issue and the organization/work-related environments
- ◆ contribute to analysis of health-related environments and organization/work-related environments (e.g. ,what categories are important to include in each; the content on which the analysis is based)
- ◆ be responsive to analysis of organization/work-related environments and health-related environments (e.g., supplying information required to develop, confirm, or refute analyses)
- ◆ all processes and activities related to health promotion or public health evidence (identification etc.) should be consistent with health promotion or public health vision and analysis

**research
/evaluation**

health promotion or public health evidence should

- ◆ contribute to effective methods of practising research and evaluation
- ◆ take into account the findings of research and evaluation

**organizational
issues**

- ◆ health promotion or public health evidence should be one of the key factors in determining decisions concerning organizational issues
- ◆ assessment of health promotion or public health evidence should be responsive to the results of organization/work-related practice

**health-related
issues**

- ◆ health promotion or public health evidence should be one of the key factors in decisions concerning health-related issues
- ◆ assessment of health promotion or public health evidence should be responsive to the results of health-related practice

policy situations

Although generally it is best to work with examples participants are familiar with, sometimes it is useful to practice with other situations. For this reason six hypothetical case studies outlining major points in the context of different policy situations are presented below. Learning possibilities include identifying, on the basis of underpinnings and understanding of the environment, which stakeholder groups should be involved in policy/decision making, what the possible policies/decisions might look like, and which actions and strategies would support these possible policies/decisions.

example 1

- ◆ The provincial government is re-examining its gambling policies in the province.
- ◆ Unregulated and/or illegal gambling is increasing.
- ◆ Gambling has grown into an “industry” operated by private companies/organizations.
- ◆ Gambling has become a source of tension with First Nation groups.
- ◆ The provincial government wants to find new sources of revenue to fund programs.
- ◆ Gambling revenues now account for 5% of provincial government revenues.
- ◆ The government is losing potential revenues to neighbouring U.S. states.
- ◆ Evidence suggests that gambling is resulting in significant social problems, at least among some parts of the population.

issue: gambling
policy setting: a provincial government

example 2

- ◆ The number of seniors in the region has significantly increased.
- ◆ The number of seniors living alone has significantly increased.
- ◆ There has been a significant migration of seniors from farms and other rural settings to the local towns.
- ◆ There has been a significant migration of young people out of the region.

issue: depression among rural seniors
policy setting: a local mental health association serving a large rural district which includes several medium and small-sized towns

- ◆ The amount of government funding available to local communities has decreased.
- ◆ The amount of in-hospital treatment has decreased.
- ◆ The number of people taking early retirement (before age 60) has increased.
- ◆ The number of retirees who do not have full pensions has increased.
- ◆ The number of retirees with pensions not indexed to the cost-of -living has increased.
- ◆ There has been a significant downturn in the financial market (affecting investments in mutual funds, etc.).
- ◆ Two of the smaller local hospitals were closed two years ago.
- ◆ The number of churches that have closed has significantly increased.
- ◆ There has been a reduction in public transportation to smaller communities.
- ◆ The number of local grocery stores has decreased.

example 3

- ◆ Research evidence shows that a mother's alcohol consumption affects the development of the fetus.
- ◆ The academic community debates the nature and implications of this research evidence.
- ◆ The local public health unit takes the lead in developing a strategy to reduce risks facing the development of the fetus, and to promote the health of newborns.
- ◆ It is proposed that the municipal government pass legislation to require all licensed establishments to post notices warning women about the effects of drinking if they are, or might become pregnant.
- ◆ The local hospitality industry supports a media program promoting the health benefits of wine consumption.
- ◆ The local chapter of the Canadian Mental Health Association are concerned about the high risk of previously unrecognized "fetal alcohol effects" in the local community.
- ◆ Several women's groups are concerned that the proposed municipal legislation

issue: Fetal Alcohol Spectrum Disorder (FASD)
policy setting: a local municipal government

(1) targets women to the exclusion of men, and (2) may cause more problems by raising the anxiety level among women in general, and pregnant women in particular.

- ◆ A local right-to-life group has expressed concern that the proposed legislation might result in an increase of (therapeutic) abortions.

example 4

- ◆ The morbidity and mortality rate associated with respiratory problems in the city and surrounding urban area have increased significantly.
- ◆ 15% of children under two years of age admitted to hospitals with respiratory problems were there because of the levels of ozone and sulphates in the air.
- ◆ The level of air pollution in the entire urban metropolitan area has significantly increased.
- ◆ In recent years there has been a trend towards drier and hotter summers.
- ◆ Traffic congestion has increased in recent years to the point where, several times a year, the city centre has experienced total traffic grid-lock.
- ◆ 70% of these working in the city commute by car on a daily basis.
- ◆ 50% of automobile commuters travel an average of 75 kilometres per day (per round trip).
- ◆ The public transit system has been struggling to maintain old stock.
- ◆ No innovative public transit alternatives have been implemented within the past 15 years.
- ◆ More than 60% of public transit vehicles are powered by combustion engines (i.e., gasoline or diesel).
- ◆ The transportation sector (cars, trucks, etc.) is responsible for about 80% of the nitrogen oxides and 60% of the sulphur dioxide released in the city.
- ◆ The automobile industry (and associated industries) is the second largest local employer.

issue: air pollution
policy setting: a major Canadian urban area

example 5

- ◆ The hospital has experienced significant turn-over of its nursing staff in recent years.
- ◆ A 35% turn-over in its nursing staff in the previous 2 years.
- ◆ The hospital has had a 75% turn-over in its most experienced nursing staff in the previous 2 years.
- ◆ 50% of its nursing staff have less than 3 years experience.
- ◆ Nursing shortages are most acute in the areas of greatest specialization (e.g., neonatal care, intensive care, surgery).
- ◆ The hospital has been involved in a province-wide hospital and health restructuring process during that last 5 years.
- ◆ The hospital is now serving a geographically and demographically more diverse population.
- ◆ The hospital's budget has been frozen for the past 3 years.
- ◆ The provincial government will no longer allow the hospital to practice "deficit budgeting".
- ◆ The provincial government has withdrawn (or reduced) its coverage of many procedures and drugs that were formerly covered.
- ◆ The number of people experiencing serious problems associated with the environment (e.g., asthma) has significantly increased.
- ◆ In the past 12 months, the unemployment rate in the local community has significantly increased.

issue: burnout among hospital nursing staff
policy setting: a medium sized hospital

example 6

- ◆ The number of cases of TB reported in the local community has significantly increased.
- ◆ The number of treatment-resistant cases of TB reported in the local community has significantly increased.
- ◆ The number of immigrants coming into the local community has significantly increased.

issue: tuberculosis in the local community
policy setting: a community health centre

- ◆ The number of homeless people in the local community has significantly increased.
- ◆ The population living below the poverty line has significantly increased.
- ◆ In the past 12 months, local health authorities have conducted a population-wide anti-measles vaccination campaign.
- ◆ Some doctors are reported to be reluctant treat homeless or other marginalized people as patients.

examples of tension between values, ethics and evidence

Tensions may arise when considering values, ethics and evidence: between values and evidence, between different values, and between different pieces of evidence. This may make it difficult to decide what the ethical position should be. Examples follow, to initiate discussion and a deeper understanding of the relationships amongst values, ethics and evidence.

example 1

A government *values* both health and a balanced budget. At the moment the budget is in a deficit situation. Government bureaucrats study the situation and present “*evidence*” to the government that making cuts to the infrastructure and personnel in several government departments will result in substantial savings, but at the same time will put the population’s health at greater risk for a variety of ills.

The resulting tension is between two *values* (health and balanced budgets) and the *evidence* that shows it is not ethically possible to honour both (given the current proposal).

Ethically speaking, which set of evidence should take precedence: evidence that shows cuts will help balance the budget, or evidence that shows cuts will put the population’s health at risk?

example 2

A community group *values* community participation in decision-making regarding programming very highly. However, a recent study presents *evidence* indicating that sometimes community participation has harmful effects. Upon examining the methodology that produced the evidence, it appears that the basic question and the methods used were appropriate and of high quality.

The resulting tension is between a deeply felt *value* and sound *evidence* that refutes this value.

Ethically speaking, should the evidence that community participation is harmful in some cases take precedence over the value of community participation, or should the value take precedence over the evidence?

example 3

A public health department in Community “A” which *values* respect for individuals and communities also believes it is important for *evidence* to be used for the community good. However, some members of Community “A” want the right to give informed consent (or refusal) when data concerning themselves (even if they are not individually identified) is to be aggregated with data about others in developing a community profile. Putting in place a process for informed consent would be time-consuming and expensive, with a possible consequence that, if enough people refuse, the resulting evidence would be suspect. On the other hand, disregarding the individual and information that “belongs” to them is disrespectful.

The resulting tension is between the *value* of respect for the individual in deciding personal contributions to the *collection of evidence*, and the need for an assured set of *complete evidence* for the *valued* common good.

Ethically speaking, is it necessary to require informed consent before aggregating data if anonymity and confidentiality are guaranteed?

example 4

A commission has been given the mandate to decide whether a particular chemical should be allowed to be used in the production of food; this chemical promises to maintain the nutritional value of perishable food for longer periods without refrigeration, thereby assisting people around the world who do not have access to refrigeration. The commission is presented with two conflicting sets of *evidence*, one set indicating that the chemical has the potential to affect a small but significant number of people extremely adversely, the other indicating that the chemical is very safe and that potential negative effects of the chemical are extremely unlikely.

The resulting tension is between two conflicting sets of *evidence* and the *values* of (a) avoiding potential harm and (b) increasing potential benefits.

Ethically speaking, which set of evidence should be ignored; should the decision be to risk harming a few people while benefiting more, or should the decision be to avoid risking harm to a few people while avoiding the possible benefits to more people?

example 5

A health promotion research organization *values* both community control and organizational sustainability. When approached by another agency with a request to do a survey related to a community need (i.e., to identify a particular set of “*evidence*” concerning this need), a decision needs to be made concerning “who makes decisions” about the evidence, and the “use” to which the evidence will be put.

To honour community control, the ethical decision-making process might require that the evidence resulting from the survey should be put in the public domain so that the agency that is requesting the survey, and other parts of the community, have freedom to use the evidence as they see fit. However, an *ethical concern* is that, in reality, only a small segment of the community are likely to use the evidence, and may use it inappropriately (depending on who is making the decisions about its use, their motivation, and their level of understanding).

To honour organizational sustainability might require that the organization maintain control of the data or evidence, in order to attract more paying “clients”, to raise the organization’s profile, to use the evidence in a way that ensures a “niche” for the organization with respect to the particular issue, and to maintain the organization’s credibility by being in a position to ensure that the evidence is used in a way that the organization feels is appropriate. An *ethical concern* is that control by the major stakeholder group (i.e., the commissioning agency) is severely diminished; there is also the possibility that the evidence might be used inappropriately (again, depending on who within the organization is making the decisions around its use, their motivation, and their level of understanding).

The resulting tension is between two *values* (i.e., community control and organizational sustainability) and their corresponding ethical decision-making frameworks in relation to the *evidence*, and what use it will be put to (i.e., what the community wants *versus* what the organization wants and/or is comfortable with).

Ethically speaking, should the organization maintain control of the evidence, or should it be put

in the public domain?

relating underpinnings to practice

The table below presents a comparison of different underpinnings' positions and the effects these will have on practice. A discussion of these will illustrate the relationship between underpinnings and practice.

	Underpinnings	Practice implication
Values/Goals		
set 1	<ul style="list-style-type: none"> • equity defined as “equal access to health services” • equity defined as “ensuring that people’s basic material needs are met but beyond that income differentials are acceptable” • equity defined as “resources allocated solely on basis of individual need and resource availability” 	<ul style="list-style-type: none"> • increase availability/accessibility of health services to all groups • advocate for/support traditional welfare state policies • advocate for/support policies where people receive resources according to need rather than to status, education, position, etc.
set 2	<ul style="list-style-type: none"> • cooperation • competition 	<ul style="list-style-type: none"> • work in partnership with others (e.g. share information and resources, collaborate on initiatives etc) • work independently, controlling information and resources
set 3	<ul style="list-style-type: none"> • reduced financial costs • reduced social costs 	<ul style="list-style-type: none"> • focus on ways to cut financial costs • focus on ways to cut social costs
Theories/Beliefs		
set 1	<ul style="list-style-type: none"> • experts with formal credentials know best concerning identification and solution of issues • the people affected by issues should play a major role in identifying and solving those issues 	<ul style="list-style-type: none"> • base practice decisions on recommendations of professionals and academics • fully include non-professional and non-academic community members in making practice decisions
set 2	<ul style="list-style-type: none"> • health is determined mostly by individual lifestyle • health is determined mostly by societal structures 	<ul style="list-style-type: none"> • focus on health education • focus on public policy
set 3	<ul style="list-style-type: none"> • effective programs are based on community organization principles • people make individual choices about their behaviour and are responsible for the consequences 	<ul style="list-style-type: none"> • use community organization as the primary program strategy • use health education as the primary program strategy
Evidence		
set 1	<ul style="list-style-type: none"> • evaluations review activities and outcomes, not processes • evaluations review processes, activities and outcomes 	<ul style="list-style-type: none"> • practice decisions ignore link between processes, activities, outcomes • practice decisions take into account the link between processes, activities and outcomes
set 2	<ul style="list-style-type: none"> • evidence is identified on the basis of results from a broad range of sources • evidence is identified on the basis of results from controlled studies in the scientific literature 	<ul style="list-style-type: none"> • program choices based on a broad range of information sources • program choices based only on information from controlled studies in the scientific literature
set 3	<ul style="list-style-type: none"> • processes do not exist for checking accuracy and completeness of evidence used in decision making • processes exist for checking accuracy and completeness of evidence used in decision making 	<ul style="list-style-type: none"> • effectiveness of practice choices is uncertain • effectiveness of practice choices is more certain

Using the IDM Computer Program version 2.12

- ◆ **to install program:** insert disk in disk drive; click on *Start, Run*; if it doesn't say "A:\Setup.exe", type this in; press enter.
- ◆ **to start:** click on icon on screen, or click on *Start, Programs, IDM Framework, and IDM Framework* again. When the program is open, click *continue*, then click on *Start a new Framework file* or *Open an existing Framework file*. If you click on *new*, you will be asked to give a file name. You can have any number of Framework files, to allow for a different Framework for each project or initiative you are working on.
- ◆ **buttons:** each Framework "button" represents one Framework section (a specific step applied to a specific sub-domain) and is your entry to a window where you can work on this section. Headings for the corresponding step and sub-domain are highlighted when you point your mouse at a button.
 - **open window:** left click the selected button with the mouse.
 - **knowing which button has text in its window:** buttons which have text in their corresponding windows are a different colour than those which don't.
- ◆ **help from Help menu:** click on *Help* on top of screen, then *Contents*. Click on any heading for the list of sub-headings which provide background information about the IDM, the IDM Framework, and how to use the Framework. Help files from Help menu can be printed: (a) in whole sections: highlight the selected section in the Table of Contents, then click on *Print* at bottom of help box; (b) individually: open the selected file and then click on *File* in top left-hand corner of box, then on *Print Topic*.
- ◆ **help for headings:** right click with the mouse for an explanation of the headings for: Framework steps (columns), and domains and sub-domains (rows).
- ◆ **help for buttons:** right click on the selected button with the mouse for information on: definitions of terms, description of what the particular window is about, application possibilities for this section of the Framework, guiding questions, and a checklist of points to remember.
- ◆ **windows:** in each window, work on a Framework section by entering text as you would in a word processing program. Any number of windows can be open on the screen at any one time, arranged either so all show on the screen at the same time (tiled) or stacked one on top of another (cascade).
 - **select a window to work in:** click with the mouse in the selected window
 - **enlarge or minimize window:** click on the icon in the top right hand corner, or drag on the corners

- **tile or cascade windows:** click on menu choice labelled “window” and select either *tile* or *cascade*
- **print:** click on “print” on print menu in window to print only text in that window
- **copy text:** highlight text and press *control C*
- **cut text:** highlight text and press *control X*
- **paste text:** highlight text and press *control V*
(For *copy*, *cut*, or *paste text* you can also click on the tool bar symbol.)
- **format text/paragraph:** highlight the appropriate text, or have your cursor in the appropriate paragraph, then click on the appropriate symbol on the tool bar; formatting is available for: bold, italic, underline, font style, font size, paragraph justification, and bullets.
- ◆ **whole Framework:** commands which apply to your whole Framework include:
 - **save:** this is automatic
 - **save as:** click on *file* in top left hand corner of screen, then on *save as*; type in new file name
 - **print/export in non-table format:** click on *file* in top left hand corner of screen, then on *print/export*; select the text you would like printed and click on *continue*; this takes you to “print preview” where you can make changes; once you are satisfied, click on “print” or “export”; if you choose “export”, you will be asked to specify where you to send the file; the file will be the name of your Framework file with the extension “.rtf” so it can be read by any word processor you are using
 - **export in table format:** click on *file* in top left hand corner of screen, then on *print/export*; select option for table format; click on *continue*; when you have selected the rows and columns for your table, again click on *continue* which will take you to a “print preview” where you can make changes; when satisfied, click on “export”.
notes: (1) at present, formatting from your window will not transfer to the table format; (2) if you have more than one paragraph break (i.e. one or more empty lines), text will configure in a run-on fashion (i.e. as one paragraph); to get around this, to have a line in between one paragraph and the next in the table, put some kind of symbol (e.g. a dash) that will not be read as text in what you would like to be the empty line
 - **exit:** click on “exit” in file menu, or, click on “X” on top right hand corner of screen