

The IDM Manual

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

◆ Suggested Guidelines ◆

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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.

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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.

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ABOUT THIS SECTION

This set of suggested guidelines for better health is presented for two reasons. The first is to show the guidelines which shaped the IDM and IDM materials, including the general IDM Framework and the IDM Evidence Framework. The second is to provide an example of a set of guidelines which practitioners working in health-related areas can revise to make their own if they wish. The guidelines apply to the following IDM domains (sub-domains for each domain are in brackets):

- ◆ Underpinnings (values, goals, ethics; theories, concepts, underlying beliefs, assumptions; evidence)
- ◆ Understanding of the environment (vision and analysis of organizational and health-related environments)
- ◆ Practice (processes and activities related to addressing organizational and health-related issues and conducting research and evaluation)

Although the guidelines listed here focus on health promotion practice, many of the guidelines also apply to public health and other health-related practice. On the other hand, given the number of perspectives which exist, not all practitioners will agree with all of the guidelines. It is hoped practitioners will think about them and change them according to their particular situations.

GENERAL GUIDELINES FOR ALL DOMAINS

Some guidelines apply generally to all IDM domains and sub-domains. These general guidelines are listed below.

IDM foundational guidelines

Best practices in health promotion occur when the processes and activities associated with addressing organizational and health-related issues and conducting research and evaluation reflect health promotion guidelines for each of the following sub-domains:

- ◆ values, goals, ethics
- ◆ theories and concepts, underlying beliefs and assumptions
- ◆ evidence
- ◆ vision and analysis of organizational and health-related environments

Guidelines for awareness, discussion, clarity, reflection and consistency

Each health promotion initiative should:

- ◆ identify and define the key health promotion guidelines for each sub-domain at individual, team, and organizational levels
- ◆ identify and constructively address areas of agreement and difference related to each sub-domain's guidelines
- ◆ review and update regularly the key guidelines of each sub-domain to ensure that they are still appropriate and relevant, and that they are integrated into all aspects of the initiative
- ◆ ensure consistency amongst all the domains and sub-domains

GUIDELINES FOR UNDERPINNINGS

Guidelines for values

Our health promotion values include:

- ◆ **health:** optimal health for all
- ◆ **social justice:** equity regarding the fair distribution of resources; respect for diversity
- ◆ **power sharing:** reduction of power differentials; individual and community empowerment; participation by relevant stakeholders in decision making, partnerships, etc.; individual and community capacity development
- ◆ **the environment:** ecological respect and sensitivity
- ◆ **enrichment of individual and community life:** authenticity; creativity; critical reflection; joy; meaningfulness; social connectedness

Guidelines for goals

Our health promotion goals are to increase overall levels of:

- ◆ health and well-being of individuals and communities
- ◆ social justice
- ◆ power sharing
- ◆ ecological respect and sensitivity
- ◆ enriched individual and community life

Guidelines for ethics

Our health promotion ethical guidelines include that we will:

- ◆ aim to benefit rather than harm
- ◆ think of the consequences of any action regarding whom/what might be harmed or benefited
- ◆ have an explicit decision-making rationale that is consistent with identified values in cases of conflict (e.g., if what would benefit one might harm another)
- ◆ recognize competing ethical considerations and to try to judge these openly, critically and fairly
- ◆ always consider whether any action is the best one (i.e. be constantly reflective and critical)
- ◆ put guidelines above self-interest

Guidelines for theories/concepts

Our health promotion theories and concepts:

- ◆ are drawn from a wide variety of disciplines
- ◆ are appropriate to the level of analysis and intervention — i.e., individual, immediate environments, and social structures
- ◆ are used in an integrated way
- ◆ are used at each stage of the practice — i.e., in planning, implementation and evaluation
- ◆ contribute to understanding the nature and origins of issues
- ◆ contribute to understanding how to bring address issues in the way most likely to bring about positive change
- ◆ evolve according to new insights and/or new evidence

Some of the major theories/concepts used in health promotion for us to use include (extracted from *Theory in a Nutshell*, Nutbeam and Harris):

- ◆ **individual:** health belief model; theory of reasoned action (Ajzen and Fishbein); transtheoretical stages of change model (Prochaska and DiClemente); social learning theory (Bandura)
- ◆ **community:** community mobilisation (a combination of “locality development,” “social planning,” and “social action”); diffusion of innovation theory (Rogers)
- ◆ **communication:** communication-behaviour change (McGuire); social marketing; intersectoral action model
- ◆ **organization:** organizational change (Goodman et al.)
- ◆ **public policy:** ecological framework (Milio); determinants of policy making model (De Leeuw); indicators of policy-making process (Ziglio)

Our descriptions of key health promotion concepts include:

- ◆ **health promotion**
Health promotion is a set of processes and activities designed to achieve optimal health for all by maintaining and enhancing the health of everyone and facilitating individual and collective control over the determinants of health. (This definition is

adapted from the Ottawa Charter definition of health promotion). Key characteristics of health promotion are that:

- Its **processes** are empowering/capacity-building on both individual and group levels and context-sensitive (that is, taking into consideration culture, specific conditions, etc.).
- Its **main objective** is to create supportive environments by making multi-level changes — related to the individual, family, organization, community, physical environment, and society-wide systems.
- It works with other sectors to achieve its goals and objectives. No health promotion **strategy** works in isolation —each has strengths and weaknesses, and works most effectively in conjunction with other strategies either as an active component or as a support.
- Its **concept of health** is:
 - *holistic*: health includes several interdependent domains, and is determined by a number of socio-political and other factors
 - *positive*: health is not only the absence of disease, it is a resource for everyday living)
 - *multi-level*: the health of individuals, organizations, communities, and society needs to be considered as the levels interact with each other
- Its basic **values** are health, social justice (equity, respect for diversity), power sharing, the environment, individual/community enrichment.

◆ **health**

Health is a major determinant of quality of life. It exists on a continuum ranging from poor to optimal and can be measured in objective terms (e.g., muscle tone, mental alertness, presence or absence of infection) and in subjective terms (e.g., feeling of being “well” or “healthy”). It extends beyond the physical to include mental, emotional, social, spiritual and other aspects, which are all connected. It is affected by a complex interrelationship of many factors including biological, environmental, social, cultural, political, and economic, and applies to individuals, communities and populations.

◆ **determinants of health**

The determinants of health are factors that influence health which work synergistically on individual, community and societal levels. It is important not to ignore the “pre-determinants,” that is, those factors that determine the nature of the determinants in any society — for example, why a small or large gap exists between

the richest and the poorest sectors of a society. The determinants of health include:

- income: both individual income and the degree of income equity in a society
- social status
- education/learning
- power/control
- social cohesion/support
- nature of social, political, economic, psychological, and physical environments
- individual health-related behaviour, resilience, and biology/genetics

◆ **achievement of optimal health for all**

To achieve optimal health for all it is necessary that:

- we address all determinants of health
- we take into account all aspects of health (i.e., physical, social, emotional, etc.)
- individuals have as much control over their own lives as possible within a social/community context (requiring an equitable distribution of wealth and resources)
- we have a holistic and open-minded approach to life
- the power structure is consistent with health promotion values
- those most directly affected by any issue fully participate in relevant decision-making processes
- relationships are mutually supportive, beneficial, sensitive, and respectful to the greatest extent possible
- change that is consistent with health promotion values occur on individual, group and society-wide levels, through both individual and collective action
- the means used are consistent with the desired ends

Guidelines for underlying beliefs/assumptions

Our health promotion underlying beliefs and assumptions include:

- ◆ **health.** Health is positive, holistic, multi-level, and strongly influenced by the “determinants” of health.
- ◆ **how society works.** There is a strong interplay between social systems/structures and the individual. One is not more formative than the other — while structures have a tremendous impact on individuals, individuals contribute to maintaining and changing structures.
- ◆ **how to achieve social change.** The prerequisites for lasting substantial change are:
 - a critical mass of people who share a common vision/goal
 - belief that fundamental change can occur
 - belief that collectively people have the innate wisdom and capacity to identify and resolve their own issues
 - recognition that change will occur only through an intersectoral effort
 - effective appropriate leadership
 - ability to analyze a situation critically, creatively and open-mindedly
 - ability to think strategically
 - ability to work in good ways with each other
 - ability to act in ways that are consistent with one’s beliefs in all aspects of one’s life
- ◆ **how we learn and know.** There is an external reality which everyone interprets differently but can (within limits) agree upon. In addition, people come to learn, know, and understand their worlds as a result of their own experiences, explorations and struggles, and through interactions with other people. In this way, everyone has expertise and everyone can learn from others.
- ◆ **human nature.** Given the right circumstances, most people are basically good. Collectively, people have the capacity to identify and resolve issues facing them.
- ◆ **role of self-interest.** Ultimately, our true self-interest lies in:
 - working co-operatively, sharing with each other, and supporting each other
 - emphasizing intangibles such as friendship rather than material goods (beyond meeting one’s basic needs for food and shelter)

Guidelines for evidence

Regarding the *sources* of evidence, we should:

- ◆ derive evidence from sources that include all key stakeholders and relevant key informants
- ◆ draw evidence from sources internal and external to the particular initiative
- ◆ include in our evidence results/outcomes related to past and current practice
- ◆ base evidence on data collected by using a combination of quantitative and qualitative methods

Regarding the *nature of evidence*, we should ensure that evidence:

- ◆ transcends information supporting conventional wisdom (i.e., include information supporting new or non-mainstream ideas as well as information contradicting generally accepted ideas)
- ◆ is high quality (i.e., based on accurate data, produced by methods appropriate to the question)
- ◆ is qualitative and quantitative, subjective and objective — used in a complementary fashion
- ◆ is appropriate to the specific issue, setting, etc.
- ◆ includes the relationship between processes, activities and results/outcomes

Regarding the *use* of evidence, we should use evidence:

- ◆ at each stage of practice (i.e., planning, implementation, evaluation, redesigning)
- ◆ so that it contributes to continuous learning and knowledge development, that is, lead to:
 - a broad and complete picture of what is happening
 - insights into why things happen
 - understanding of how we might make things happen in a better way
- ◆ with awareness, discussion, clarity, and reflection regarding all factors relevant to decision-making about health promotion practice
- ◆ to regularly evaluate the processes, activities and outcomes of our initiative
- ◆ to follow up on evaluation results and recommendations

GUIDELINES FOR UNDERSTANDING OF THE ENVIRONMENT

Guidelines for vision

Our health promotion vision of our environments includes:

- ◆ emphasis on a team approach — life/work tasks are done cooperatively in an atmosphere of trust
- ◆ clearly defined roles and responsibilities, policies, processes, procedures
- ◆ effective leadership, management and accountability
- ◆ reasonable expectations
- ◆ respect for individuals and groups
- ◆ power acknowledged and shared as much as possible in order to reduce power differentials, e.g. through knowledge/skill sharing and a decision making structure that promotes power-sharing in an appropriate way
- ◆ recognition, appreciation and use of individual and collective strengths, including experience, skills, knowledge
- ◆ adequate resources (including time), and appropriate, effective, and efficient use of available resources
- ◆ resources shared on the basis of need
- ◆ respect for the ecosystem
- ◆ motivation for the common good rather than for individual/corporate profit
- ◆ critical/constructive thinking, with openness to new ideas and ways of doing things, constructive problem solving, and ongoing evaluation, reflection and learning
- ◆ fulfilling and satisfying work
- ◆ good physical and psychological working and living conditions including social support, manageable stress levels, and pleasure and joy
- ◆ recognition that processes, activities and outcomes are integrally related and all are important

Guidelines for analysis of organizational and health-related issues

Analysis of organizational and health-related issues should identify:

- ◆ priority issues
- ◆ which priority issue to address immediately
- ◆ relationship of selected issue to health and/or to the organization
- ◆ the environments within which the selected issue exists with respect to: social, political, and economic systems and structures; psychological and physical conditions
- ◆ the etiology of the selected issue
- ◆ existing/potential strengths and challenges related to influencing the selected issue
- ◆ ways to make use of and enhance current and potential strengths
- ◆ ways to use strengths to address current and potential challenges
- ◆ ways to positively influence the selected issue

When we select our issue we should:

- ◆ engage include relevant stakeholders in the selection process
- ◆ ensure our selected issue reflects an understanding of the influence of the broader determinants of health (including their structural origins)
- ◆ give attention to power-related issues and the potential role of empowering strategies

The selected issue should:

- ◆ have the potential to be influenced
- ◆ be specific
- ◆ unite members of the group/organisation/community
- ◆ involve partners in a meaningful way in achieving solutions
- ◆ be part of a larger plan or strategy

GUIDELINES FOR PRACTICE

General practice guidelines

As we address selected organizational and health-related issues and conduct research and evaluation, we should (at individual and collective levels) make every effort to ensure that our processes, activities and strategies:

- ◆ enhance health
- ◆ are as effective as possible
- ◆ are as efficient as possible
- ◆ support [other] chosen activities and strategies
- ◆ empower
- ◆ build capacity
- ◆ strengthen relationships
- ◆ promote participation
- ◆ respect differences
- ◆ are flexible
- ◆ involve as much as possible, in appropriate ways, all key stakeholders
- ◆ are revised on an ongoing basis according to reflection/evaluation results

Guidelines for processes

When we address our organizational and health-related issues and when we conduct research and evaluation we should use processes that:

- ◆ we have clearly outlined
- ◆ provide appropriate and adequate support for the implementation of activities and strategies

Our health promotion processes — for supporting our efforts to address issues and conduct research and evaluation — include, in an ongoing way:

- ◆ assessment (of needs and capacities)
- ◆ visioning
- ◆ planning/revising
- ◆ evaluation/reflection
- ◆ relationship building
- ◆ skill sharing/capacity building
- ◆ coordination/cooperation
- ◆ decision making
- ◆ communication
- ◆ documentation
- ◆ resource management

Guidelines for activities and strategies to address organizational and health-related issues

We should design our activities to address:

- ◆ the selected organizational issues
- ◆ the selected health-related issues

We should use strategies:

- ◆ in combination with other strategies rather than individually
- ◆ that are multi-level (i.e. addressing individuals, immediate environments, and social structures)
- ◆ [if a multi-level approach is not possible] with:
 - an awareness of the limitations of a single level approach
 - an appreciation for the importance of the remaining levels
 - an eye out for opportunities to support other initiatives working at other levels
- ◆ that are revised on an ongoing basis according to changing circumstances and research and evaluation results

Our health promotion activities and strategies include:

- ◆ health education
- ◆ health communication
- ◆ community change
- ◆ organizational change
- ◆ policy development
- ◆ advocacy
- ◆ enabling
- ◆ mediation
- ◆ intersectoral collaboration
- ◆ self-help
- ◆ modelling

Guidelines for research/evaluation

Regarding research/evaluation we should:

- ◆ integrate it into every level of an initiative
- ◆ consider it in conjunction with planning at all stages of an initiative
- ◆ take into account our guidelines for evidence

Our health promotion research/evaluation activities include:

- ◆ identification of issues of concern
- ◆ identification of research/evaluation questions
- ◆ identification of sources of information
- ◆ identification of methods for gathering information
- ◆ collection of information/data
- ◆ analysis and summary or synthesis of information/data
- ◆ development of recommendations
- ◆ dissemination of findings
- ◆ plans to implement recommendations