

Nine Steps  
to a Health Promoting  
Integrated health system (IHS)

## **Integrated Health Systems (IHS) that Promote Health**

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*A number of jurisdictions are assessing the potential for Integrated Health Systems (IHSs), a new way of organizing and delivering health care, to improve access to efficient, effective health services and to promote health. If IHSs are to be more than just a different way to pay for health services B if they are to fulfil their potential to improve health as well as treat illness B then health promotion must be an integral part of their mission, mandate and service base.*

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*In January 1998, the Centre for Health Promotion prepared a position paper titled **The Role of Health Promotion within Integrated Health Systems**, (principal author - Elizabeth Birse), which describes in detail the concrete steps that planners, the Ministry of Health and/or those funding IHSs can take to ensure that IHSs will provide a different approach to health and health care, and can effectively and successfully promote health.*

*In the fall of 1998, the Toronto District Health Council provided the funding to prepare this synthesis of that paper.*

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## Nine Steps to a Health Promoting IHS

### I. BACKGROUND

#### WHAT IS AN INTEGRATED HEALTH SYSTEM (IHS)?

An integrated health system is a network of organizations that provide or arrange to provide a co-ordinated continuum of services to a defined population and is willing to be held clinically and fiscally accountable for the outcomes and the health status of the population served.<sup>1</sup>

An IHS would be responsible for meeting a broad range of health need for a rostered population (i.e., people who would sign up to receive care through the IHS. The IHS would be given a certain set amount of funding, based on the size, age and health needs of its rostered clients (i.e., risk-adjusted capitated funding), and would use that money to ensure its clients have access to integrated health services. An IHS's main role would be to provide strong primary care services and then would provide or purchase other health services for its clients.

#### WHY SHOULD IHSs PROMOTE HEALTH?

Integrated health systems are part of a larger movement to restructure the health system and health services. The impetus for this massive restructuring is the desire to:

- ☐ improve the health system's responsiveness, effectiveness, efficiency and accountability
- ☐ reduce health care costs, and
- ☐ improve health outcomes.

Simply restructuring traditional health care delivery organizations into a more integrated system **B** that is, doing the same things in a different way -- may be an effective way to maintain the quality and reduce the costs of health care delivery, but it will not improve health or health outcomes. To achieve that goal, Ontario must reorient its health system and services **B** that is, do different things in a different way. In particular, the health system must put more emphasis on promoting health. Only by keeping people healthy can the system improve health outcomes and have a long-term sustainable impact on health care costs.

If IHSs are really to provide these deliverables, then their primary goal should be to promote health. It is this commitment to promoting health that will distinguish IHSs from the health services in place now, and allow them to be more than just an administrative change in the system.

#### WHAT IS HEALTH?

<sup>1</sup>

Shortell Sm, Gillies RR, Anderson DA, Mitchell JB, Morgan, KL. (1993) *Creating organized delivery systems: The barriers and facilitators.* Hospital and Health Services Administration, 38(4): 447-466.

To promote health effectively, it is essential to have a full understanding of health. The definition of health used in a treatment-oriented system is that is, the absence of disease or illness. This is very different from the definition used in health promotion, which is: A positive concept emphasizing social and personal resources, as well as physical capabilities.<sup>2</sup>

In this broad, wholistic definition, health is the attainment of physical, mental, social and spiritual well-being.

## WHAT IS HEALTH PROMOTION?

Health promotion is the process of enabling people to increase control over, and to improve, their health.<sup>3</sup> The overarching goal of health promotion is to achieve health for all, and to enhance individual and societal well-being.

Health promotion recognizes that people's ability to control or improve their health depends on their ability to:

- ☐ be free of illness/disease
- ☐ adopt healthy lifestyle behaviours, such as not smoking, avoiding excessive use of alcohol and being more physically active
- ☐ live in a safe, healthy and supportive society/environment.

Organizations charged with the task of meeting the health needs of their populations must, therefore, determine how to use their resources to prevent disease, encourage healthy lifestyles and promote healthy communities and environments. They must balance their responsibility to treat illness and provide rehabilitation services, with their responsibility to provide preventive services and to develop individual and social initiatives that help encourage healthier people, communities and environments.

The practice of health promotion involves three complementary approaches that must be used together to have a significant impact on health:

- ☐ *a medical approach* or preventive medicine which promotes health by trying to prevent disease (e.g., immunizations, periodic health exams and prenatal care), keep diseases from getting worse (e.g., breast self examination, early cancer detection and screening for high blood pressure and cholesterol), and alleviate the disability caused by disease (e.g., monitoring diabetes, advocating nutrition and activity regimens for people with heart disease).
- ☐ *a lifestyle/behavioural approach* which promotes health by trying to give people the knowledge, attitudes and skills that will help them adopt healthy lifestyles. Programs that use strategies such as education, social marketing, public policy and self-help to improve nutrition, encourage physical activity, reduce the use of tobacco, alcohol and drugs, or prevent injuries are examples of a lifestyle/ behavioural approach.

<sup>2</sup> World Health Organization, 1996.

<sup>3</sup> Ibid.

- ❑ **Nine Steps to a Health Promoting HS**  
*a socio-environmental approach which recognizes the determinants of health and promotes health by creating a healthy environment (e.g., ensuring that people have access to housing, food, education, income, a stable ecosystem, and social justice and equity).*

## **Nine Steps to a Health Promoting IHS**

### **HEALTH PROMOTION INITIATIVES ARE GUIDED BY FIVE CORE VALUES:**

encouraging people and communities to get involved in processes and activities that will help them define, analyze and take action on factors that affect their lives and living conditions

helping people and communities develop the capacity to improve their health by increasing their control over factors that affect or determine their health

#### ***The Broader Determinants of Health***

recognizing that health is influenced by more than genetics, individual lifestyles and access to health care services, and taking steps to influence socioeconomic and other conditions that affect people, communities and the world

#### ***Equity and Justice***

recognizing that social inequities and injustice can have a detrimental effect on health, and working to ensure that every person, family and community can benefit from living, learning and working in a health-supporting environment.

#### ***Intersectoral Collaboration***

encouraging co-ordinated efforts to promote individual and community health.

## HOW DOES A SOCIETY OR STATE ORGANIZATION THAT PROMOTES HEALTH? LESSONS LEARNED.

### Nine Steps to a Health Promoting HS

Although most existing health organizations claim to promote health, most do so only within the narrow definition of health as the ~~A~~absence of disease~~@~~ or the ~~A~~treatment of disease~~@~~. Few take the broader approach, and try to influence all the individual and social factors that affect health. This is because, for most health organizations, health promotion has been an after thought or an add-on, not an integral part of their mission. Few resources are devoted to health promotion. This is true of the health care system as a whole<sup>4</sup>.

Without a strong mandate and the necessary resources, few organizations will be able to reorient

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<sup>4</sup>

Shah, CP. 1994. Public Health and Preventive Medicine in Canada, Third Edition. Toronto, ON: University of Toronto


On the other hand, when health promotion is an integral part of an organization's mission, it can determine how resources are allocated, the services provided and how they are delivered. For example, public health units have a clear mandate to promote health and to influence both the individual and social factors that affect the health of the population. They use a combination of medical, lifestyle and socio-economic approaches. Activities, such as child immunization, healthy baby initiatives, tobacco control, heart health, nutrition, and environmental health are part of their mandatory programs and services. They also play an active role in identifying health needs and advocating for healthy public policies, such as by-laws that prohibit smoking and establish environmental standards.

Community health centres (CHCs) were also established with a clear role in health promotion. They were designed specifically to serve populations at risk of poor health, such as seniors, aboriginal people and people who are economically disadvantaged, and who may not be adequately served by traditional health organizations. CHCs receive funding only when they can demonstrate a fundamental understanding of health promotion and how it will be infused into their organization. They must also demonstrate their commitment to a broad range of evidence-based health promotion/illness prevention practices, strong consumer involvement in their programs and services, and the ability to work collaboratively with others on health promotion initiatives. About 20% of the staff in CHCs are dedicated health promotion staff (i.e., either health promoters or community outreach workers). CHCs are evaluated based on accessibility, multidisciplinary approaches, an emphasis on health promotion and illness prevention, and the ability to support families and communities in taking more responsibility for health. In their annual budget submission, they are required to account for all their health promotion activities. Their strong health promotion mandate has led them to develop a wide range of health and social programs, as well as treatment services.

From our experience in Ontario to date, it appears that organizations with a clear role in and commitment to health promotion have the potential to improve health and health outcomes.

## II. NINE STEPS TO CREATE IHSs THAT PROMOTE HEALTH

Health promoting organizations do not just happen, they have to be carefully created and nurtured. With the development of IHSs, Ontario has an opportunity to ensure that these new organizations **B** which will shape health care in the province in the future **B** are able to promote health effectively, reduce health care costs and improve health and health outcomes.

To create IHSs that promote health, planners should take the following steps: 

- 10     Develop a mission based on health promotion values
- 20     Develop a governance structure that reflect health promotion values
- 30     Allocate a minimum percentage of the budget for health promotion
- 40     Develop a health promoting service culture, roles and responsibilities
- 50     Take a health promoting, client-focused approach to services
- 60     Develop a work environment that promotes health
- 70     Identify and support partnerships in health promotion
- 80     Set targets and standards for health promotion
- 90     Adopt strategies that promote health

### 1. DEVELOP A MISSION BASED ON HEALTH PROMOTION VALUES

According to experts in systems integration, the foundation for any system is not structure or governance, but mission and culture.<sup>5</sup>

To ensure that health promotion is an intrinsic part of what IHSs are, what they do and how they work, the government should set the standards for IHSs and include in their legislated mandate the five core health promotion values:

- ☐ empowerment
- ☐ public participation
- ☐ broader determinants of health
- ☐ equity and justice
- ☐ intersectoral collaboration.

These values have the potential to enrich our understanding of health practices, and to help those working in the system actively contribute to the health and well-being of people and society. They should guide all the IHSs operations, including the way it designs its management structure and its funding and accountability mechanisms.

The IHS, in turn, should ensure that these core values are incorporated into its mission and vision statements, and that these statements are visibly displayed wherever services are provided, and are listed explicitly in the contract the IHS signs with its members.

<sup>5</sup> Orlikoff JE. 1995. Mission-Based Governance. *Frontiers of Health Services Management* 11(3) Spring:47-50 and Ball T. 1995. Politics and Governance in Integrated Health Systems - Community Values vs Provider Power: The Driving Forces in Health Systems Restructuring. *Managing Change*. Summer:1-17. Toronto, ON: Quantum Solutions.

## **Nine Steps to a Health Promoting IHS**

### ***How the Ministry of Health Can Use Policy and Funding to Encourage IHSs to Integrate Health Promotion into Their Mission***

IHSs working to reduce social inequities and injustice (and trying to ensure that every person, family and community can benefit from living, learning and working in a health-supporting environment) must address the needs of all members of their rostered population fairly. In addition, they must focus special attention on the needs of those who are most at risk of poor health because of discrimination or inequity.

To reinforce this part of a health promoting mission, the Ministry of Health should take three steps:

- ☐ develop legislation that would prevent IHSs from dumping@ costly at-risk clients from their rosters
- ☐ conduct more research into a risk-adjusted capitated funding formula, which would include adjustments for age, sex, health status and socio-economic status. Research clearly shows that a person's socio-economic status is perhaps the most important determinant of health. By providing an adjustment for socio-economic status, the government will be giving IHSs an incentive to serve low income clients and those most in need. A risk-adjusted capitated funding approach has the potential to provide equitable resources for IHSs, and to redress inequities in the current funding system caused by historic utilization rates and volume-driven mechanisms, such as fee-for-service funding.
- ☐ provide special funding for pilot programs designed to meet the needs of marginalized or high risk populations, whether or not they are members of IHSs. IHSs and other agencies/organizations could compete for these funds. Successful applicants would develop pilot projects that would demonstrate effectiveness, efficiency and a commitment to the core values of health promotion. New knowledge developed through the projects would be shared with other IHSs and become part of the best practices used within IHSs across the province.

In addition, the Ministry of Health should set aside a special fund to support pilot projects that extend beyond the role or responsibility of any one IHS. For example, some efforts designed to address some of the broader determinants of health in a geographic area (e.g., environmental or food production issues) could involve two or three or more IHSs as well as a number of other organizations. Organizations and coalitions concerned about the broader determinants of health could apply to the ministry for special funding. The ministry would award the funds to the organizations best able to tackle these issues. The findings from these special projects would be used to influence public policy and to shape best practices in individual IHSs.

## **2. DEVELOP A GOVERNANCE STRUCTURE THAT REFLECTS HEALTH PROMOTION VALUES**

While the structure of each IHS will depend on the characteristics and needs of the community it serves, every effort must be made to ensure that the way IHSs are governed reflect the values of health promotion.

At the most fundamental level, the role of governance in [IHSs] is to change organizational focus from the parochial control of institutional assets to the stewardship of community resources co-

ordinated and brought together to address the integrated and complex community problems.<sup>6</sup> To that end, the Ministry of Health should require all IHSs to develop a co-operative or corporate model of governance **B** rather than a federate, representative or constituency assembly model of governance. In a federated model, Board members represent their own sector or interest, while in a co-ordinated model, Board members would be selected or elected to represent the system as a whole, working to serve the rostered population.

### ***Public Participation***

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<sup>6</sup>

Lerner WM, Brown FL and Smith MD. 1995. Governance in Integrated Delivery Systems: Serving the Public's Interest.®  
Frontiers of Health Services Management 11(3) Spring:44-46.

Meaningful public participation involves more than just asking citizens for advice or information.<sup>7</sup> To encourage effective public participation in designing and planning their services, IHSs should adopt a model similar to the one used in Finland, where citizens have seats on a municipal health board and can formally influence the health care authority.<sup>8</sup> Specifically, IHSs should:

- ☐ ensure that rostered members hold 40% of all seats on the governing board
- ☐ over time, move to a model of delegated power where rostered members hold the majority of seats on the governing board and the IHS then becomes not only community-based, but community-owned<sup>9</sup>
- ☐ establish a process that will ensure that the governing board and other decision-making bodies are representative of their rostered population (e.g., culture, socio-economic background)
- ☐ develop a formal body (i.e., similar to the Community Health Advocacy Committees used by British Columbia's regional health authorities) to monitor the needs of marginalized or at-risk groups within the rostered population, and ensure that members who represent those populations hold the majority of the seats
- ☐ develop a robust committee structure, in which a majority of seats are held by rostered members, and delegate certain projects and activities -- such as community health assessments, advocacy efforts, the selection of evaluation indicators and evaluations -- to these committees.

In addition to these structures, IHSs must also provide the training and support that rostered members may need to participate effectively. For example, IHSs should:

- ☐ take steps to remove any barriers that may keep members of disadvantaged groups from being represented on the governing board (e.g., discrimination based on age, sex, disability, socio-economic status, language or culture)
- ☐ help members develop the tools, skills and resources required to participate on a board or committee (e.g., orientation training, governance skills, a broad understanding of the health system, an orientation to health promotion, an understanding of the health needs of the community)<sup>10</sup>
- ☐ develop ground rules that will make it possible for rostered members and other members of the board to negotiate and work effectively together.

In addition to the steps to involve members on the board and committees, IHSs should also ensure that members can participate in a meaningful way in the development, management and day-to-day operations of IHS services. For example, senior citizens should have the opportunity to participate in planning home care services and activities in long-term care facilities, while people from ethno-

<sup>7</sup> Arnstein SR. 1969. A Ladder of Citizen Participation. *AIP Journal* July: 216-24.

<sup>8</sup> World Health Organization. 1996. European Health Care Reforms: Analysis of Current Strategies, Summary. Copenhagen, Denmark: WHO Regional Office for Europe.

<sup>9</sup> Griffith JR. 1996. Managing the Transition to Integrated Health Care Organizations. *Frontiers of Health Services Management* 12(4) Summer:4-50.

<sup>10</sup> Models for comprehensive governance training are available from the United Way and the Social Planning Council.

cultural communities should be supported to plan health promotion activities.

## Nine Steps to a Health Promoting IHS

### 3. ALLOCATE A MINIMUM PERCENTAGE OF THE BUDGET FOR HEALTH PROMOTION

IHSs will be allocated a certain amount of funding, based on a risk-adjusted capitation formula, which must be used to meet all their members' health needs. To ensure that IHSs devote a significant percentage of their time and efforts to promoting health, a minimum percentage of their budget **B** at least 4 to 6% initially **B** should be allocated to health promotion activities.

Of that, 2 to 3% should go to support lifestyle or behavioural initiatives and 2 to 3% should be used to address the socio-environmental factors that affect health. (Preventive medical programs that strive to help people and communities live free of disease will be covered under treatment programs, and should also receive more funding than they do in the current health system.)

As IHSs evolve, they should gradually allocate 10% of their budget to health promotion. In this way, IHSs can avoid the problems faced by current health agencies, which claim to promote health but devote few resources to these activities.

### 4. DEVELOP A HEALTH PROMOTING SERVICE CULTURE, ROLES AND RESPONSIBILITIES

The core health promotion values should also be the basis for clearly defining the IHS's role and responsibilities, and the services they provide. For example, the role of an IHS in meeting the health needs of its rostered population would be laid out in both legislation and provincial standards, and should include using its risk-adjusted capitated funding to:

- ☐ provide directly the bulk of the primary health and health promotion services required by clients (this should be the IHS's core business)
- ☐ ensure members have access to other traditional core services, such as secondary care, long-term care, mental health services and health-related social services
- ☐ ensure members also have access to core health promotion services that target the three types of factors that affect people's ability to control or improve their health (i.e., illness/disease, lifestyle/behavioural factors, environmental factors)
- ☐ work with the Ministry of Health to ensure that members have access to tertiary/quaternary care, when needed. (These costly services should not be integrated into IHSs, but should continue to be funded and maintained by the Ministry of Health.)
- ☐ ensure members have access to a range of core health-related social services **B** these services should focus on psychosocial risk factors that can be a significant predictor of individual, family and social health, such as children's mental health, children's aid and family support services. (Right now, these services are funded and administered through the Ministry of Community and Social Services.)

IHSs should also be held responsible for:

- ☐ providing services to members in their homes, in the community and in institutional settings as required **B** with an emphasis on providing home and community care whenever appropriate
- ☐ providing care for people who need emergency assistance **B** regardless of whether they have an Ontario Health Card or are a rostered member of the HIS
- ☐ using evidence-based health promotion strategies
- ☐ developing outreach programs designed to encourage marginalized and at-risk populations to use IHS services.

IHSs should take steps to ensure that members do not experience a barrier to care or a need from accessing health and health-related social services

- ☐ ensuring that, when they purchase services from other individuals and organizations, the contracts with those providers reflect the core IHS/health promotion values and the services offered by those providers incorporate health promotion strategies.

## 5. TAKE A HEALTH PROMOTING, CLIENT-FOCUSED APPROACH TO SERVICES

Consistent with the health promotion value of empowerment and goal of enabling people to have more control over their health, all IHSs should adopt a client-focused approach in all their activities.

### *A Client's Bill of Rights*

The Ministry of Health should develop a province-wide, comprehensive Client Bill of Rights for all IHS members. The Bill, which would be similar to the Netherlands' Act on the Medical Contract, would ensure that members have the right to roster with an IHS that:

- ☐ meets provincial standards
- ☐ provides the established core IHS services
- ☐ ensures quality and accessibility
- ☐ is based on the values of health promotion
- ☐ protects the rights guaranteed in the Canada Health Act and the Charter of Human Rights and Freedoms.

In addition, the Ministry of Health should develop a provincial ombudsman-like body where all citizens can bring any unresolved complaints or problems.

IHSs should also establish other mechanisms that will promote client-centred care, including:

- ☐ quality enhancement programs
- ☐ a client advocate body that handles client complaints and measures client satisfaction
- ☐ efforts to improve access to care and overcome any barriers to receiving services (e.g., age, sex, race, culture, religion, language, disability, socio-economic status, transportation, hours of operation).

### *Empowerment*

All interactions between providers and members should be based on a partnership that encourages individual autonomy and is consistent with the principle of empowerment.

This means that all service providers, enrollment processes and services must respect and be sensitive to culture, religion, language and disability. The onus is on IHSs, when appropriate, to provide interpreters and information (e.g., enrollment contracts, health information) in several languages.

### *Choice*

All citizens will be free to contract or roster with the IHS of their choice **B** although their ability to choose may sometimes be limited by geography (i.e., only one IHS in the area) or other factors. The portion of the capitated funding allocated to their care should follow clients to the IHS they choose. Clients should also have the opportunity to choose providers and services within an IHS.

## Communication/Public Participation **Nine Steps to a Health Promoting IHS**

Communication is an integral part of an effective, health promoting IHS. The people of Ontario need information about IHSs, what they are and how they work. To ensure that Ontario is able to develop IHSs that empower members and encourage public participation in designing these new organizations, the system must develop effective two-way communication with the public.

For example, the Ministry of Health should sponsor community forums and Town Hall meetings and provide information that will explain IHSs and how people can become involved in health reform.

At the same time, groups responsible for planning and developing individual IHSs should:

- ☐ organize regular opportunities to meet the public and provide information on IHS priorities, strategies, structure and services (e.g., Town Hall meetings, a toll-free phone line, mailings, posters, pamphlets, articles in community newspaper)
- ☐ use tools, such as surveys, focus groups, community consultations and committees, to get public feedback on IHS initiatives
- ☐ ensure the process of developing an IHS is open and transparent (e.g., Board and Annual Meetings should be open, records of the meetings and any resolutions should be readily available and the process for choosing Board and committee members should be open to public scrutiny).

### **6. DEVELOP A WORK ENVIRONMENT/CULTURE THAT PROMOTES HEALTH**

IHSs must make every effort to develop a working environment that reflect health promotion values. Just as the services should empower clients, encourage participation and reduce social inequities and injustice, the organization's culture should empower employees, encourage their participation and reduce inequities in the workplace.

#### ***Organizational structure***

IHSs should be structured to reduce power and income hierarchies. Their organizational structure should be based on a collaborative, interdisciplinary team model. It should develop incentives and accountability mechanisms that will empower employees and encourage their active commitment and participation.

IHSs should adopt remuneration methods that support and promote the values of health promotion. They should also provide incentives that encourage health providers to integrate health promotion into their daily work. At the same time, IHSs should also be held accountable for actively working to achieve parity in compensation between employees working in institutional settings and those working in community settings, and between employees working in health services and those in health-related social services.

IHSs will be working from a set budget, based on risk-adjusted capitated funding for their populations. In theory, they should use all the funding to meet their members' health needs. If they do achieve some savings **B** through increased efficiencies or improvements in members' health status **B** these savings should not be used to reward providers. This kind of an incentive makes it difficult for providers to put clients' best interests ahead of their own, and is contrary to the health promotion values of equity and justice. Instead, any savings should be reinvested to provide new or improved services to the community.

#### ***Building a health promoting team***

To reflect the broader concept of health, IHSs should work to develop multidisciplinary teams, that could include but

would not be limited to a physician, nurse, pharmacist, physical therapist, occupational therapist, chiropractor and/or a health promoter.

## Nine Steps to a Health Promoting IHS

### *Training*

Most IHSs will be developed from existing health organizations, with existing staff. While IHSs should make every effort to recruit people who are skilled and knowledgeable in the practice of health promotion, they will also have to make a concerted effort to help existing staff, who may be accustomed to working in a medical model, develop new practice and realign their skills to reflect the IHS= health promotion mission.

### *Physical environment*

As employers, IHSs have the opportunity to develop and model healthy physical working environments, consistent with the values of health promotion. All IHSs should:

- ☐ be committed to creating physical work environments that support and encourage employees= physical, mental and social health.<sup>11</sup>
- ☐ be held accountable for demonstrating, to the greatest extent possible, the sustainable use of sustainable environmental resources.<sup>12</sup>

## 7. IDENTIFY AND SUPPORT PARTNERSHIPS IN HEALTH PROMOTION

All health services and all parts of society have a role to play in promoting health. In the past, health care organizations tended to limit their collaboration to other services in the health sector. Given the broader definition of health and the commitment to address inequities, social injustice and the broader determinants of health, IHSs must reach farther into the community.

<sup>11</sup> Health Canada. 1991. Canada's Corporate Health Model.

<sup>12</sup> Labonte R. 1997. Health Promotion in Integrated Health Systems. Unpublished paper prepared for the Northeastern Integrated Health System Task Force.

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They should:

- ☐ improve their links with other health services and
- ☐ develop strategic partnerships with a broader range of organizations and agencies, including the private sector.

### *Internal Collaboration*

To be able to provide integrated health services and function as a system, all parts of the IHS **B** primary care, secondary care, long-term care, mental health services **B** must collaborate. They must be able to help members move easily from one service to another, depending on their health needs. They must develop effective ways to share information, and communicate with one another.

### *Intersectoral Collaboration*

Part of the role of IHSs is to ensure that their clients have access to a broad range of health-related social services, and to other community services that support/promote health. They are also responsible for integrating health and social services. To fulfil this responsibility, IHSs must collaborate with other sectors whose policies affect health and other agencies that provide services, including:

- ☐ community and social services
- ☐ municipalities
- ☐ the education system
- ☐ housing agencies
- ☐ environmental agencies
- ☐ religious groups
- ☐ the private sector.

This intersectoral collaboration must occur at the provincial level, as well as the local level. Both the provincial health system and the IHSs will have to devote a portion of their budgets, staff time and other resources to developing effective partnerships. To encourage effective intersectoral collaboration, IHSs should also use the best practices identified in health promotion literature.

To help IHSs fulfil their role in integrating/providing both health and health-related social services, certain changes must occur provincially. For example:

- ☐ all government ministries **B** particularly those responsible for community and social services, education, housing, the environment and economics **B** should put enhanced health and social well-being on their policy agendas
- ☐ these ministries should form an inter-ministerial committee that would encourage them to work collaboratively to improve health and social well-being
- ☐ the Ministries of Health and Community and Social Services should work together to integrate some of their policies, standards, monitoring and possibly funding (i.e., part of the funding for IHSs could come from MCSS to cover the cost of health-related social services).

## **8. SET TARGETS AND STANDARDS FOR HEALTH PROMOTION**

IHSs will be held accountable for improving the health of their members, just as they will be held accountable for

providing the other health services and the sector. To ensure accountability for IHSs, the Ministry of Health and IHSs should work with communities to identify and develop assessment indicators B measures of health, including population-based indicators, community-based health indicators and social indicators B that can be used to assess the effectiveness of their programs.

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Based on these indicators, the Ministry of Health will establish clear standards that IHSs must meet. The Ministry of Health will then monitor IHSs for their performance, their efficiency, their ability to achieve health promotion goals and the overall impact of reform. The use of standards and indicators will ensure that IHSs will not be evaluated solely on their ability to contain costs, but also on their ability to achieve a wide range of health and social objectives<sup>13</sup>. Ultimately, it should be possible to assess the ability of IHSs and their services they provide to:

- ☐ enhance the health of the rostered population as a whole
- ☐ narrow the gap between the health status of most members and the health status of the most marginalized in the rostered population
- ☐ reduce inequities and social injustice.

To empower people and communities, and help them understand the impact of different services on health, the Ministry of Health and IHSs (in collaboration with communities) should develop an IHS Report Card. The report card will assess each IHS's processes (e.g., strategic decisions, public participation and representation, types of services and their distribution) and outcomes (e.g., rates of illness/disease, changes in lifestyle/behaviour, socio-economic changes).

All rostered members and members of the general public will receive a copy and can then make more informed choices about their IHSs. At the same time, the report card will help IHSs:

- ☐ identify their strengths and areas for improvement
- ☐ set priorities
- ☐ compare themselves with other IHSs
- ☐ identify best practices that can be used in their programs
- ☐ develop continuous improvement programs.

## 9. ADOPT STRATEGIES THAT PROMOTE HEALTH

IHS health promotion initiatives should incorporate evidence-based lifestyle/behavioural and socio-environmental strategies (in addition to the medical approaches already in place). In choosing strategies, IHSs should review the literature and adopt those that have been shown to improve health and social well-being, and make them part of their core services (i.e., best practices). The Ministry of Health should hold IHSs accountable for demonstrating that they have integrated these strategies into their programs and services.

Best practices in health promotion include strategies, such as:

- ☐ health education
- ☐ health communication
- ☐ brief interventions
- ☐ self-help and mutual aid
- ☐ self-care
- ☐ healthy public policy/health advocacy
- ☐ community development/community economic development

<sup>13</sup> The World Health Organization used similar objectives to evaluate European health reform.

## ☐ supportive environment **Nine Steps to a Health Promoting IHS**

These strategies can be used alone, but are more effective when used in combination. They are also more effective when developed and implemented with other organizations in the community (i.e., intersectoral collaboration).

### ***Health Education***

Health education strategies are designed to help people develop the knowledge, attitudes and skills they need to make healthy choices and resist or change behaviours that pose a risk to their health. Examples of health education strategies include: school-based tobacco, alcohol and drug prevention programs; alcohol server intervention programs; smoking cessation programs; workplace health programs; and programs, such as Best Start, that promote breast feeding. Evaluation studies indicate health education programs are most effective when:

- ☐ the programs focus on personal skill development (information alone is not enough)
- ☐ strategies are developed with the target community and activities are participatory
- ☐ strategies are designed to reflect the community's socio-cultural characteristics
- ☐ the programs make appropriate use of incentives, rewards, feedback and reminders
- ☐ the education programs are supported by changes in public policy and in the social environment (e.g., smoking by-laws)

### ***Health Communication***

Health communication includes activities (e.g., social marketing, media advocacy, risk communication) designed to persuade people to promote health. For example, social marketing uses TV/radio public service announcements, posters, booklets and brochures to make people more aware of the benefits and risk of lifestyle choices, to promote healthy social attitudes and to encourage people to adopt health promoting skills. Communities exposed to intensive mass media campaigns have seen a reduction in risk behaviours.<sup>14</sup>

### ***Brief Interventions***

A brief intervention is the counselling and information that health providers give clients and can be a powerful tool in promoting health<sup>15</sup>. For example, when physicians or other primary care providers counsel clients during routine office visits about ways to improve their health:

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<sup>14</sup> Shea S, Basch CA. 1990. A Review of Five Major Community-Based Cardiovascular Disease Prevention Programs. Part 2: Intervention Strategies, Evaluation Methods and Results. *Am J. Health Promo* 4(4):279-87.

<sup>15</sup> Skinner H, Bercovitz K. 1996. Person-Centred Health Promotion. Toronto, ON: The Centre for Health Promotion, University of Toronto/ParticipACTION.

- ☐ smoking cessation programmes.<sup>16</sup>
- ☐ people are more likely to moderate their drinking habits.<sup>17</sup>
- ☐ clients increase their level of physical activity.<sup>18</sup>

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IHSs should ensure that this strategy is used in primary, secondary and long-term care settings.

To help staff use brief interventions effectively, IHSs should provide training and take advantage of educational materials and guidelines available (e.g., the College of Family Physicians of Canada has developed an Alcohol Risk Assessment and Intervention [ARAI] Resource Manual for Family Physicians). IHSs could also incorporate a general lifestyle or health risk assessment survey into all routine primary care visits, which would help staff identify clients at risk of health problems (e.g., problem drinking, smoking, poor nutrition, physical inactivity) and intervene.

### *Self-Help and Mutual Aid*

Self-help and mutual aid strategies enable people with similar problems or health issues to share their experiences and support one another. Self-help groups are run by the members, and professionals become involved only when asked. Although these initiatives are not easy to evaluate, they have been shown to help people cope with a range of health-related problems and adopt healthy practices (e.g., Members of GROW, a 12-step self-help group for people suffering from a history of psychiatric problems, spent fewer days in hospital over a 32 month period than non-members<sup>19</sup>). Participation in self-help groups also helps caregivers and people with disease-related health concerns, who report less stress and better relationships with family and friends.

To encourage self-help groups, IHSs could provide meeting space and other resources (including professional assistance, if requested), could help market or promote the groups and provide information for the groups and/or their members.

### *Self-Care*

Self-care is the capacity to use individual knowledge and skills to act and make choices. Many people use self-care to resolve health problems, rather than turning to formal or professional help. For example:

<sup>16</sup> Ibid.

<sup>17</sup> Bien TH, Miller WR, Tonigan JS. 1993. Brief Interventions for Alcohol Problems: A Review. *Addiction* 88:315-36.

<sup>18</sup> Lewis CE et al. 1991. The Counselling Practices of Internists. *Annals of Internal Medicine* 114:54-58.

<sup>19</sup> Kennedy M. 1989. Psychiatric Hospitalization of GROWERS. Paper presented at the Biannual Conference on Community Research and Action. East Lansing, Michigan.

- ☐ 80-90% of people who stop smoking do so on their own<sup>20</sup>
- ☐ 60-75% of problem drinkers abstain or moderate their drinking on their own<sup>21</sup>
- ☐ 60% of overweight people lose weight without help from others<sup>22</sup>

## Nine Steps to a Health Promoting IHS

To help members take advantage of or develop their capacity for self-care, IHSs must first develop open, supportive, collaborative relationships with members. Providers must take the time to consult with members, to provide motivation, and to reinforce that the members are capable of self-care. They can also provide information and education that will help members promote their own health, organize workshops on self-care, provide user-friendly self-care materials, and reinforce positive changes. Self-care materials could be displayed in all IHS settings and in other sites in the community (e.g., pharmacies, workplaces, schools).

### *Healthy Public Policy/Health Advocacy*

Healthy public policy includes legislation, fiscal measures, taxation and organizational change designed to promote health and achieve social equity and justice. This strategy demands co-ordinated action and shared responsibility among policy makers, who must be aware of the health consequences of their decisions and to accept their responsibilities for health.<sup>23</sup>

Healthy public policy can be used to support healthy lifestyles and behaviour. For example, smoking by-laws, taxes on cigarettes (i.e., pricing policies) and enforcement of laws that prohibit sales to minors, have helped to significantly reduce smoking and to protect the population from exposure to second hand smoke.

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<sup>20</sup> Fiore MC, Novotny TE, Pierce JP et al. 1990. Methods Used to Quit Smoking in the United States. *JAMA* 263:2760-65.  
<sup>21</sup> Cunningham R et al. 1992. Promoting Better Health in Canada and the USA: A Political Perspective. Toronto, ON: Centre for Health Promotion, University of Toronto/ParticipACTION.  
<sup>22</sup> Schacter. S. 1982. Recidivism and Self-Care of Smoking and Obesity. *American Psychologist*. 37 (4): 436-444.  
<sup>23</sup> World Health Organization. 1986. *The Ottawa Charter on Health Promotion*. Copenhagen: World Health Organization Regional Office for Europe.

Healthy public policy can also help reduce the impact of poverty on health. For example, a French program designed to reduce the risk of premature births (and prevent the lifetime of disability and health problems often associated with low birth weight babies and avoid the medical costs of care) used a number of social and economic policies. Women were paid to attend prenatal sessions and given food supplements during their pregnancy, which ensured that all women had equal access to education, support and nutrition. Maternity leave before delivery was extended to nine weeks, and pregnant women in Paris were given 30 minutes off at the start and end of every day so they could avoid travelling during rush hour. Through the collaboration of national and municipal governments, health authorities, labour unions, and private and public workplaces, rates of premature births dropped by 30% and rates of low birth weight babies fell by 50%. France now has one of the lowest infant mortality rates in the world.<sup>24</sup>

Here in Ontario, IHSs could initiate similar policies. They could collaborate with one another and with other organizations to advocate for healthy public policies. IHSs could also work with community projects, such as Healthy Beginnings and Best Start, to develop policies that would improve health outcomes for women, infants and children. For example, they could:

- ☐ provide parenting courses at little or no cost to families
- ☐ advocate for affordable, accessible child care
- ☐ work with employers to develop family-friendly work policies (e.g., extended parenting leave, flexible hours for pregnant women and sole support parents, child care on the worksite)
- ☐ join coalitions advocating for social services, health care, affordable housing and financial support for low-income families.

### ***Community Development/Community Economic Development***

Community development is the process of helping community groups identify their health issues and plan strategies to address those issues. Community development, which is based on the principle of empowerment, helps people influence the living and working conditions that affect health. For example, in the Tenderloin Senior Organizing Project, San Francisco, seniors living in local hotels and rooming houses came together to deal with some common problems. To address lack of access to fresh fruits and vegetables, the seniors made arrangements with a local food service to hold hotel-based mini-markets one morning a week. They also developed a co-operative breakfast program. To deal with problems of crime and violence, they recruited local businesses where seniors could go in case of an emergency.<sup>25</sup>

Community economic development uses the same kind of strategies to address the impact that economic factors have on health. They can be used to help people with mental or physical disabilities and others at high risk of health problems develop skills and find paid employment. For example, a number of psychiatric consumer/survivor initiatives in Ontario help people with a history of psychiatric problems establish and run businesses. Participants benefit from the self-esteem associated with working, from the incomes they earn and from the support of their co-workers. People involved in these projects report better health, better ability to manage their illness and fewer hospitalizations.

By adopting a community development strategy, IHSs can help their communities organize and mobilize, and gain more control over factors that affect their health and well-being. To help groups in the community, IHSs can provide meeting space, staff time, administrative skills, expertise in planning and links with other organizations.

<sup>24</sup> Kushner.C & Rachlis. M. *Strong Medicine: How to Save Canada's Health Care System*. 1994. Harper Collins Inc. Toronto.

<sup>25</sup> Minkler M. 1985. ABuilding Supportive Ties and Sense of Community Among the Inner-City Elderly: The Tenderloin Senior Outreach Project. *Health Education Quarterly* 12(4):303-14.

## *Supportive Environments* **Nine Steps to a Health Promoting IHS**

A strategy of supportive environments recognizes that, to be healthy, people need to live in healthy communities, and communities need to exist in healthy physical environments. With this strategy, groups and organizations strive to create environments that are safe, stimulating, satisfying and sustainable.

The Healthy Communities project is already underway in many communities in Ontario. The process involves establishing an intersectoral committee, which has some support from the municipal government, to identify and deal with local conditions that affect health. In places that do not already have a healthy community initiative, IHSs can help start the process. They can play a key role by providing statistics and information on the community and any health inequities, and by providing staff time and resources.

IHSs can also play a pivotal role in helping to create environments that protect women from violence. For example, they can:

- ☐ work with women's groups, schools, social services and the media to develop awareness and education campaigns
- ☐ work with schools to develop programs on healthy sexuality, self-esteem and life skills
- ☐ help develop crisis shelters and support networks for women
- ☐ advocate for better child support and employment equity policies.

## CONCLUSION      Nine Steps to a Health Promoting IHS

With the development of integrated health systems (IHSs), policy makers and planners have an opportunity to reorient the health system. They can create health services that do more than treat disease. They can provide programs and services that will help keep people healthy, improve health outcomes and have a long-term sustainable impact on health care costs.

However health promoting organizations do not simply Ahappen@, they have to be nurtured and developed. To fulfill their potential to improve health, IHSs must be carefully structured and designed. They must also be based on the health promotion values of empowerment, public participation, broader determinants of health, equity and justice, and intersectoral collaboration.

This paper summarizes briefly nine steps that planners, the Ministry of Health and/or those funding IHSs can take to ensure that IHSs become health promoting organizations. For a more detailed discussion of these issues, see the full Centre for Health Promotion position paper, titled ***The Role of Health Promotion within Integrated Health Systems*** (January 1998).

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