

# JSGS 823: Health Promotion

	UNIVERSITY OF REGINA CAMPUS	UNIVERSITY OF SASKATCHEWAN CAMPUS
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<b>OFFICE HOURS:</b>	Available on request	
<b>OFFICE LOCATION:</b>		
<b>TERM:</b>	Spring 2020	
<b>ROOM:</b>	Online	
<b>DATE AND TIME:</b>	This course will begin Monday May 4, 2020 and consists of the delivery of 7 weekly modules.	

## CALENDAR DESCRIPTION

This course covers the underlying concepts, principles, historical development, theory, and current practice of health promotion. The focus of learning is not so much on “how to do” health promotion, as on “how to think” about the conceptual, ideological, and political issues which underlie health promotion practice.

## LEARNING OBJECTIVES

- Demonstrate an understanding of theoretical and methodological principles of population health
- Establish the importance of a population health perspective and social determinants of health in creating health promotion strategies
- Identify concepts, principles, values, and emerging trends underlying health promotion approaches in public health practice
- Understand the importance of population-specific strategies and health inequities in addressing health outcomes in vulnerable populations
- Understand the role of health promotion in minimizing global health inequities
- Understand the role of policy-driven interventions in redressing and addressing population health issues
- Apply integrated knowledge translation and evaluation strategies in fostering evidence-based health promotion practice

## **ATTRIBUTES OF JSGS GRADUATES**

1. Management, Governance, and Leadership: Ability to inspire support for a vision or course of action and successfully direct the teams, processes, and changes required to accomplish it.
2. Communication and Social Skills: Ability to communicate effectively and build enduring, trust-based interpersonal, professional relationships.
3. Systems Thinking and Creative Analysis: Ability to identify key issues and problems, analyze them systematically, and reach sound, innovative conclusions.
4. Public Policy and Community Engagement: Ability to understand how organizational and public policies are formulated, their impact on public policy and management and how to influence their development.
5. Continuous Evaluation and Improvement: Commitment to on-going evaluation for continuous organizational and personal improvement.
6. Policy Knowledge: Ability to analyze and contribute content to at least one applied policy field.

## **COURSE CONTENT AND APPROACH**

This course will provide an overview of key health promotion theories, concepts and application. The course will cover seven modules which are outlined below. Each module has assigned required readings and a list of additional resources.

This is an online course that will be conducted primarily via UR Courses, the University of Regina's Online Learning Environment and Zoom webinar/meeting software. Webinars will be recorded and posted on UR Courses for review by students who are not able to attend the session live.

### **REQUIRED READINGS:**

There is one required text for this course. It is available for purchase online through the publisher ([www.canadianscholars.ca](http://www.canadianscholars.ca)).

Health Promotion in Canada New Perspectives on Theory, Practice, Policy and Research. Fourth Edition.

Edited by Irving Rootman, Ann Pederson, Katherine L. Frolich, and Sophie Dupere.

Copyright Date: 2017

Published by: Canadian Scholars

Pages: 498

ISBN 978-1-77338-006-3

The required readings include assigned readings from the course text, and others outlined in the modules. The non-text based required readings will be available online through UR Courses, the University of Regina library, or online through open access sources.

### **ADDITIONAL RESOURCES:**

The additional resources are optional; they may provide additional information to support the completion of course assignments or may be useful for professional or enhanced learning purposes.

Additional resources can be accessed through the University of Regina Library, or are available online or through open access sources.

## **COURSE OUTLINE AND ASSIGNMENTS**

### **Module 1- Introduction to the course and foundations of health promotion**

#### **Week of May 4, 2020**

- Definitions and key terms
- Foundational documents
- Canadian influences on health promotion
- The evolution of health promotion

#### **Required Readings:**

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research- Chapter 1: The Continuing Evolution of Health Promotion in Canada (ALL)
2. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research-Chapter 2: Key Concepts in Health Promotion (p.20-29)
3. World Health Organization. 1986. *Ottawa Charter for health promotion*. Accessed March 28, 2020. <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
4. Public Health Agency of Canada. 2001. *Population Health Promotion: An Integrated Model of Population Health and Health Promotion*. Accessed March 28, 2020. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-promotion-integrated-model-population-health-health-promotion.html>

#### **Additional Resources:**

1. Lalonde, M. 1974. *A new perspective on the health of Canadians*. Ottawa, ON: Minister of Supply and Services Canada. <http://www.phac-aspc.gc.ca/ph-sp/pdf/perspect-eng.pdf>
2. Kindig David A. 2007. "Understanding Population Health Terminology". *Milbank Quarterly*. 85(1): 139-161. doi: 10.1111/j.1468-0009.2007.00479.x

### **Module 2- Social determinants of health and health equity**

#### **Week of May 11, 2020**

- Understanding of social determinants of health

- The impact of healthy equity
- Applying a SDoH and health equity lens to practice

**Required Readings:**

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 8-Implication for Inequities in Health for Health Promotion Practice (All).
2. Mikkonen, Juha, and Dennis Raphael. 2010. "Social Determinants of Health: The Canadian Facts". Toronto ON: York University School of Health Policy and Management.  
[http://thecanadianfacts.org/The\\_Canadian\\_Facts.pdf](http://thecanadianfacts.org/The_Canadian_Facts.pdf)
3. Ontario Public Health Association. n.d. *OPHA Position Statement on Applying a Health Equity Lens*. <http://opha.on.ca/getmedia/e19faab2-52d0-4aae-bde8-e4d9364aab3f/OPHA-Position-Statement-Applying-a-Health-Equity-Lens.pdf>

**Additional Resources:**

1. Pan-Canadian Health Inequalities Data Tool. 2017 Edition. A joint initiative of the Public Health Agency of Canada, the Pan-Canadian Public Health Network, Statistics Canada, and the Canadian Institute of Health Information. <https://infobase.phac-aspc.gc.ca/health-inequalities/data-tool/>
2. National Collaborating Center for Methods and Tools. n.d. *Conducting a Health Equity Impact Assessment (HEIA): MOHLTC tool*. <https://www.nccmt.ca/knowledge-repositories/search/146>
3. National Collaborating Centre for Determinants of Health. 2013. *Leadership for Health Equity: Alberta Health Services - Establishing a Province-Wide Social Determinants of Health and Health Equity Approach*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University.
4. Reading, Charlotte, and Fred Wien. 2009. *Health Inequalities and Social Determinants of Aboriginal Peoples Health*. Prince George, B.C: National Collaborating Centre for Aboriginal Health.
5. Czyzewski, Karina. 2011. "Colonialism as a Broader Social Determinant of Health". *The International Indigenous Policy Journal*,2(1). <http://ir.lib.uwo.ca/iipj/vol2/iss1/5>

**Module 3- Theories and application of health promotion across the continuum of care****Week of May 18, 2020**

- Behavioural and ecological theories in health promotion
- Strengths and limitations of the application of theory
- Integration of health promotion and clinical care

### Required Readings:

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 4- Behavioural Theories and Building Health Promotion Interventions: Persistent Challenges and Emerging Perspectives.
2. Braun, Fran, and Matthew Fisher. 2014. "Why Behavioural Health Promotion Endures Despite its Failure to Reduce Health Inequities". *Sociology of Health and Illness*. 36 (2):213-225  
doi:10.1111/1467-9566.12112
3. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 5- Building and Implementing Ecological Health Promotion Interventions.
4. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 15: Health Promotion in Clinical Care.

### Additional Resources:

1. Frieden, Thomas R, M.D., M.P.H. 2010. "A Framework for Public Health Action: The Health Impact Pyramid." *American Journal of Public Health* 100 (4): 590-5.  
<https://login.libproxy.uregina.ca:8443/login?url=https://search-proquest-com.libproxy.uregina.ca/docview/215088788?accountid=13480>.
2. Barr, Victoria, J., Sylvia, Robinson, Brenda Mari-Link, Lisa Underhill, Anita Dotts, Darlene Ravensdale, and Sandy Salivaras. 2003. "The Expanded Chronic Care Model: An Integration of Concepts and Strategies from Population Health Promotion and the Chronic Care Model". *Hospital Quarterly* 7(1): 73-82 doi:10.12927/hcq.2003.16763
3. Shahzad, Mohammad, Ross Upshur, Peter Donnelly, Aamir Bharmal, Xiaolin Wei, Patrick Feng, Adalsteinn, D. Brown. 2019. "A population-based approach to integrated healthcare delivery: a scoping review of clinical care and public health collaboration". *BMC Public Health* 19 (1)  
<https://doi.org/10.1186/s12889-019-7002-z>
4. World Health Organization. n.d. *Baby-friendly Hospital Initiative*:  
<https://www.who.int/nutrition/topics/bfhi/en/>
5. National Collaborating Centre for Determinants of Health. 2014. *Let's talk: Moving Upstream*. Antigonish, NS: National Collaborating Centre for Determinants of Health, St. Francis Xavier University. <http://nccdh.ca/resources/entry/lets-talk-moving-upstream>

## Module 4- Community engagement, empowerment and addressing inequities

### Week of May 25, 2020

- Community engagement models
- Approaches to reduce inequalities
- Strategies to promote health in vulnerable populations
- Culturally appropriate approaches to health promotion

**Required Readings:**

1. Center for Addiction and Mental Health. 2015. *CAMH Community Engagement Framework*. <https://camh.ca/-/media/files/camhcommunityengagementframework-pdf.pdf>
2. Mantoura, Pascale, and Val Morrison. 2016. *Policy Approaches to Reducing Health Inequalities*. Montreal, Quebec: National Collaborating Centre for Healthy Public Policy. [http://www.ncchpp.ca/docs/2016\\_Ineq\\_Ineq\\_ApprochesPPInegalites\\_En.pdf](http://www.ncchpp.ca/docs/2016_Ineq_Ineq_ApprochesPPInegalites_En.pdf)

**In addition choose one or more of the following required readings:**

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 7: Gender-Transformative Health Promotion as an Approach to Addressing Violence Against Women.
2. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 9: A Culture Shift towards Promoting Mental Health and Wellbeing in Canada.
3. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 10: Promising Practices in Indigenous Community Health Promotion.
4. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 11: No One Should be Left Behind: Identifying Appropriate Health Promotion Practices for Immigrants.

**Additional Resources:**

1. IAP2 International Federation. 2018. *IAP2 Spectrum of Public Participation*. IAP2 International Federation. [https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum\\_8.5x11\\_Print.pdf](https://cdn.ymaws.com/www.iap2.org/resource/resmgr/pillars/Spectrum_8.5x11_Print.pdf)
2. Public Health Agency of Canada. 2019. *Chief Public Health Officer's Report on the State of Public Health in Canada 2019. Stigma: Addressing Stigma Towards a More Inclusive Health System*. Ottawa, ON: Public Health Agency of Canada. <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-what-we-heard.html>
3. Mechanic, Dave, and Jennifer Tanner. 2007. "Vulnerable People, Groups, And Populations: Societal View". *Health Affairs* 26 (5): 1220-1230. doi:10.1377/hlthaff.26.5.1220.
4. Truth and Reconciliation Commission of Canada. 2015. *Truth and Reconciliation Commission of Canada: Calls to Action*. Winnipeg, MB: Truth and Reconciliation Commission of Canada.

**Module 5- Application of population health promotion approaches****Week of June 1, 2020**

- Intersectoral collaboration to address health and well-being
- Building healthy public policy
- Urban governance and health
- School-based health promotion

**Required Readings:**

1. Diallo, Thierno. 2020. *Five examples of intersectoral action for health at the local and regional level in Canada*. Montréal, Québec: National Collaborating Centre for Healthy Public Policy. <http://www.ncchpp.ca/docs/2020-GouvIntGov-5-Exemples-Intersectoral-Action-Health-Canada.pdf>
2. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 12: Healthy Cities and Communities: Urban Governance for Health and Wellbeing
3. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 13: Promoting Educational Success, Health, and Human Development within Education: Making the Shift to a Systems Approach

**Additional Resources:**

1. Public Health Agency of Canada. 2017. *Chief Public Health Officer's Report on the State of Public Health in Canada 2017 Designing Healthy Living*. Ottawa. ON: Public Health Agency of Canada. <https://www.canada.ca/en/public-health/services/publications/publications/chief-public-health-officer-reports-state-public-health-canada/2017-designing-healthy-living.html>
2. Joint Consortium for School Health. n.d. *What is Comprehensive School Health?* Joint Consortium for School Health. <http://www.jcsh-cces.ca/upload/JCSH%20CSH%20Framework%20FINAL%20Nov%2008.pdf>
3. McCall Douglas and Gary Roberts. n.d. *Comprehensive School Health*. Canadian Association for School Health. [https://www.ctf-fce.ca/Research-Library/Issue1\\_Article2\\_EN.pdf](https://www.ctf-fce.ca/Research-Library/Issue1_Article2_EN.pdf)

**Module 6- A health in all policies approach and the ethics of health promotion****Week of June 8, 2020**

- Health in all Policies opportunities and barriers
- Ethical considerations

**Required Readings:**

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 18: Health in All Policies
2. Tonelli, Marcello, Kwok-Cho Tang, and Pierre-Gerlier Forest. 2020. "Canada needs a "Health in All Policies" action plan now". *CMAJ*; 192 (3) E61-7. doi:10.1503/cmaj.190517 <https://www.cmaj.ca/content/192/3/E61>
3. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 20: Health Promotion Ethics

**Additional Resources:**

1. Wise, Marilyn, Patrick Harris, Ben Harris-Roxas, and Elizabeth Harris. 2009. "The role of Health Impact Assessment in promoting population health and health equity". *Health Promotion*



*Journal of Australia*. 20(3): 172-9. <https://onlinelibrary-wiley-com.libproxy.uregina.ca/doi/pdfdirect/10.1071/HE09172>

2. St.Pierre, Louisie. 2009. *Introduction to HIA*. Montréal, Québec: National Collaborating Center for Healthy Public Policy. [http://www.ncchpp.ca/133/Publications.cnpps?id\\_article=302](http://www.ncchpp.ca/133/Publications.cnpps?id_article=302)
3. Stone, Vivien ed. 2015. *Health in all Policies Training Manual*. Geneva, Switzerland: World Health Organization. [https://www.who.int/social\\_determinants/publications/health-policies-manual/en/](https://www.who.int/social_determinants/publications/health-policies-manual/en/)
4. Kershaw, Paul. 2020. "A 'health in all policies' review of Canadian public finance". *Canadian Journal of Public Health*. 111 (1):8–20. <https://doi.org/10.17269/s41997-019-00291-4>
5. Public Health Leadership Society. 2002. *Principles of the Ethical Practice of Public Health, Version 2.2*. Public Health Leadership Society. [https://www.apha.org/-/media/files/pdf/membersgroups/ethics/ethics\\_brochure.ashx](https://www.apha.org/-/media/files/pdf/membersgroups/ethics/ethics_brochure.ashx)

## Module 7- Globalization and the future of health promotion

### Week of June 15, 2020

- Impact of globalization
- Future challenges and opportunities in health promotion
- Summary of key learnings

#### Required Readings:

1. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 23: Globalization: The Perils and Possibilities for an Equitable Health Promotion
2. Health Promotion in Canada New Perspectives on Theory Practice, Policy and Research Chapter 24: Reflections on the Future of Health Promotion in Canada

### GRADING SCHEME AND ASSIGNMENTS:

Assignment	Percentage of Final Grade	Due Date
#1 Program Logic Model	25%	May 19, 2020
#2 Program Analysis	35%	June 2, 2020
#3 Briefing Note	40%	June 23, 2020

- Please note that all assignments should be **single spaced** using **Calibri font size 12**.
- All references should be cited **Chicago Style** and listed in a bibliography.
- The expected length/word count is indicated for each assignment.

Grading rubrics of each assignment will be made available on the UR Course page and an overview will be provided in Module 1.



## Assigned Course Work:

Choose a pertinent **issue facing the health system** (supported by evidence), and a related **health system program/intervention** (real or proposed) that you would like to explore with the application of a health promotion lens. For example, the issue you identify might be a high prevalence of diabetes, and the associated intervention, a chronic disease management program. Issues and initiatives can be drawn from across the continuum of care; choose a topic that is of interest to you.

This issue and program/intervention will be foundational to the assignment work throughout the course. When choosing an issue of interest, and associated program/intervention, consider one in which you would like to apply health promotion theory and principles.

### Assignment #1- Program logic model:

A logic model is an important program planning and evaluation tool that clearly describes key aspects of a program or initiative. A logic model should describe the intention behind the program, why it is important, who is involved, and what the program intends to achieve. Logic models should be clear and concise visual documents that provide the reader with a high-level overview of all aspects and considerations of a program/initiative.

Develop a **logic model** that outlines the issues of interest and the key components of your program/intervention. The logic model should demonstrate consideration towards the root causes of health. The logic model should be a **visual diagram** that is **1-2 pages** in length.

The logic model should include the following components:

- Situation
- Goal
- Inputs
- Activities
- Audience
- Outputs
- Outcomes
- Assumptions
- External Factors

### Resources:

Ontario Agency for Health Protection and Promotion (Public Health Ontario). 2016. *Focus On: Logic models a planning and evaluation tool*. Toronto, ON: Queen's Printer for Ontario.

<https://www.publichealthontario.ca/-/media/documents/focus-on-logic-model.pdf?la=en>

Compass. 2015. *How to develop a logic model*. <https://www.thecompassforsbc.org/how-to-guides/how-develop-logic-model-0>

## Assignment #2- Program analysis- application of a health promotion lens:

Using the issue and program/intervention outlined in your logic model- complete a **SWOT analysis** as a critical analysis of your program/initiative applying a health promotion lens, and the content of the course readings.

A SWOT analysis takes into consideration internal and external factors that can impact the overall success of an initiative, and/or influence decision making. A swot analysis assesses the following:

- Strengths -internal positive attributes that facilitate success
- Weaknesses- internal attributes that can hinder success
- Opportunities- external conditions that can facilitate success
- Threats- external conditions that may create barriers

All references should be cited Chicago Style and listed in a bibliography.

The analysis should include **two components**:

- An introduction that includes a high-level description of the issue and intervention (**max 350 words**). The program logic model can be referenced as an Appendix.
- A concise **SWOT analysis table (1-2 pages)** to present and summarize the overall strengths, weaknesses, opportunities and threats identified in the analysis.

The SWOT analysis should address the following components:

- Where the program fits along the continuum of care
- Application of health promotion frameworks and models- does the program currently employ any population or health promotion approaches; at what level of the population is the program focused
- Underlying theories- what are the underlying theories that inform the current approach
- Consideration towards underlying determinants
- Application of a health equity lens

### Resources:

Centers for Disease Control and Prevention. 2015. *Do a SWOT Analysis*.

[https://www.cdc.gov/phcommunities/resourcekit/evaluate/swot\\_analysis.html](https://www.cdc.gov/phcommunities/resourcekit/evaluate/swot_analysis.html)

National Collaborating Center for Methods and Tools. 2018. *A model for Evidence-Informed Decision Making in Public Health*. Hamilton, ON: McMaster University.

<https://www.nccmt.ca/uploads/media/media/0001/01/0285efc9fa08b3b0fab06b7c940c2f6767087cfc.pdf>

### **Assignment #3- Briefing note:**

You have been asked to analyze and assess how your program/initiative could be improved applying more upstream approaches.

Write a **briefing note (max 1500 words/3 pages)** which includes your recommendations on program or policy considerations to incorporate or strengthen health promotion principles and/or address equity considerations within the program. These recommendations may be directly related to adapting the program, the creation of a new program, or considering a broader policy context to support programmatic outcomes.

A briefing note is a common tool used in government/organizations to provide a concise overview of an issue to inform and support decision makers. The format of a briefing note varies by organization, but typically includes the following key components; identification of the issues; background context; analysis and evidence; and a recommendation.

For the purposes of this assignment, the briefing note should include the following sections:

- Issue
- Background
- Current State
- Analysis/Implications
- Options
- Recommendation

All references should be cited Chicago Style and listed in a bibliography. The logic model and/or SWOT may be included as appendices if applicable.

#### **Resources:**

Health Evidence. 2009. *Briefing Note: Decisions, Rationale and Key Findings Summary*.  
<https://www.healthevidence.org/practice-tools.aspx#PT6>

### **LATE ASSIGNMENTS**

Late assignments will be accepted only in exceptional circumstances. Please contact the instructor as soon as possible before the due date to discuss potential conflicts.

### **STUDENTS WITH SPECIAL NEEDS**

University of Regina (U of R): Students in this course who, because of a disability, may have a need for accommodations are encouraged to discuss this need with the instructor and to contact the Coordinator of Special Needs Services at (306) 585-4631.

U OF S: Students in this course who, because of a disability, may have a need for accommodations are encouraged to discuss this need with the instructor and to contact Disability Services for Students (DSS) at 966-7273.

## **Students Experiencing Stress**

University of Regina (U of R): Students in this course who are experiencing stress can seek assistance from the University of Regina Counselling Services. For more information, please see the attached document, visit this website: <http://www.uregina.ca/student/counselling/contact.html>, or call (306) 585-4491 between 8:30 a.m. to 4:30 p.m. Saskatchewan time Monday to Friday.

## **ACADEMIC INTEGRITY AND CONDUCT**

U of R: Ensuring that you understand and follow the principles of academic integrity and conduct as laid out by the University of Regina (available at <http://www.uregina.ca/gradstudies/grad-calendar/policy-univ.html>) is vital to your success in graduate school. Ensuring that your work is your own and reflects both your own ideas and those of others incorporated in your work is important: ensuring that you acknowledge the ideas, words, and phrases of others that you use is a vital part of the scholarly endeavour. If you have any questions at all about academic integrity in general or about specific issues, contact your course instructor to discuss your questions.

U OF S: Understanding and following the principles of academic integrity and conduct as laid out in the University of Saskatchewan's Guidelines for Academic Conduct is vital to your success in graduate school (available at [www.usask.ca/university\\_secretary/council/reports\\_forms/reports/guide\\_conduct.php](http://www.usask.ca/university_secretary/council/reports_forms/reports/guide_conduct.php)). Ensuring that your work is your own and reflects both your own ideas and those of others incorporated in your work is important: ensuring that you acknowledge the ideas, words, and phrases of others that you use is a vital part of the scholarly endeavour. If you have any questions at all about academic integrity in general or about specific issues, contact any faculty member and we can discuss your questions.