

**ONTARIO HEALTH PROMOTION CAPACITY:
BASELINE ASSESSMENT 2002
EXECUTIVE SUMMARY**

By

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Executive Summary

Purpose:

In 2001, the Impact Evaluation Committee (IEC) of the Ontario Health Promotion Resource System (OHPRS) developed a multifaceted evaluation plan to assess the extent to which it is achieving its goals over time. A key part of this plan is to assess change in capacity of intermediaries over time for the planning, implementation, evaluation and sustainability of health promotion programs. The plan called for a baseline survey of intermediaries in the fall of 2002, to be repeated in 2004.

The survey questionnaire had two sections, the first being a set of items on different aspects of health promotion capacity, to which the respondent answered for themselves as individuals and then, if appropriate, their health promotion organization and coalition. The personal capacity and coalition capacity scales included 30 items. The organizational capacity scale included these same 30 items plus 5 additional items. The second part of the instrument asked several questions about their involvement with, and views concerning, the services and supports offered by the OHPRS.

Methodology:

The survey was mailed to 1200 individuals sampled randomly from the contact lists provided by each of the OHPRS Key Associates and Resource Centres (hereafter simply referred to as centres). The lists represented intermediaries who received “significant” services from OHPRS centres in the last 2 years. Based on a very low return rates from some sectors of intermediaries in a pilot study conducted in the spring, it was decided that only Community Health Centres (CHCs) and Public Health Units (PHUs) would be surveyed in the baseline assessment. Even so, the response rate was a disappointing 26%. This low return rate, together with the inherent variability in the way contact lists were derived by the various centres, introduce potential biases in the data, so results must be interpreted with this in mind. A total of 331 people comprised the final sample.

Key Findings:

- The majority of respondents found health promotion services and supports in Ontario relatively easy to access, and rated the quality of the services good to excellent.
- Respondents reported a moderate level of need for additional supports and services. Additional service needs were identified in 5 categories: a) additional program resources and services; b) financial and staffing supports, c) communication and coordination, d) policy and e) skills/training.
- Ninety percent of respondents used more than one centre in the last 2 years. Over half reported having used 6 or more centres.
- There is a strong, positive, statistically significant relationship between number of centres used, and personal capacity scores.
- The weighted mean score was 3.64 (minimum 0, maximum 5) for personal capacity, 3.66 for organizational capacity and 3.34 for coalition capacity.
- Not surprisingly, health promotion services and supports in French were rated as much less accessible than were services and supports in English. Mean capacity ratings for planning, developing and delivering health promotion services in French were also well below the midpoint of 3.0, as compared to mean capacity ratings for these activities in English, which were consistently above the midpoint of 3.0.

Discussion and Conclusions

The primary purpose of this survey was to establish a baseline against which the impact of the OHPRS can be measured over time. Repeat administration of this survey is planned for 2004. This impact assessment is one part of a multifaceted evaluation plan and complements repeated surveys of the OHPRS member organization focusing on questions and issues related to network integration.

The low response rate, and the resultant unknown but potential biases in the responding sample, advise caution in interpreting results. With this proviso in mind, some tentative conclusions and implications are offered:

1. The survey results help us frame questions and issues to be explored by more in-depth qualitative work with Ontario's health promotion intermediaries. This qualitative work will capture some of the stories about the people using this system

of health promotion services and supports; explore how they use it and how this has changed the health promotion projects and activities in their communities.

2. Consistent with the project objectives, we have established a baseline level on several key indicators of impact for OHPRS. We have the following tentative list of benchmarks for future monitoring:

- percent of intermediaries who rate Ontario health promotion services and supports as “very easy to access” (baseline – 23.2% and expected to increase);
- percent of intermediaries who rate the quality of Ontario health promotion services and supports as “excellent” (baseline - 28.4% and expected to increase);
- percent of intermediaries who rate their needs for additional health promotion services and support as “very high” (baseline – 9.1% and expected to decrease);
- percent of intermediaries who report being “not familiar at all” with the individual members of OHPRS (baseline range from 20.2% to 81.6% and expected to decrease);
- percent of intermediaries who report any use of six or more Centers in the previous two years, the level associated with the greatest increase in health promotion capacity (baseline – 57.5% and expected to increase);
- average level of personal health promotion capacity (baseline mean = 3.64 on our weighted scale score of 1-5, and expected to increase);
- average level of organizational health promotion capacity (baseline mean = 3.66 on our weighted scale score 1-5, and expected to increase);
- average level of coalition health promotion capacity (baseline mean = 3.34 on our weighted scale score of 1-5, and expected to increase).

3. The finding that the percentage of work time devoted to health promotion activities is negatively associated with familiarity and usage of the OHPRS system, may suggest the need to tailor some communication messages about OHPRS to health promotion workers working either part-time or with split roles and responsibilities. It is also noteworthy that several respondents provided comments about better, more centralized, access to the OHPRS system in the open-ended section concerning additional health promotion-related needs. While the data do not signal the need for a single point of system access to the exclusion of access through individual Centres, OHPRS members might consider the value of a central, complementary OHPRS “portal” into the overall system. In addition, results from the OHPRS network survey suggested that OHPRS consider increasing or otherwise improving the electronic links between its member organizations as a means for facilitating access for intermediaries. These potential implications of the survey data are all food for thought for the OHPRS Communications Committee.
4. The survey shows a high percentage of intermediaries work with community coalitions. As the strategy favoured at the policy level for comprehensive, sustainable community-based health promotion across the province, it will be important to monitor changes over time in coalition-level health promotion capacity, and perhaps specific sub-scales from the broad capacity scales related to building partnerships and sustainability.
5. One of the most important findings to emerge from the baseline data is the strong statistical association between the number of Centres used in the past two years and health promotion capacity at the individual level. In addition, familiarity with the Centres was related to usage of the Centres. It is not possible to attribute causal direction to these associations since the data are cross-sectional (i.e., collected at one point in time). However, the positive connections between familiarity, usage and health promotion capacity are certainly encouraging and support the continued investment in the health promotion system of services and supports to intermediaries. The data would also support system and/or centre-based activities

that may increase intermediaries' exposure to, and experience with, the services and supports offered by other member organizations.

6. In spite of the overall positive findings, the data also reflect intermediaries' perceived need for additional services and supports. A broad range of needs were identified. A widespread perception exists among intermediaries that health promotion work is under-resourced relative to community need and demand. Perhaps OHPRS collectively can find some additional leverage in these and other evaluative information to help advocate for additional funding for health promotion in Ontario at multiple levels.

7. Finally, it is likely that the return rate to this baseline survey was severely impacted by low level of comparability of the contact lists maintained by the individual Centres. We recommend that the various OHPRS committees devote some additional attention to the quality and comparability of the Centre contact lists with a view to optimizing the opportunity to identify the potentially large and positive impact that the member organizations are having on the health promotion capacity of intermediaries across Ontario.