Report on the 2004-5 Ontario Health Promotion Resource System Provincial Needs Assessment

Summary Report

by

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Introduction and Background

The Ontario Health Promotion Resource System (OHPRS) is comprised of 22 organizations that provide services and supports to health promoters around the province The Evaluation and Needs Assessment Committee (ENAC) of the OHPRS is charged with the responsibility to assess the extent to which the OHPRS network is achieving its collective goals. In 2004-5 ENAC supplemented its evaluation activities with a provincial needs assessment related to health promotion services and supports. Since many of the OHPRS organizations routinely engage in systematic needs assessment activity, the ENAC Committee sought to identify areas where a collaborative needs assessment project would bring the most significant "added value" to them individually.

In broad terms, the goal of the collaborative needs analysis was to collect information from health promoters in Ontario that would:

- Support the planning of individual OHPRS organizations by reaching a broader target group than would normally be surveyed by each organization;
- Through comparable questions and a shared approach to the data analysis identify potential areas of strategic collaboration across two or more Members which, in turn, may increase their impact on provincial health promotion capacity;
- Provide an opportunity to engage in inter-organizational collaboration and provide information to support the planning of system-level activities (e.g., communications, promotion).

Methodology

Survey Questionnaires : The set of survey materials consisted of a set of core questions as well as eight supplementary modules. The core questions covered barriers to accessing information and technical support for health promotion work, including language and multicultural issues; familiarity and past use of the various organizations comprising the OHPRS; self-help/mutual aid strategies; and preferred approaches to meeting education and training needs. A set of questions concerning French language services and supports were also included in the core. These issues were seen as relevant to a wide cross-section of health promoters. The final section of the core questionnaire covered a range of

characteristics of the respondent in order to support various sub-analyses of the data (e.g., years of working in health promotion, region, type of organization if applicable).

Eight supplementary modules to the questionnaire were developed in close consultation with OHPRS organizations, with the major focus being their individual as opposed to system-wide information needs. The following are the eight modules:

- Alcohol and Other Drugs
- Evaluation, Health Communication, Community Mobilization/Capacity Building
- Heart Health
- Maternal and Infant Health
- Nutrition
- Physical Activity
- School-based Health Promotion
- Tobacco Control

Survey Sample: The survey was targeted at past users of the services and supports provided by the OHPRS organizations as well as individuals who had not as yet accessed these organizations. The following instructions were provided in terms of the intended target group for the survey.

> *"This survey is about services and support for your work as a "health promoter". We define "health promoters" quite broadly as a diverse group of professionals and volunteers working in such areas as public health, education, prevention, community development/capacity building, self-help/mutual aid, environmental issues and health service delivery. Their work may focus on any or all of the broad determinants of health, including education/literacy, income, social support networks, employment/working conditions, social and physical environments, personal health practices and coping skills, healthy child development, health services, gender and culture. Health promotion work may be paid or voluntary".*

Each OHPRS organization was invited to submit a list of past clients/contacts who would receive an invitation to participate. A general guideline was also given to include clients

who had received some services or supports *over the past two years,* although flexibility was allowed in this regard given variation in the nature of the organizations' contact databases. The survey reached a total 4277 OHPRS contacts. This number excludes those reached via notices sent out on the APOLnet listserv and to the Tobacco Media Network.

A supplementary process was implemented to solicit the participation of people who may not be familiar with, and who may not have used, the services and supports of an OHPRS organization. Overall, 51 organizations posted a notice and web link to the survey on the web site, listserv or newsletter.

Survey Administration: The survey was officially launched in the fall of 2004 via both email and postal distribution. A total of 875 respondents completed the majority of the items in the Core component (823 completed in English and 52 completed in French). It is this group of 875 respondents that were selected for analysis of the main survey data. Based on these 875 survey returns, and a denominator of 4277 who received the materials either by mail or email, we would estimate the "effective" return rate at 20.5%.

Results

Characteristics of our Sample of Ontario's Health Promoters

Given the non-random process for selecting and inviting people to participate in the needs assessment survey the resulting survey sample cannot be considered a representative sample of all health promoters. However, we were successful in securing participation in the survey from a large and diverse cross-section of people either working or volunteering as health promoters across Ontario.

- 43% indicated "a combination of urban and rural areas" and 31.8% indicated "a large urban area";
- when probed further about the geographic focus of their work, 58.1% indicated "local" and 28.4% "regional";

- almost half of our respondents did not work with the Francophone community, and another 40% conducted up to 25% of their work with this community. 2% worked exclusively with this population;

- about 40% reported more than 10 years of engagement in the field;

- 90.1% were currently working as paid employees, 5.7% were self-employed and 4.2% were volunteers. Of the paid employees, 74% worked full-time and 26% part-time;

- a large part of our sample was drawn from the local Public Health Units/Departments (39.2%) as well as Community Health Centres (13.2%). About 10% were working in hospitals, 5% in schools (clearly under-represented in this survey) and smaller percentages from the many other categories;

- 20.1% reported their job position as "public health nurse". A further 18.4% were working in a managerial type of position. About 12% of respondents identified themselves as being a "Coordinator", and a further 11.9% gave a job position as "health promoter";

- as many as 24.1% were working in organizations with over 500 employees, and about the same number (21.1%) were working in organizations with less than 25 people.

It is also important to note that virtually all respondents endorsed multiple topic areas and activities/strategies with respect to their health promotion work. This includes: physical activity (46.6%), nutrition (45.7%), school-based health promotion (39%), alcohol and other drugs (36.9%), heart health (38.6%), maternal and child health (36%). Other topic areas engaged in are more broad-based such as community mobilization/capacity building (46.6%), chronic disease prevention (45.1%), determinants of health such as poverty/income/housing/employment (30.3%), and multicultural issues and topics (27%). Three other topic areas were endorsed by about a quarter to one third of respondents and have no clearly designated focal point in the OHPRS network – mental health (36%), injury prevention (31.2%) and violence (24.7%).

A significant percentage of respondents were actively working with their communities and in a partnership model as reflected in the endorsement of coalition

development/participation (59.7%) and inter-sector collaboration (31.9%). The high endorsement given to evidence-based best/better practices is also noteworthy (54.9%), as is the significant proportion implementing program or policy evaluation (49.9%). One or more self-help/mutual aid strategies were reported by 68.9% of respondents.

Accessing information and supports for health promotion work

Perceived Difficulties and Challenges: Difficulties related to *funding* were cited as "very challenging" by 56.0% of the respondents. Also noted as very challenging were *time* (46%) and *finding trained people (*19.4%). Many respondents indicated that they experienced *low support for health promotion* as a very significant (23.5%) or somewhat significant (50.9%) challenge in their work. Overall, the data paint a picture of the very challenging nature of working in the health promotion in Ontario.

When asked how easy it has been to get the information needed for their work, about 25% of the health promoters reported it to be difficult (24.4%) or very difficult (1.8%). Reported ease of access to information was related to the topic areas in which respondents were engaged. Those working in tobacco control, heart health and chronic disease prevention generally reported better access to information. The topic areas more likely to be difficult in terms of accessing information included poverty/income/housing/employment; French language health promotion;; community mobilization/capacity building; multicultural issues/topics; maternal and infant health; mental health; self-help/peer support and violence.

Comments about additional needs concerning access to appropriate resources materials suggested that many needs were specific to a topic of interest. Other respondents reflected on poor local access to information and resource people and still others commented on the difficulty "finding what is out there".

Multicultural Issues and Challenges: 51.3% of the total survey sample reported having experienced barriers accessing health promotion materials appropriate for the cultural groups worked with. Regional differences are evident and confirmed that the language and cultural barriers to health promotion in Ontario are not only an issue in Toronto and

surrounding area. Questions further probing needs in this area found the most frequent expressions of need were for translated or otherwise culturally appropriate materials and needing to find people who speak the language or know the culture. This included the needs for French language materials and supports as well as for a great many other languages and cultures, including First Nations/Aboriginal people.

Current Sources of Information and Support for Health Promotion: We were also interested in exploring the sources and types of health promotion services and supports that were being accessed by health promoters in Ontario. In that regard we first asked which of several formal and informal sources had been accessed in the past two years.

The responses showed the important role played by informal contact with respondents, the Internet, as well as both conferences and training workshops. Expert consultation, as well as library reference material, were also important sources of information. With respect to the types of resource material used, the most frequently accessed materials were research articles and books. Best/better practice documents were accessed by between 10% and 15% of respondents.

Familiarity and Use of the OHPRS Network

Irrespective of the specific OHPRS client list from which respondents were drawn, most respondents were familiar to some degree with several of the OHPRS organizations. Also, 43% reported that they had used six or more organizations, and 32.6%, reported some use in the past two years (intensive and non-intensive combined). Health promoters employed full-time accessed more of the OHPRS organizations than those working part-time. Those working in Public Health Units/Departments accessed more OHPRS organizations. Further, on average, those rating their access to information as "difficult" or "very difficult" reported using fewer of the OHPRS organizations.

The survey was also successful in its objectives to include some non-users of the OHPRS system – 51 individuals or 5.8%. Those respondents who had never used any of the OHPRS organizations were more likely to work outside either Public Health Units/Departments or Community Health Centres. The non-user group was also more

likely to be working part-time than full-time, and to report less years of experience working in health promotion. In terms of topic areas, the non-user group were *less* likely to be working in the areas connected to chronic disease prevention, heart health and tobacco-control, and were *more* likely to work in the area of mental health.

Most reasons given for not accessing the services and supports of any of the OHPRS organizations reflected the respondents' not knowing what was available or what the organizations do. We also asked if the respondent had learned more about the OHPRS as a result of completing the survey and 81.4% replied that they had learned more. When asked if they might now consider accessing one or more of the organizations they may not have used before, 89.2% of 790 respondents replied in the affirmative.

Use of Services and Supports Outside the OHPRS: Just over 80% of the survey sample responded to the question about services accessed outside the OHPRS and, of these, 500 or 68.5 % reported having done so. A total of 1087 organizations were cited by these respondents. The most frequently cited tended to be *local* sources of services and supports; these being Public Health Units (9.5%), other local organizations (6.8%), and local networks and coalitions (2.6%). As a group, Canadian national associations also stood out with 4.8% of mentions. Examples would include, the Canadian Intramural Recreation Association, Canadian Association of School Health, Canadian Medical Association, Canadian Council on Social Development, and the Federation of Canadian Municipalities.

Needs and Related Issues Concerning Training and Education

Past Experiences and Current Preferences: Most respondents had attended conferences/other events (85.1%) and one-day face-to-face workshops (75.3%). The three next highest categories were all Internet-based alternatives and included "self-directed learning through Internet" (75.3%); "listserv or virtual community" (55.7%); and "email expert consultation" (49.7%).

The more intensive of the training activities received higher ratings in terms of meeting the person's needs. For example, formal coaching or mentoring was rated highest, followed by expert consultation, workshops conferences/events and peer-based learning.

Using a unique question format that asked the respondent to divide up a hypothetical 100 points among five optional formats showed a preference for workshops closely followed by conferences/events. There was, however, a lot of variation in the preferred formats. We also asked about preferences for group versus individual formats and the results clearly favoured the group format, with 70% endorsing this option. We then inquired about preferences for *local* versus *regional* versus *provincial* learning opportunities. The least preferred option was the provincial format.

Using a similar approach as described above for different training and education approaches we also asked respondents to divide up 100 hypothetical points to reflect their preference for getting information via the Internet/email or by receiving paper copies. There was a clear preference for the Internet/email option. Here too, however, the variability in the preferred methods suggested that, although the results favour the electronic options at present, they would not meet the needs of all people concerned.

Almost all respondents had some access to a computer, and most also had high speed Internet access. However, less than half the respondents reported that appropriate software and training and support on computer and Internet use were "very accessible".

Interests and Expressed Needs Regarding Various Topic Areas: We probed respondents' perceived needs with respect to training and education topic areas. The topic of incorporating best/better practices was given the highest endorsement (57.7% "very interested"). Several others followed, namely, program/policy evaluation (48.4%), health communication (44.9%), and being a community partner/collaborator (44.8%). Interestingly, web-based skills and applications were also of high interest to 41.2% of respondents, an indication of the importance of these skills for engaging in health promotion, as well as the need for support in this area. Further it is noteworthy that no

one particular area stood out as being a *low priority* for additional training. This suggests there is substantive breadth and depth to the unmet needs for capacity building among health promoters across the province.

We used open-ended items to ask about the topics for which the respondent would be interested in having any additional training and education. A large percentage of responses concerned a specific topic area or population (29.6%) for example, maternal and child health, mental health issues such as stress management, nutrition/food security. Almost 40% of responses related to issues connected to the implementation of health promotion projects and activities, such as community development and coordinating with others in the community, advocacy or working with advocacy groups, policy-related topics, and managing projects.

Needs and Suggestions Regarding Conferences/Events: There was a high interest in, and reported attendance at, various conferences and events. Not surprisingly a higher percentage of respondents considered going to health promotion related events than are actually able to attend. When asked directly if they experienced barriers or challenges in making their optimum selection for a conference/event to attend, 75.2% said they did experience such barriers and challenges. Barriers endorsed included financial concerns about the cost of the conference registration (56%), travel costs (50.2%), not having enough time to attend the conferences (40.5%) and not having managerial support (20.3%).

French Language Health Promotion Needs and Related Issues

When asked about their work with the Francophone community we found that the higher the percentage of their work with the Francophone community the more likely the work was "proactive" versus "reactive". A majority (61.7%) of those working less than 50% of the time with Francophone community reported a more reactive than proactive stance.

Questions about the challenges working with the Francophone community, elicited a wide range of responses. Most notable were the high percentages agreeing that limited

financial resources were available to offer services in French and that there is a lack of appropriate documents in French.

Compared to all other respondents, people that spent more than 50% time working with the Francophone community:

- Were more likely than all other respondents to rate their access to information for their health promotion work as "very difficult" or "difficult";
- Reported less use of the OHPRS organizations;
- Were more likely to access services and supports outside of the OHPRS network;
- Were more likely to say they needed advanced health promotion training and technical support
- Were more likely to experience barriers or challenges making an optimum selection of conferences/events to attend (e.g., financial support for registration).

Discussion

This report constitutes only one step along the way to the achievement of the survey objectives. The report and supplementary analyses are now being turned over to the individual OHPRS organizations and the network as a whole for determination of the specific implications for their work. In this main report of the survey findings the committee saw its primary goal as being to highlight the main trends in the core survey data and to draw attention to salient issues and challenges that the system as whole should consider as it moves forward with more inclusive strategic planning processes. Thus, we feel additional input is needed from the overall OHPRS network in the crafting of actionable recommendations from the data at both the systems and organization levels.

In the closing section of the report we highlight the following issues and challenges.

(1) *Complexity of the work and the needs:* The survey was successful in capturing a large, diverse group of "health promoters" and showing the multi-dimensional nature of their work in many topic areas, and which includes a comprehensive range of strategies and activities. The respondents' endorsements of so many dimensions to their work is consistent with the field's current efforts to "unbundle" the concept of health promotion

capacity in an effort to target required training and support activities. Our findings in this regard are also consistent with the results from the OHPRS quantitative and qualitative assessments of health promotion "capacity" (Rush & Urbanoski, 2003; Rush & Andrew, 2004). Since the work is complex and multi-dimensional, health promoters' needs for information and support are also complex and multi-dimensional. To a large extent many expressed needs of health promoters are also specific to their unique backgrounds, as well as the unique needs of the communities in which they work. This complexity supports the need for a varied and multi-dimensional system of services and supports that they can draw upon to maximize the impact of their health promotion programs and activities.

(2) *Key challenges*: Health promoters experience a wide range of challenges in planning and implementing health promotion activities. Consistent with findings from the OHPRS qualitative capacity assessment (Rush &Andrew, 2004) significant challenges are encountered with respect to funding and funding processes, as well as limited time and other resources. These types of challenges are largely outside the scope of the services and supports of the OHPRS, other than through the provision of evaluative information illustrating the effectiveness and cost-benefit for health promotion generally. Other important challenges such as access to resource material and expertise; access to cultural/language specific materials; access to needs assessment and evaluation tools and information are clearly within the scope and mandate of the OHPRS system of services and supports.

(3) *Coverage of OHPRS:* In terms of topic areas, the OHPRS organizations provide a broad coverage of most of the topic areas in which Ontario health promoters are engaged, for example, nutrition, tobacco control, alcohol and other drugs, school-based health promotion, and physical activity to name only a few. That said, there were several topic areas frequently endorsed by respondents that do not have a clear "home" within the OHPRS network of services and supports. These are mental health, injury prevention[1], violence, multicultural topics, French language health promotion; work related to determinants of health such as poverty/income/housing/employment, lastly, topics related

[1] Smartrisk, which has a focus on injury prevention, has recently joined the OHPRS.

to the physical environment. While these may well be cross-cutting, thematic areas of high relevance to many of the OHPRS organizations it would be of value for the system as a whole to consider how the needs of health promoters working in these areas are currently being supported. Importantly, the topic areas mentioned above represent five of the eight topic areas for which respondents cited the most difficulty accessing information in support of their work. While these topic areas may not need a specialized "resource centre" they may need a strategy to ensure that a coordinated, accessible and effective system of supports is available.

(4) *The language of self-help/mutual aid*: Health promoters are more engaged in the use of self-help mutual aid strategies than were anticipated going into the survey, as exemplified by their reported use of one or more of the following self-help strategies offered to them in a survey question on this topic: community based program planning, participatory planning and evaluation, strategizing with clients, and using peers as volunteers or paid staff. Thus, our survey question linked these strategies to self-help/mutual, recognizing they are not exclusive to self-help *per se*, but are also consistent with other strategies of community involvement and capacity building. In our open-ended questions on training and education needs, the terms "self-help" or "mutual aid" were rarely mentioned by respondents. Rather their needs were expressed in terms of community participation, partnership building, adult education, etc. - terms which may fit into the respondent's frame of reference for self-help only when prompted to think about it that way. This suggests the need for more clarity and specificity in the language around "self-help" and "mutual aid" and such clarification may help build some bridges across the self-help movement and that of community capacity building generally. Training and educational activities aimed at more effectively integrating self-help and mutual aid strategies into health promotion should address these language and conceptual barriers and show the consistency across much of the current work in health promotion with many of the fundamental principles and practices of self-help and mutual aid.

(5) *Accessing information*: About 25% of respondents indicated that their access to information for their health promotion work was "difficult" or " very difficult". That this

represents a minority of health promoters is not cause for complacency. Responses to this question were related to the topic areas in which the health promoter was working, with the most difficult access being experienced by those working with broad determinants of health such as poverty, income, housing and employment. Furthermore, a large majority of survey participants cited specific challenges to accessing the information they needed. These challenges included whether the required information was available on specific topics; was relevant for certain cultural groups and in the appropriate language; or available for their jurisdiction. The findings suggest the OHPRS look further into these topic areas and key challenges and consider ways within its mandate to improve assess to health promotion information.

(6) *Promoting more awareness of OHPRS*: About 10% of those finding access to information to be "difficult" or "very difficult", commented on the challenge of knowing what information was available to them and from whom. This also echoed findings from the OHPRS qualitative assessment of health promotion capacity that more streamlined, centralized access to information would be extremely helpful. A related thread in the data was that about 6% of respondents had not used any of the OHPRS organizations, most typically as a result of lack of familiarity with what they have to offer. The survey itself prompted about 90% of all respondents to indicate they may now consider accessing one or more of the organizations that they may not have accessed before. Together, these data suggest the need for OHPRS to communicate better the full range of services and supports that are available through its participating organizations. Such communication would have to be planned and implemented in such a manner so as to carefully consider the capacity of the system to respond to a larger and potentially more diverse client group. Health promoters working full-time, in mid-sized to large organizations, with more years of experience and/or working in a Public Health Unit, tended to use more of the OHPRS organizations. This suggests the need for targeted promotion of the OHPRS network to smaller organizations, especially beyond PHU's.

(7) *Multiple contacts with the system:* A large majority of respondents had accessed the services and supports of more than one OHPRS organization in the past two years and

about one-third had accessed six or more of the organizations. This is consistent with the findings from the results of the 2002 health promotion capacity survey (Rush & Urbanoski, 2003). Such multiple contact with several of the organizations represents an opportunity to the OHPRS organizations to share information about other services and supports that may be available. Many of the OHPRS organizations have developed collaborative partnerships on specific projects (e.g., an annual symposium jointly hosted by FOCUS and ODAP realizes increased networking opportunities for constituents and financial efficiencies). The potential for additional collaborations will be one of the primary tasks during system-level strategic planning processes to which our survey data will undoubtedly make a substantive contribution. A good example for consideration that would be consistent with our survey data would be issues and topics related to multicultural diversity.

(8) *Multi-cultural-related challenges:* About 60% of respondents stated that they had experienced barriers to accessing health promotion materials with respect to the cultural groups they worked with. Although this was particularly true in Toronto (80%) the concern was clearly a provincial rather than region-specific issue. Comments on the cultural/language issue reflected a lack of translated or cultural-specific materials; limited knowledge of the required language; and the lack of culture-specific needs assessment information. Such concerns were related to work with a wide range of cultural groups including Canada's aboriginal people. The needs are high for services and supports for health promoters in Ontario's multicultural landscape and the challenges to effectively meeting these needs will be best met with a coordinated response across the OHPRS and many other partners.

(9) *French-language health promotion:* The lack of resource materials and training opportunities in French, as well as access to French-speaking health promoters, are particularly challenging across the province. Those working more than 50% of the time with the Francophone community stood out in terms of the many challenges faced in their work and their needs for training, education and networking opportunities. These needs

have been further highlighted in a special report on French-language health promotion in Ontario (Rush, 2005).

(10) *Services and supports external to OHPRS:* Although the OHPRS organizations are frequently used by Ontario's health promoters, they are not "the only game in town" as almost 60% of the total sample had accessed services and supports outside the OHPRS in the past two years. Of the over 1000 responses to the item asking what organizations had been accessed, it was noteworthy that many of the responses reflected access to a local or regional source of support, in particular the Public Health Units/Departments. This suggests that some of the OHPRS organizations might strategically target selected focal points at the local or regional level as "critical intermediaries" as part of a strategy to improve their reach into Ontario's communities. This finding also requires a feasibility analysis of alternate training and capacity building strategies, such as 'train the trainer' events and resources. Lastly, OHPRS organizations might also consider a systematic mapping of their own respective inter-organizational networks in order to identify shared partnerships and collaborations that may further increase the reach of the network as whole. This would build upon the evaluative work of some of the OHPRS organizations as well as the OHPRS network survey conducted in 2002 that looked at the nature and level of inter-connectivity between the OHPRS organizations (Rush & Urbanoski, 2003).

(11) *Challenges regarding conferences and events:* A wide range of health promotion related conferences/events were considered appropriate for participation and many of these options were accessed within the past two years. Barriers to conference/event attendance were, however, encountered by about 75% of respondents. In addition to issues related to securing financial support and time/travel other important barriers included lack of managerial/board support, various types of organizational policies, insufficient notice or information about the event and a dearth of conferences/events in a specific topic area. Some of these challenges will be more easily addressed by the OHPRS organizations than others, for example, supporting the distribution of notices about conferences and events through their centralized web site. Organizational challenges could be included as a component of services and supports aimed at increasing

organizational as opposed to individual health promotion capacities, for example, leadership and fostering a learning culture.

(12) *Information technology:* Over the past decade, computers and the Internet have become a critical part of work life in Canada and we see this clearly reflected in our data from Ontario's health promoters. Although not universal as yet, almost all have some access to computers for their work and about 80% had very good access to high speed Internet service. The majority of respondents clearly preferred receiving information by downloading documents from the Internet or via emails versus receiving paper versions via postal mailout. That said, 40% to 50% of respondents cited less than ideal access to appropriate software as well as training and support on the use of the computer and the Internet. Such needs were also identified in the qualitative data on training and education needs, suggesting that this as an important topic area for inclusion in training and education opportunities led by one or more OHPRS organizations.

(13) *Training and education format*: With respect to health promoters' past training and education experiences, a wide range of options had been utilized in the past. In terms of meeting the respondents' needs the highest ratings were given to the more intensive options such as coaching and mentoring, expert consultation, training workshops and conferences or other events. Local and regional training events were clearly preferred over provincial events and, when asked about challenges with respect to attendance at conferences or events in general, issues related to cost and time to travel away from family, work and other commitments were frequently mentioned. This suggests the need to retain a local and regional focus to training as much as possible within the resource constraints. Electronic and other technology- based options were frequently used and are undoubtedly important options for the future. Several people commented specifically on the need to improve the reach of the traditional conference/training approach, for example, through web casting or subsequent preparation and dissemination of materials electronically.

(14) *Training and education topic areas:* A wide range of other training and education needs were identified which spanned the full range of health promotion topic areas (e.g., smoking, maternal and infant health, alcohol and other drugs, nutrition, physical activity, tobacco control) and capacity areas (e.g., community networking and partnerships, project planning and management, funding strategies, program and policy evaluation, health communication, mutual aid/self-help, and incorporating best/better practice). As noted earlier, this speaks to the individualized and community specific nature of training and education needs and the continued requirement for a diverse complement of training and support resources. At this stage in our analysis of both the quantitative and qualitative data it is not possible, however, to prioritize within the many topic areas and capacity domains for training and education. Further analyses will be required to tease out the expressed needs of special sub-groups within the survey data that will be of high interest to specific OHPRS organizations. Future, more in depth, analysis of the survey data will also explore areas where OHPRS members may be able to strategically and effectively collaborate with each other to address particular training needs of health promoters.