



LIVE WELL PEI
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LIVE WELL PEI PHASE 2 WEBSITE & WELLNESS GRANT PROGRAM: THEORY OF CHANGE

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1. Introduction

1.1 BACKGROUND

The Ottawa Charter for Health Promotion, a foundational document used to drive health promotion globally, states that empowering communities to take action for health is essential in improving population health and wellbeing (Government of Canada, 1986). To play this role, local PEI communities need access to knowledge and resources to support them in prioritizing, identifying, and operationalizing health promotion strategies.

Health promotion enables people to increase control over and improve their health. It creates a supportive environment that encourages good health and wellbeing for the entire population, not just individuals at risk of poor health outcomes or those with existing disease. Health promotion actions that engage communities and are tailored to their needs are more likely to achieve anticipated goals and outcomes.

Chronic disease is the leading cause of illness, disability and death in Canada, and mortality rates for some chronic diseases are significantly higher in PEI than in Canada overall (Statistics Canada, 2017). Four priority behavioural risk factors have been identified internationally (World Health Organization, 2023) as contributing significantly to chronic disease: smoking, alcohol consumption, lack of physical activity and poor diet. Addressing these behavioural risk factors is a priority of the PEI Chief Public Health Office (CPHO), and collaboration with communities is essential to achieve this goal. By modifying these behaviours, the burden of chronic diseases on the population and the health care system is expected to be reduced.

Behavioural risk factors and chronic disease rates are not equally spread across the population—biological, social, and economic circumstances influence these outcomes. For example, in PEI:

- Males are significantly less likely than females to consume fruits and vegetables 5 times per day (22.9% vs 33.3%) and are also significantly more likely to suffer from hypertension (24.9% vs 23.4%) (PEI Chief Public Health Office, 2022)
- Island residents residing in the most socioeconomically disadvantaged areas are considerably less likely to meet physical activity guidelines than those residing in the least deprived areas (45.4% vs 58.7%) (PEI Chief Public Health Office, 2022)
- Individuals without high school education are significantly less likely to report “very good” or “excellent” health when compared to individuals with a college or university education (53% vs 66%) (PEI Chief Public Health Office, 2016).

Part of the Live Well PEI strategy is to implement a “Health in All Policies” approach, which is a government-endorsed strategy to influence policymaking in non-health sectors. The aim is to improve the social determinants of health (SDH) and health equity or, at a minimum, minimize the negative health impacts of policymaking outside the health sector. Three components of this approach are:

processes/tools to influence policymaking; intersectoral collaborations and multidimensional solutions; and an overarching government strategy.

The Live Well PEI strategy also focuses on supporting community groups and organizations in developing and implementing community-led health promotion actions. Community groups and leaders are particularly well-equipped to develop and implement health promotion actions, as they are deeply connected to their community, possess a comprehensive understanding of its dynamics, and are familiar with its strengths and weaknesses. Community involvement and resources available in community play a pivotal role in effectively promoting and improving health. Community-specific knowledge and information helps inform tailored actions, however external evidence and knowledge can further refine them. The effectiveness of health promotion actions increases when target populations actively participate in identifying, planning, and implementing those actions (O'Mara-Eves, 2015). For this reason, part of the Live Well PEI strategy involves redesigning the Wellness Grant program and creating a website that will provide community groups and organizations with the evidence, resources, and technical expertise needed to move forward with community-led actions.

1.2 LIVE WELL PEI PHASE 2 WEBSITE:

Facilitating community empowerment and engagement is key to enhancing overall population health and wellbeing. To promote health and reduce chronic diseases in PEI, there is a need for community-led promising health promotion actions. At present, PEI does not have sufficient resources to adequately support communities in developing community-led actions, so to help address this gap, the CPHO is redeveloping the Live Well PEI website as part of the Live Well PEI strategy. Phase 1 of the Live Well PEI website has been completed and includes tools and resources that will help empower communities, including access to information on health promotion principles; examples of relevant, promising health promotion actions; access to health promotion funding; and information about PEI-specific health promotion activities.

Phase 2 of the website will build on the Phase 1 website by adding information, resources, and mechanisms for accessing technical expertise and revamping the Wellness Grant program to support community health promotion actions. The goal of the completed Live Well PEI website is to help community groups and organizations develop, implement, and sustain community action to prevent chronic disease.

This document provides an overview of the Theory of Change that will guide the development of the Phase 2 website and the redesign of the Wellness Grant program.

1.3 DEFINITIONS

Coaching: A form of development in which a more experienced person (coach), supports someone with less experience in achieving a specific goal or completing a specific task by providing guidance and facilitating self-directed learning (Passmore, 2015).

Community: A social group whose members have something in common and can also refer to the physical location where such a group lives. Community may include other members of:

- one's culture,
- one's faith,
- a geographic area, like a village or town, and
- an institution like a school or workplace.

Community-led: An approach that recognizes the power and leadership within communities and creates opportunities for that leadership to help drive positive change. Community-led approaches re-connect community change more deeply within community interests. (Attygalle, 2020).

Health promotion: The process of enabling people to increase control over and improve their health. It is a set of actions to create supportive environments and to encourage good health and wellbeing for the whole population. Health promotion involves:

- Educating people about what they can do to stay healthy.
- Addressing the things in people's environments and communities (such as access to healthy food or safe sidewalks) that influence health the most, so that healthy lifestyle choices can be accessible and affordable for all.

Health promotion activities aim to promote health and prevent illness for the whole population, rather than focusing on individuals at risk for, or who already have, a chronic disease or other health condition.

Priority population: Based on local data, priority populations are groups with greater behavioural risk factors (e.g., unhealthy eating and heavy drinking) and are therefore at greater risk for chronic disease. The priority population can change depending on what behavioural risk factor is being addressed. Priority populations with greater risk factors for chronic disease are Islanders who are low-income, young adults, males, without a high school diploma, unemployed, and residing in the western-most (West Prince) region. Within the priority populations are socially marginalized and excluded groups that face increased vulnerability to chronic diseases: immigrants, Indigenous persons, racialized persons, people with disabilities, and 2SLGBTQIA+ persons.

Promising actions: Practices and interventions that have the potential to effectively address the issues of concern in a community. These are usually (though not always) things that seem to have worked elsewhere, as judged by standards that make sense for a community and its issue (Community Tool Box, n.d.).

Six Steps in Quality Intervention Development (6SQuID) (Wight, 2016): A pragmatic framework that provides general steps for developing evidence-informed public health interventions that are practical, logical, and effective. Once a problem requiring intervention has been identified, the following six steps are used to formulate an intervention design:

- (1) defining and understanding the problem and its causes;
- (2) identifying which causal or contextual factors are modifiable: which have the greatest scope for change and who would benefit most;
- (3) deciding on the mechanisms of change;

- (4) clarifying how these will be delivered;
- (5) testing and adapting the intervention; and
- (6) collecting sufficient evidence of effectiveness to proceed to a rigorous evaluation.

By carefully addressing each of these steps, better use will be made of scarce public resources by avoiding costly evaluation or implementation of interventions with low potential for success.

Social Determinants of Health (SDH): The interrelated social, political, and economic circumstances in which people are born, grow up, live, work and age. The social determinants of health do not operate as a list or in isolation. It is how these determinants intersect that causes conditions of daily living to shift and change over time and across the lifespan, impacting the health of individuals, groups, and communities in different ways. Some examples of social determinants of health include:

- disability
- early child development
- education
- employment and working conditions
- food insecurity
- gender
- geography
- globalization
- health services
- housing
- immigration
- income and income distribution
- Indigenous ancestry
- race
- social inclusion/exclusion
- social safety net
- unemployment and job security (National Collaborating Centre on Determinants of Health, 2022)

Socio-Ecological Model: A framework used to understand and address complex social issues and influences on human behaviour. It recognizes that behaviour is influenced by various interconnected levels of influence, from individual to societal, and emphasizes the importance of considering these multiple levels for effective change.

Theory of Change (TOC): A model that outlines the process of how an initiative is expected to bring about desired outcomes. It articulates the vision for change and serves as a roadmap, illuminating the causal relationships between inputs, activities, outputs, and outcomes. By mapping out these interactions, organizations can understand how change happens, which helps guide its planning, implementation, and evaluation. TOC includes a narrative that illustrates the theory of change, a summary of key assumptions and strategies for consideration, and a visual diagram outlining the logical program pathway.

Theory of Triadic Influence (TTI): A meta-theory for understanding health behaviours and designing interventions to promote positive behaviours. It emphasizes that health behaviours are not solely driven

by one factor but are a result of complex interactions between intrapersonal, cultural, and social influences.

2. Context and Opportunity Identification

Although community capabilities are expected to improve with the development of the Live Well PEI strategy and its resources, the successful operation of community-led health promotion activities ultimately relies on the existence and capacity of community organizations. The Live Well PEI strategy is anticipated to support community groups and organizations in building capacity in specific areas, but it is important to note that the operation of these groups and organizations is beyond the scope of the strategy's mandate and the CPHO's mandate.

Currently, communities do not have access to a full suite of enablers that help ensure community-driven, promising health promotion actions are optimized. Detailed below are gaps that have been identified that hinder the implementation of optimal health promotion activities in PEI.

Access to relevant population-level information

Currently, PEI lacks a systematic method to give communities access to information that could inform public health actions. Communities currently rely on personal knowledge or overly general population information. In some cases, the CPHO's Population Health Assessment and Surveillance section can provide more tailored information, however this individualized support has limited availability. Community groups and organizations have identified a need to have access to community-level information to prioritize and plan actions.

Access to knowledge about health promotion principles

The principles of health promotion are not well understood in community, and a tool to enable these learnings is required to ensure communities are building strong, promising health promotion actions. Use of well-tested and accepted approaches and tools can help ensure success. Communities have expressed the need and desire to better understand health promotion principles and tools prior to developing health promotion actions. Currently, the CPHO's Health Promotion section does not have adequate resources to support one-on-one community capacity building.

Access to relevant, promising health promotion actions

Communities often rely on the limited staff from the CPHO's Health Promotion section to guide identification and development of health promotion actions. This approach is not sustainable, as the CPHO Health Promotion section is already overextended. Communities have expressed the need to have systematic access to relevant, promising interventions that they can consider and adapt for their own population. They also indicate that potential strategies must include a wide variety of different community

types—this is especially essential for priority populations (e.g., individuals living in poverty, individuals living with a disability, etc.) to be able to identify relevant examples for consideration.

Access to grants and the knowledge to adequately complete grant applications

Access to financial resources is critical for many communities to implement health promotion actions. The CPHO offers annual health promotion grants, however the application is labour-intensive and often requires support from the overextended CPHO Health Promotion section. Communities have reported a need for learnings and tools to support them when applying for health promotion grants. This could improve the equitable distribution of health promotion grants in PEI. Increasing the dollar value of grants available through the CPHO is beyond the decision making ability of the CPHO.

Awareness of health promotion programs operating or tried in PEI

Community groups and leaders have expressed a need to be aware of current health promotion programs and understand what has been previously implemented. By understanding currently available programming, duplication can be avoided. Awareness of previous actions will inform the development of future strategies. Connections between organizations are facilitated when groups share information and experiences. Currently, there is no centralized systematic resource that identifies all existing or previously funded actions.

3. Theory of Change

3.1 NARRATIVE

Goals and Impact:

The goal of the community-mobilization intervention (redesigned Live Well PEI Phase 2 website and Wellness Grant program) is to help community groups and organizations develop, implement, and sustain community action to prevent chronic disease. By achieving this goal, the CPHO hopes to empower community groups and organizations and improve the conditions and risk factors that impact health.

Inputs:

The resources being used to redesign the Wellness Grant program and develop the Live Well PEI Phase 2 website have been brought together through the Live Well PEI Design Phase Project. These resources are the information gathered through the 6SQuID process that helped define the problem and develop the website and redesigned grant program as interventions to address it; the initial Phase 1 website content and structure; input and guidance from the project team, staff, and community stakeholders; and funding from Healthy Canadians and Communities Fund, Health PEI, and the Strategy for Patient-Oriented Research Evidence Alliance.

These inputs are appropriate, because:

- 6SQuID provides general steps for developing evidence-informed public health interventions. It is specific for collaboratively developing complicated (having multiple components) or complex

(have feedback loops and intermediate outcomes) interventions (Wight, 2016), like the Live Well PEI Phase 2 website and Wellness Grant program.

- The Phase 2 website will build on the existing Phase 1 website that will already be familiar to community organizations and groups, the target users of the Phase 2 website. Leveraging an existing website makes it feasible to design the Phase 2 website during the course of the two-year Live Well PEI Design Phase Project.
- Similarly, the Wellness Grant program already exists and is familiar to community members, groups, and organizations. A redesign of the program is more feasible during the two-year project than creating and building a new grant program.
- Engaging staff, the project team and community stakeholders in project committees and through community consultations fosters a co-design approach, which enables all involved to collectively identify key issues, uncover opportunities, and collaboratively design solutions.

Collectively, these inputs increase the likelihood that the Phase 2 website and redesigned Wellness Grant program will be successful in contributing to the intervention's overarching goals and impacts.

Outputs:

The Phase 2 website and redesigned Wellness Grant program are the key deliverables for Live Well PEI Design Phase Project. The website will include a wide range of information, resources, and technical expertise that provide evidence, funding opportunities through Wellness Grants, expert connections (i.e., epidemiologists, health promoters, etc.), and other resources/ information to support the planning, design, adaptation, implementation, and evaluation of community-led health promotion initiatives. Evidence about population health needs; funding for community action through the redesigned Wellness Grant program; access to technical expertise to assist with planning, designing, and implementing community actions; and providing resources to enhance community capacity all help to strengthen community action, which is an important health promotion action as described in the Ottawa Charter (Government of Canada, 1986).

Short-Term Outcome:

Reach is the first step in spurring change, because an intervention cannot be successful until it reaches its target audience. In the case of the Phase 2 website and redesigned Wellness Grant program, the target audience is community groups and organizations in PEI that are interested in health promotion and serve the priority populations that have been identified.

Medium-Term Outcomes:

The Phase 2 website will serve as a platform to provide community groups and organizations with access to evidence, Wellness Grants, technical expertise, and resources. In turn, based on the TTI, this will help facilitate environmental shifts, leading to greater accessibility to information and support for community groups and organizations, enhanced skills within and accessible to community groups and organizations, increased competence in health promotion among community organizations and groups and greater community empowerment.

As a result of these environmental changes, community groups and organizations will have enhanced support, knowledge, and capacity to develop and implement community-based, community-led, promising health promotion actions. Considering the potential inclusion of advocacy in these actions, they also hold the power to generate feedback to the CPHO and other government stakeholders and drive additional environmental changes that can further facilitate and strengthen community action.

Long-Term Outcomes:

Once the community-led health promotion actions are implemented, they are expected to lead to changes in the socio-cultural environment, including changes in social determinants of health, attitudes about health behaviours, and social norms related to health behaviours. These changes take place at the population level per the Socio-Ecological Model and the TTI.

The community-led health promotion actions are also expected to lead to strengthened capacity for healthy behaviour change at the individual level, either directly or as a result of the environmental changes mentioned above. This progress will be marked by shifts in attitudes and beliefs related to health behaviours, the development of knowledge and valuable skills to support healthier behaviours, and a boost in self-efficacy for adopting and maintaining healthy behaviours.

Having this increased capacity will empower PEI residents to make individual-level behaviour changes targeting modifiable risk factors linked to chronic disease, including decreasing tobacco use, embracing a nutritious diet, increasing physical activity, and reducing the use of alcohol. These improvements in individuals' health behaviours will contribute to decreases in chronic disease rates that can be measured at the population level (e.g., cardiovascular disease, Type 2 diabetes, cancer, chronic lung disease, etc.).

Scope:

It is important to acknowledge that the Live Well PEI Phase 2 website and Wellness Grant program represent just two components within the broader framework of health promotion. There is a multitude of other factors that influence changes in healthy behaviours and reduce chronic disease, that go beyond the scope of this initiative, such as:

- The health system: by providing access to health services, like primary care and cancer screening, the health system influences health/disease status.
- Genetics, biology, personality, and temperament: these intrapersonal factors influence individuals' behaviours.
- Mental health status and occupation: these influence an individual's capacity to support healthier behaviours.
- Cultural norms: these ecological factors help to shape the socio-cultural context.
- Political climate and policies: these influence the social determinants of health directly and indirectly.

Timeline:

The estimated timeline to develop and implement the Live Well PEI Phase 2 website and redesigned Wellness Grant program is two years, with the goal of community groups and organizations accessing the

Phase 2 website and Wellness Grants and developing and implementing community-led actions within one to three years of the website’s launch. Contributions to individual health behavioural changes and decreases in disease rates are expected to be observable at the population level within six to ten years.

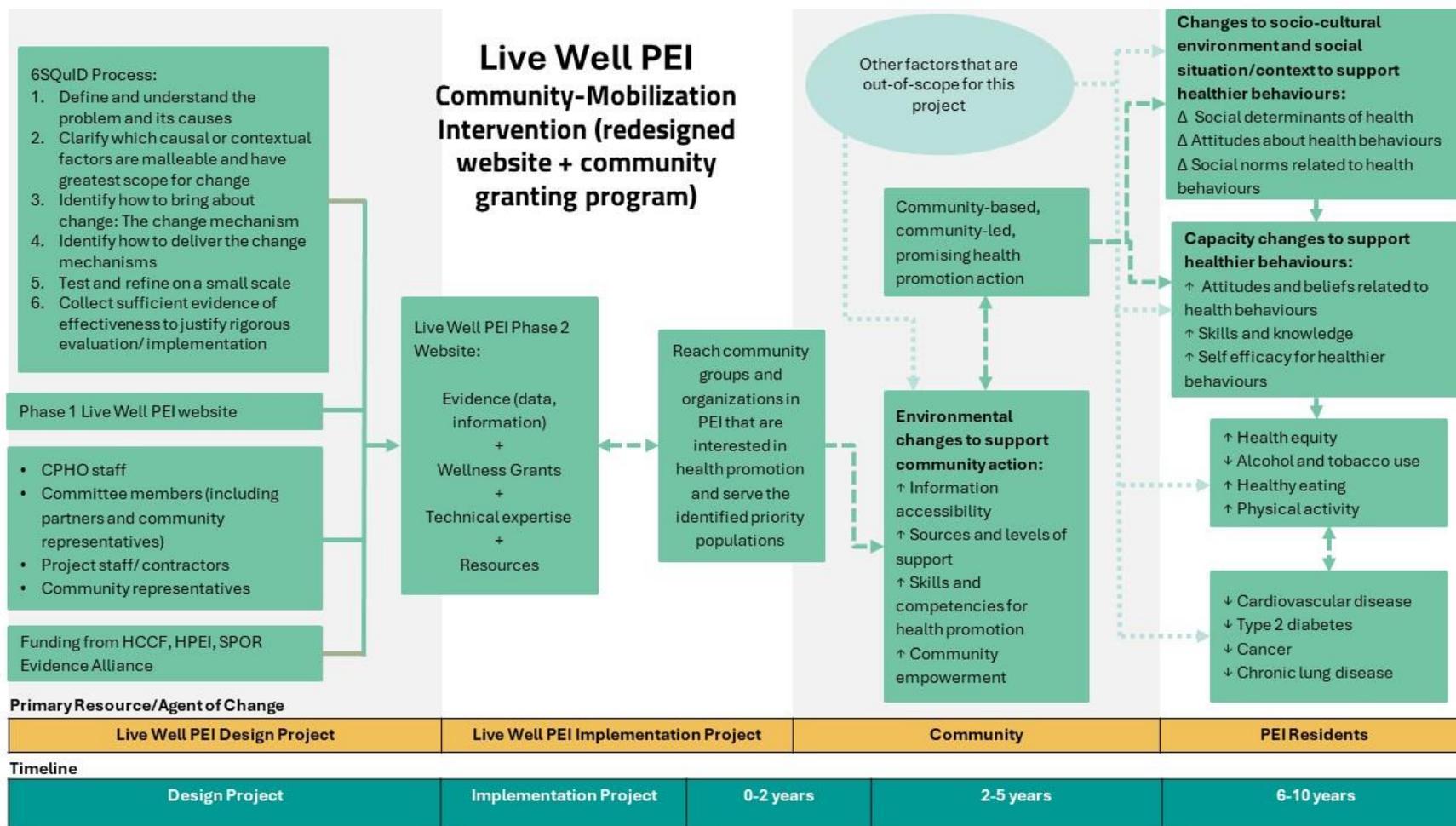
3.2 ASSUMPTIONS AND MITIGATING APPROACHES

The table below highlights the assumptions and corresponding mitigating approaches that should be considered during the development and implementation of the Live Well Phase 2 website and redesigned Wellness Grant program.

ASSUMPTIONS	MITIGATION APPROACHES IF ASSUMPTIONS NOT MET
<p>There are enough established community groups and organizations serving each priority population/engaged in each risk behaviour that are interested in engaging in health promotion actions</p>	<ul style="list-style-type: none"> Clarify that health promotion is broad and includes activities that are not directly related to health, like activities that celebrate culture and foster a sense of belonging to one’s community. Health promotion work in PEI is guided by the Ottawa Charter and includes SDH and health equity, so actions in these areas are part of health promotion.
<p>Community groups and organizations will be able to use the Phase 2 website to design and implement promising health promotion actions</p>	<ul style="list-style-type: none"> Add to the Phase 2 website various tools and resources to support the design/adaptation, implementation, and evaluation of health promotion actions, including mechanisms for accessing technical assistance Enlist health promoters, epidemiologists, and others with technical expertise (e.g., social workers, researchers, etc.) and experience in health intervention design and implementation to provide coaching and training where appropriate to community groups and organizations that are applying for funding; this will help them build skills in intervention design and implementation Build a network of partners with technical expertise in designing and implementing actions to improve health that can support community groups and organizations in PEI
<p>Community groups and organizations are empowered and have sufficient human resources to act on health issues</p>	<ul style="list-style-type: none"> As they have been doing for the last five years, the Health Promotion team will continue to work to build community awareness and drive motivation to take action Restrict eligibility for funding through the platform to existing groups and organizations (formal or informal), as these have already mobilized to address an issue <ul style="list-style-type: none"> Continue to draw on the principles of community organizing and facilitate several related approaches that empower communities to address health challenges—community capacity building, community identifying issues on which to focus, community members identifying the action and developing the plan for action, community members leading the actions to address community-identified issues with support where needed/requested Purposefully connect community groups and organizations to share knowledge and capacity for mutual benefit
<p>An interactive website is the most appropriate means through which to provide resources and support to community groups and organizations</p>	<ul style="list-style-type: none"> Ensure the Live Well PEI Phase 2 website reduces geographic barriers to accessing resources, is available 24/7, can be used on computers or mobile devices, and is a one-stop shop for evidence, support, and resources

	<ul style="list-style-type: none"> • Work with libraries, Access PEI, and other partners throughout PEI to ensure access to computers with internet, thus reducing barriers related to accessing the website on mobile devices (e.g., small screens) • Provide in-person educational and skills-building sessions across PEI to complement the platform • Ensure the Phase 2 website substantively changes access to health promotion information for community groups and organizations in PEI • Provide access to tools, resources, and services that support grant-writing and capacity building for community groups and organizations <ul style="list-style-type: none"> • Provide coaching from health promoters, epidemiologists, other Government of PEI staff, and other experts to overcome barriers related to the ability to understand concepts, which is required for using information on the website • Develop the Phase 2 website in accordance with accessibility standards and streamline it to ensure that the volume of content does not become overwhelming
<p>The coordination of individuals and groups acting at different levels can enhance the effectiveness of health promotion initiatives</p>	<ul style="list-style-type: none"> • Offer community groups and organizations that are leading interventions technical assistance from government (health promoters, epidemiologists, other Government of PEI staff) to enhance the likelihood of effectiveness of community-led actions • Encourage groups working on similar topics and with similar populations to coordinate or collaborate on community-led actions • Develop the Phase 2 website and redesigned Wellness Grant program collaboratively with government and community partners
<p>The government and CPHO are the right people to address these opportunities and are a trusted source of information and support to improve health and prevent chronic disease for the community</p>	<ul style="list-style-type: none"> • Continue to develop and share information about population health in PEI <ul style="list-style-type: none"> • Continue to build partnerships with community groups and organizations and across government
<p>CPHO staff have sufficient time to support this initiative</p>	<ul style="list-style-type: none"> • Enlist the assistance of local, regional, and national public health colleagues to support this work • Make operational changes within the CPHO to support this work
<p>The Live Well PEI Phase 2 website is not able on its own to change outcomes at the individual level. Many factors exist that affect community capacity as well as individual capacity for behavior change – i.e., SDH such as income, education and housing, play a large role in the ability of individuals to make healthy decisions, etc.</p>	<ul style="list-style-type: none"> • Clarify that the Phase 2 website, which includes all its components (evidence, Wellness Grants, technical expertise, and resources) is intended to contribute to the outcomes included in the TOC. Given that other factors that influence these outcomes, the website cannot be entirely responsible for causing or influencing positive changes in health status for PEI residents, but it can help
<p>PEI's population is large enough to detect changes in disease occurrence and prevalence of health behaviours</p>	<ul style="list-style-type: none"> • Statistically combine multiple years of data in the analyses if needed; conduct trend analyses to observe changes over time and directions of changes • Use the Canadian Chronic Disease Surveillance System for disease outcomes and the Canadian Community Health Survey for risk behaviours, as these will enable us to look at trends over time

3.3 MODEL



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